

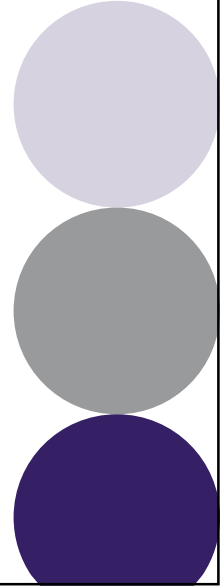


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Fall Coding Update: What You Need to Know

Table Rock Regional Roundup
Saturday, November 9, 2024



Speaker Financial Disclosure

- Joy Woodke, COE, OCS, OCSR
 - Academy Director of Coding & Reimbursement
- Speaker has no financial relationships to disclose.
- All relevant financial relationships have been mitigated.



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Course Agenda



2025 Coding Update Preview

LCD and LCA updates



Elevate Your Documentation

Audit Excellence



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CPT and Category III Codes

Implemented January 1 each year

For a link to NCCI edits, visit aao.org/coding-topics
after January 1, 2025



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Key Coding Changes for CY 2025

New/Deleted Codes

- Category III code 0936T, photobiomodulation therapy
- CPT code **66683**, implantation of iris prosthesis, including suture fixation and repair or removal of iris, when performed
 - Replaces ~~deleted~~ Category III codes 0616T, 0617T, 0618T
- CPT code **92137**, optical coherence tomography (OCT), retina, including OCT angiography

Revised for 2025

- CPT codes, 92132, 92133, 92134, optical coherence tomography (OCT)
- Category III code, 0615T, eye movement analysis

Revalued for 2025

- CPT codes 66680, 66682, iris, ciliary body repair and suture
- CPT codes 92132, 92133, 92134, OCT



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New CPT: Iris Prosthesis (66683)

Category I Codes

Surgery/**Eye and Ocular Adnexa**/**Anterior Segment/Iris**, **Ciliary Body**/Repair

- **66683** Implantation of iris prosthesis, including suture fixation and repair or removal of iris, when performed
 - ▶ (Use 66683 in conjunction with 66825, 66830, 66840, 66850, 66852, 66920, 66930, 66940, 66982, 66983, 66984, 66985, 66986, 66987, 66988, 66989, 66991, for lens or intraocular lens surgery[ies] performed concurrently) ◀



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New CPT: Iris Prosthesis (66683)

Category I Codes

Surgery/**Eye and Ocular Adnexa**/**Anterior Segment**/**Iris, Ciliary Body**/Repair

▶ (Do not report 66683 in conjunction with 65800, 65810, 65815, 65865, 65870, 65875, 66020, 66030, 66500, 66505, 66600, 66625, 66630, 66635, 66680, 66682, 66770, 67500, 67515, 69990, for the same eye, same surgeon, or same operative session) ◀

▶ (For severing adhesions of anterior segment, incisional technique, without concurrent iris prosthesis implantation, see 65865, 65870, 65875, 65880) ◀



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New CPT: Iris Prosthesis (66683)

Category I Codes

Surgery/**Eye and Ocular Adnexa**/**Anterior Segment**/**Iris, Ciliary Body**/Repair

▶ (For removal of iris tissue without concurrent iris prosthesis implantation, see 66600, 66605, 66625, 66630, 66635) ◀

▶ (For repair of iris without concurrent iris prosthesis implantation, see 66680, 66682) ◀



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Revised: OCT (92132, 92133, 92134)

Medicine/**Ophthalmology**/Special Ophthalmological Services

▲ **92132** ~~Scanning e~~Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), anterior segment, with interpretation and report, unilateral or bilateral

(Do not report 92132 in conjunction with 0730T)

► (For computerized ophthalmic diagnostic imaging of the optic nerve and retina, see 92133, 92134, 92137) ◀

(For specular microscopy and endothelial cell analysis, use 92286)

(For tear film imaging, use 0330T)



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Revised: OCT (92132, 92133, 92134)

Medicine/**Ophthalmology**/Special Ophthalmological Services

▲ **92133** ~~Scanning e~~Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; optic nerve

▲ **92134** retina

~~(Do not report 92133 and 92134 at the same patient encounter)~~

~~(For scanning computerized ophthalmic diagnostic imaging of the optic nerve and retina, see 92133, 92134)~~



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New: OCT with OCT angiography (92137)

Category I Codes

#● **92137** retina, including OCT angiography

▶ (Do not report 92133, 92134, 92137 at the same patient encounter) ◀

▶ (Report 92137 separately when performed at same encounter as 92235, 92240, 92242) ◀



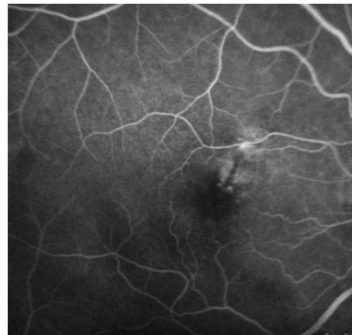
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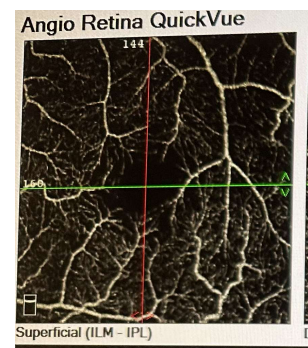
11

Retinal Angiography

- Fluorescein dye – 92235
- Indocyanine green dye – 92240
- Fluorescein + ICG = 92242
- Now OCT with no infusion, just technology analysis – infusion free angiography = 92137



IV fluorescein dye



OCT angiography – n



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Courtesy of Michael Repka, MD

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Recent LCD activity



Cataract Surgery (WPS Only) - FINALIZED

- Incorporates Academy & ASCRS recommendations
- Same day bilateral surgery is covered, meeting appropriate criteria
- **Effective 10/13/2024**



MIGS (Round #2) – FINALIZED (5 MACs) WPS yes, Novitas no.

- Incorporates Academy, AGS, ASCRS, & OOSS recommendations
- **Effective 11/17/2024**



Botulinum Toxin (CGS, NGS, Noridian, Palmetto, & WPS) – PROPOSED

- Deeply concerning limitation on dosage, muscle injection sites
- The Academy, ASOPRS, & NANOS submitted joint comments on 7/13/2024



Botulinum Toxin (Novitas & First Coast) – PROPOSED

- Much less restrictive than other five MACs
- The Academy, ASOPRS, & NANOS will submit joint comments by 11/23/2024



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WPS A59805: Cataract Surgery

- aao.org/lcds

- A statement including the **risk factors** for undergoing the planned anesthesia
- A statement including that the patient understands the expected outcomes of surgery, including the **anticipated refractive outcomes**.
- An appropriate **ophthalmologic evaluation**, which includes a comprehensive ophthalmologic exam (or its equivalent components occurring over a series of visits). Certain examination components may be appropriately excluded based on the specific condition and/or urgency of surgical intervention. The comprehensive medical eye evaluation (history and physical examination) includes those components of the comprehensive adult medical eye evaluation specifically relevant to the diagnosis and treatment of a cataract as listed below. Patient history, including an assessment of functional status, pertinent medical conditions, medications currently used, **and other risk factors** that can affect the surgical plan or outcome of surgery (e.g., immunosuppressive conditions, use of systemic alpha-1 antagonists, diabetes)
- Visual acuity with current correction (the power of the present correction recorded) at distance and, when appropriate, at near
- Measurement of best-corrected distance visual acuity
- Assessment of the degree of anisometropia after refraction
- Assessment of pupillary function
- Examination of ocular alignment and motility
- External examination (eyelids, lashes, lacrimal apparatus, orbit)
- Measurement of intraocular pressure (IOP)
- Slit-lamp biomicroscopy of the anterior segment, examination of the lens, vitreous, macula, peripheral retina, and optic nerve through a dilated pupil
- Assessment of **relevant aspects** of the patient's mental and physical status (i.e., cooperation and ability to lie flat)
- Assessment of **any barriers to communication** (language or hearing impairment)
- Results and interpretation of specialized ophthalmic studies that are not expected to be routinely performed for routine cataract surgery with clear statements/explanation of the reasons they are needed to establish or exclude medical necessity.
- Outcome measures of cataract surgery such as visual acuity, accuracy of refractive correction, occurrence of significant operative and postoperative complications



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Final Policies Effective 11/17 - WPS: L39907

- MACs no longer calling out specific devices and procedures as investigational/non-covered
- The following are covered:
 - 1 trabecular aqueous stent device per eye when performed with cataract surgery
 - 1 subconjunctival space stent or trabecular aqueous stent device for use as a standalone procedure device per eye
- The following are NOT covered:
 - Cataract surgery plus multiple procedures (e.g., stent and MIGS procedure) cannot be performed in the same eye at the same time
- Goniotomy, canaloplasty coverage mentioned only in context of multiple MIGS procedures



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Audit Excellence

Elevate your documentation



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Elevate Your Documentation



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Audit Excellence vs Perfection

Excellence

- Continuous process improvement
- Valuing progress and growth
- Learning from mistakes
- Taking corrective action
- Solution oriented

Perfection

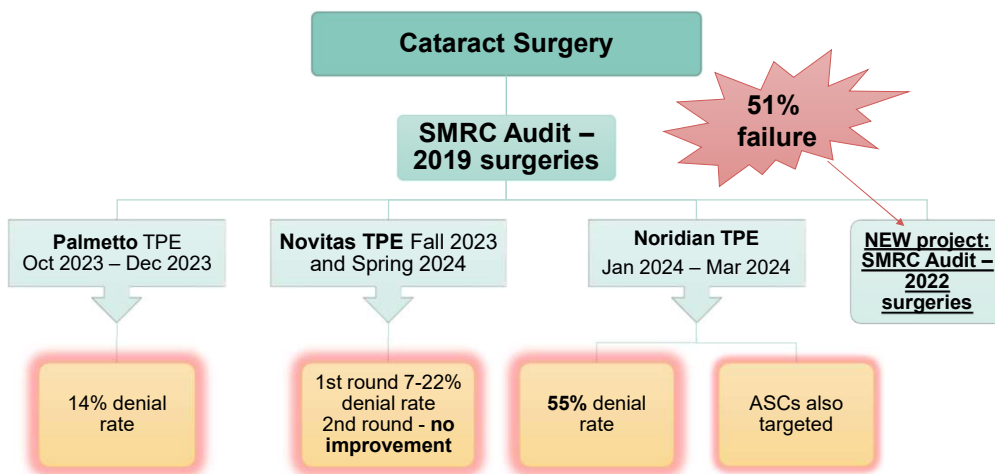
- Not achievable
- Leaves no room for errors
- Causes stress

"Perfection is not attainable, but if we chase perfection, we can catch excellence."
Vince Lombardi



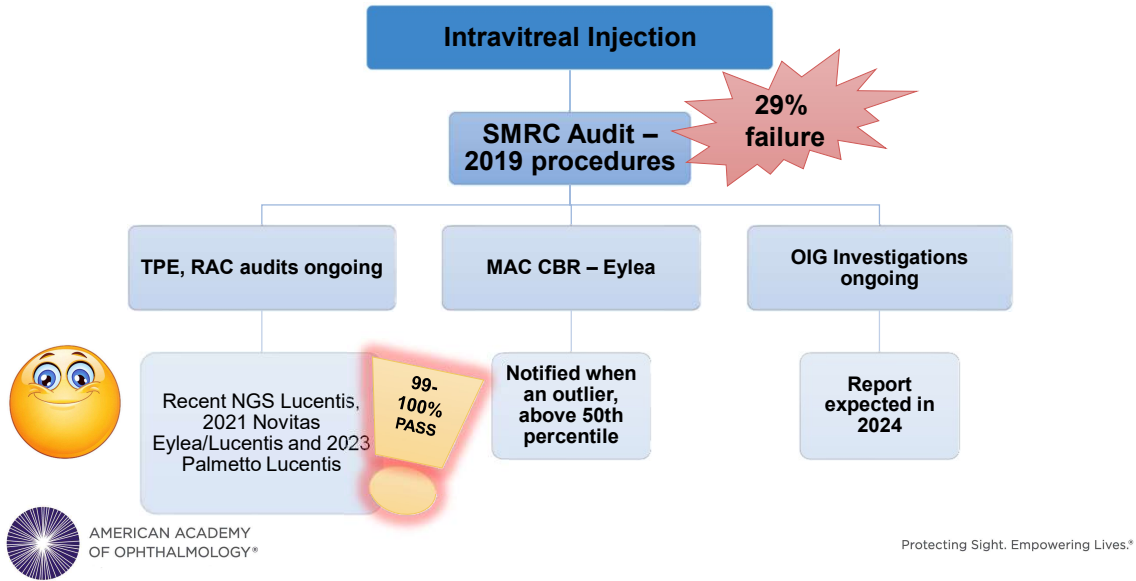
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Audit Realities

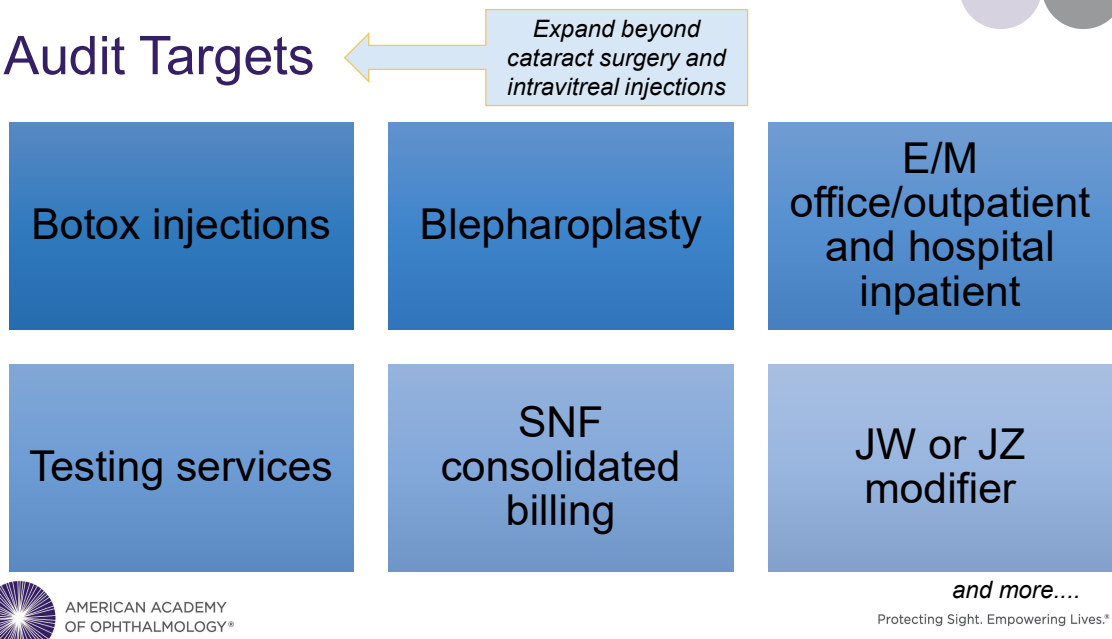


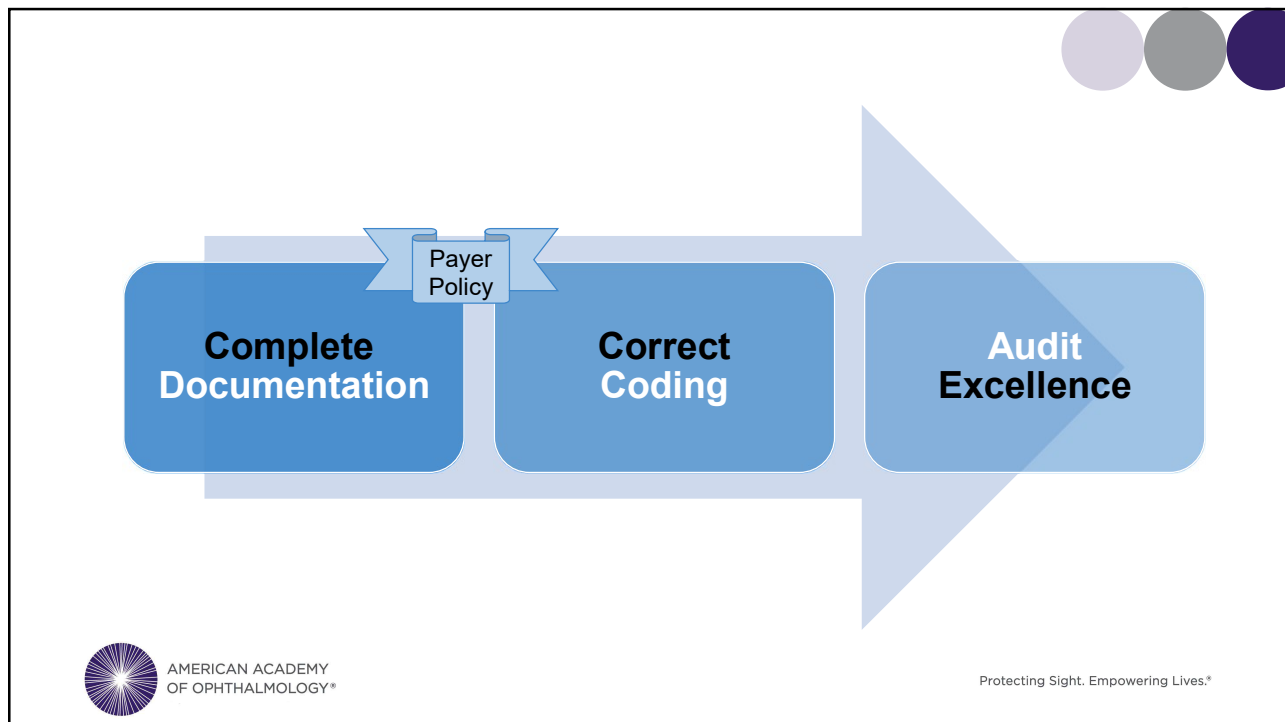
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Audit Realities



Audit Targets





Complex Cataract Surgery

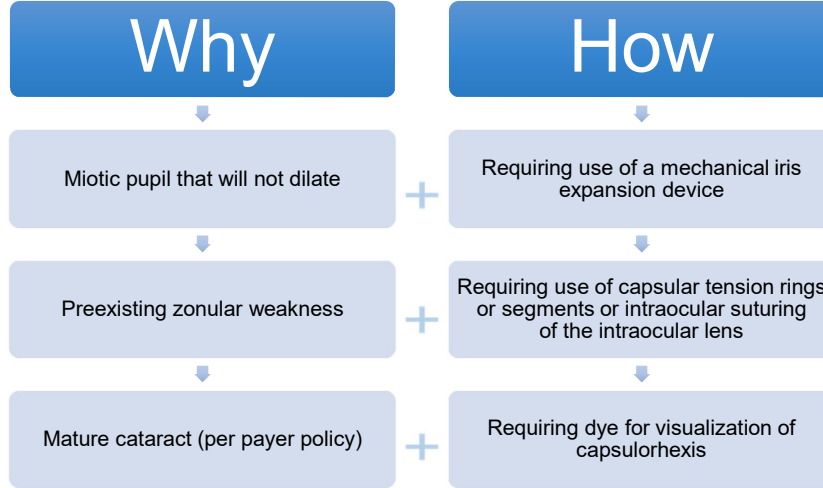
CPT code 66982

Requires devices or techniques not generally used in routine cataract surgery

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Complex Cataract Surgery



What else? Pediatric cataract surgery

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CPT Code 66982

OS Operative Report

Operation: Phacoemulsification with placement of posterior chamber intraocular lens with temporary pupil expansion, left eye

Surgery Date: 10/19/2022

Pre-Op Diagnosis: LEFT EYE CATARACT NUCLEAR

Pre-Op Diagnosis: LEFT EYE CATARACT CORTICAL

Pre-Op Diagnosis: LEFT EYE UNSPECIFIED ANOMALY OF PUPILLARY FUNCTION

Post Op Diagnosis: LEFT EYE CATARACT NUCLEAR

LEFT EYE CATARACT CORTICAL

LEFT EYE UNSPECIFIED ANOMALY OF PUPILLARY FUNCTION

LEFT EYE CORNEAL ABRASION

After receiving informed consent, the patient was taken to the operating suite and the left eye was prepped and draped in the usual fashion. A Lieberman speculum was placed in the patient's left eye, and the operating microscope was swung into place. A diamond paracentesis trapezoidal blade was then used to make a 1.2-mm incision at the 10 o'clock limbal position. 0.1cc of Epinephrine 1:1000 with 0.4cc of 1% lidocaine PF was then injected into the anterior chamber, followed by instillation of Viscoat. The same paracentesis knife was then used to make an incision at the 8 o'clock limbal position. A 2.2 mm temporal clear corneal incision was made with a trapezoidal diamond keratome. The pupil was found to be inadequately dilated, so a Malyugin ring was then injected into the anterior chamber and placed on the pupillary margin. A 10-0 nylon suture was placed in the keratome wound. The capsulorhexis was started and completed with a MST capsulorhexis forceps through the 1.2-mm right-handed microparacentesis incision. Cortical cleaving hydrodissection and hydrodelineation were then performed with BSS on a blunt 26-gauge canula. Bimanual phacoemulsification was then performed with an irrigating chopping instrument through the left-handed incision and the bare phacoemulsification needle without an irrigating sleeve through the right-handed incision. Phacoemulsification was completed without difficulty, followed by bimanual irrigation and aspiration. Provisc was then placed into the capsular bag and the anterior chamber and the 10-0 nylon suture was removed from the incision. IOL power was chosen after Wavevec images obtained. A small central superficial keratectomy was required in order to get an accurate WaveScan reading due to cystic elevation of the epithelium. A foldable intraocular lens, model

Secondary ICD-10

Why?

How?

The pupil was found to be inadequately dilated, so a Malyugin ring was then injected into the anterior chamber and placed on the pupillary margin.

Tecnis ZCB00 acrylic 1pc-AMO, 18.5 diopters in power, was then injected into the capsular bag rotated into good position followed by removal of the Malyugin ring using the injector system and residual viscoelastic using the bimanual I&A apparatus. Stromal hydration of all incisions was then performed. At the conclusion of the procedure, the wounds were found to be watertight using a fluorescein strip. A bandage contact lens was placed on the eye for pain control. The lid speculum was removed from the eye. One drop of Brimonidine Tartrate .2%, Diclofenac Sodium 0.1%, Ofloxacin 0.3%, and Prednisolone Acetate 1% was placed on the ocular surface followed by a bandage contact lens. The patient was wheeled out of the operating suite in good condition.

BEST



OP Report: Courtesy of Richard Hoffman, MD

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Case #1: Punctal Plugs

Chief Complaint

- Foreign body sensation, left eye

Impression/plan

- Dry eye syndrome, both eyes. Schirmer's test, OU. Punctal plugs, collagen 0.5 mm inserted, BLL today. Start artificial tears BID OU.

Procedure

- Punctal plugs, collagen OU. Diagnosis: dry eye syndrome. Patient tolerated the procedure well. There were no complications. Post-op instructions give. Size: 0.5 mm.

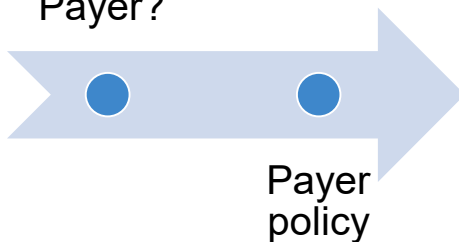


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Case #1: Punctal Plugs

Who is
the
Payer?



- 3.0 Use of lacrimal punctum plugs is indicated for:
 - 3.1 Dry eye syndrome not adequately responding to conservative treatment with:
 - 3.1.1 artificial tears
 - 3.1.2 warm compresses
 - 3.1.3 ophthalmic cyclosporine
 - 3.1.4 oral Omega-3 supplements
 - 3.2 Dry eye symptoms include complaints of:
 - 3.2.1 Dryness
 - 3.2.2 Redness
 - 3.2.3 Burning /discomfort foreign body sensation
 - 3.3 Dry eye symptoms may be contributed to or exacerbated by:
 - 3.3.1 Systemic medications
 - 3.3.2 General health issues (e.g., Sjogren's Syndrome, Rheumatoid Arthritis);
 - 3.3.3 Environmental issues (e.g., cold weather, decreased humidity)
 - 3.3.4 Hormonal/endocrine fluctuations



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www.alliancehealthplan.org/document-library/73216/

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Case #1: Punctal Plugs

Coding Clues

- 68761 has an MUE of 4.
- The following symptoms may be described in the chief complaint: redness, excessive tearing, stinging, burning, etc.
- There should be evidence of tear or gland deficiency.
- Because of the increase in utilization for punctal plugs, payers are auditing chart documentation with increasing regularity. Chart documentation should describe the patient complaint as dry, burning, itching, and/or excessive tearing. Payers also require that the physician only insert punctal plugs when other methods of treatment such as artificial tears, ointments, humidifiers, etc., have been tried and proved unsuccessful.
- In most cases of dry eye syndrome requiring punctum plugs or punctum closure, placement of one plug in (or closure of) each lower punctum will suffice to alleviate the problem. Medicare will reimburse for two plugs per beneficiary or two permanent closures per beneficiary on any given day.

Ophthalmic Coding Coach™ 2.0

Complete Reference

CPT Code Details

FAV	CHECK BUNDLES	SYMBOLS	CODE	DESC	RVU	OFF	FAC	MED	PR	ASSI	UNIBI
			68760	Closure of the lacrimal punctum; by thermocauterization, ligation, or laser surgery	6.56	4.35		10	10	N/A	None
			68761	Closure of the lacrimal punctum; by plug, each	4.36	3.49		10	10	Doc	None



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Audit Realities

Noridian JE
TPE of 68761 Closure of lacrimal punctum by plug
 (April 1, 2024, to June 30, 2024)

46.10% failure

Documentation does not support the medical necessity for this number of services or items within this timeframe.

Failure to Return Records

The documentation submitted is not legible



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Case 2: EHR Signatures

Signed: Doogie Howser, MD
Electronically signed by Doogie Howser, MD



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Be the Auditor

Is this electronic signature compliant?

If not, what's missing?



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Case 3: E/M Level 5

Chief Complaint

- Established patient presents with increasing dry, gritty and painful eyes
- History of cancer and currently undergoing chemotherapy

Impression/plan

- Severe dry eye syndrome exacerbated by chemotherapy
- Prescribing Restasis and RTO in 1 month



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Be the Auditor

E/M Final Determination: CPT code 99215

- Problem: 1 chronic illness with severe exacerbation or side effects of treatment (high)
- Risk: Drug therapy requiring intensive monitoring for toxicity (high)

Approved or denied?

- Why?



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**American Academy of Ophthalmic Executives®
Final Determination Table for Medical Decision Making**

To arrive at the final level of exam, 2 of 3 components (problems, data and risk) must meet or exceed the same level of complexity (straightforward, low, moderate or high).

COMPONENT	STRAIGHT-FORWARD	LOW	MODERATE	HIGH
Number and/or Complexity of Problems Addressed at the Encounter	Minimal 1 self-limited or minor problem	Low 2 or more self-limited or minor problems; Or 1 stable chronic illness; Or 1 acute, uncomplicated illness or injury; Or 1 stable, acute illness; Or 1 acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care	Moderate 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; Or 2 or more stable chronic illnesses; Or 1 undiagnosed new problem with uncertain prognosis; Or 1 acute illness with systemic symptoms; Or 1 acute complicated injury	High 1 or more chronic illnesses with severe exacerbation, progression or side effects of treatment; Or 1 acute or chronic illness or injury that poses a threat to life or body function
Amount and/or Complexity of Data to be Reviewed and Analyzed	Minimal or none	Limited 1 of 2 Categories must be met Category 1: Tests and documents. Any combination of 2 from the following: • Review of prior external note(s) from each unique source; • Review of the result(s) of each unique test; • Ordering of each unique test; Or Category 2: Assessment requiring an independent historian(s)	Moderate At least 1 of 3 Categories must be met Category 1: Tests, documents, or independent historian(s). Any combination of 3 from the following: • Review of prior external note(s) from each unique source; • Review of the result(s) of each unique test; • Ordering of each unique test; • Assessment requiring an independent historian(s) Or Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/QHP (not separately reported); Or Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/QHP/appropriate source (not separately reported)	Extensive 2 of 3 Categories must be met Category 1: Tests, documents, or independent historian(s). Any combination of 3 from the following: • Review of prior external note(s) from each unique source; • Review of the result(s) of each unique test; • Ordering of each unique test; • Assessment requiring an independent historian(s) Or Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/QHP (not separately reported); Or Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/QHP/appropriate source (not separately reported)
Risk of Complications and/or Morbidity or Mortality of Patient Management	Minimal Minimal risk of morbidity from additional diagnostic testing or treatment	Low Low risk of morbidity from additional diagnostic testing or treatment	Moderate Moderate risk of morbidity from additional testing or treatment Examples only: • Prescription drug management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • Diagnosis or treatment significantly limited by social determinants of health	High High risk of morbidity from additional diagnostic testing or treatment. Examples only: • Drug therapy requiring intensive monitoring for toxicity • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization or escalation of hospital-level care • Decision not to resuscitate or to de-escalate care because of poor prognosis • Decision regarding parenteral controlled substances
Final Determination	99202 99212	99203 99213	99204 99214	99205 99215

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CPT is a registered trademark of the American Medical Association.

Source: CPT 2025 Professional Edition, Amer Medical Association; 2024.

Audit Realities

Evaluation and Management (E/M)

Noridian TPE - 99215
(April 1, 2024 - June 30, 2024)

56% failure

Documentation does not support the medical necessity of the level of service billed

Documentation did not include a valid signature and a response to attestation or signature log request was not received

Failure to return records



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Audit Realities

Evaluation and Management (E/M)

89% Minor
7% Moderate
4% Major

First Coast TPE
(Aug 2023-Feb 2024)

Documentation did not support the level of care billed.
Non-response to documentation request.

Novitas TPE JH and JL
(June 2023 – June 2024)

Does not support medical necessity as listed in coverage requirements.

Insufficient documentation was provided to support the services as billed

JH
59% Moderate
32% Major

JL
43% Moderate
38% Major

Documentation supported a **higher or lower level** of medical decision making



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E/M Level 5

Pitfalls to avoid:

- Blinding disease in the future
 - Must be as assessed during the encounter today
- "Severe" disease
- Emergent vs urgent surgery

Must meet 2 of 3 categories

- Illness that poses a threat to body function, with treatment in the near term (problem) or the patient will go blind or have severe vision loss, today
 - Decision regarding emergency major surgery (risk) or hospitalization

HIGH
<p>High 1 or more chronic illnesses with severe exacerbation, progression or side effects of treatment; Or 1 acute or chronic illness or injury that pose a threat to life/body function</p>
<p>Extensive 2 of 3 Categories must be met Category 1: Tests, documents, or independent historian(s). Any combination of 3 from the following: • Review of prior external note(s) from each unique source • Review of the result(s) of each unique test • Ordering of each unique test • Assessment requiring an independent historian(s) Or Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/QHP (not separately reported) Or Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/QHP/appropriate source (not separately reported)</p>
<p>High High risk of morbidity from additional diagnostic testing or treatment. Examples only: • Drug therapy requiring intensive monitoring for toxicity • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization or escalation of hospital care • Decision not to resuscitate or to de-escalate care because of poor prognosis • Parenteral controlled substances</p>
<p>99205 99215</p>



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Case 4: Lesion Removal

Chief Complaint

- Established patient returns for annual diabetic exam. No vision changes.
- Lesion on right upper eyelid, causing irritation.

Impression/plan

- Type II Diabetes, no retinopathy or edema. Return in 1 year. Letter to PCP.
- Lesion, RUL, uncertain behavior, remove today. Size <0.5 cm

Procedure

- Excision of lesion, RUL. 2% of lidocaine was used to anesthetize the surrounding skin. Westcott scissors and forceps were used to remove the lesion (<0.5 cm) and sent to pathology. Cautery was used.

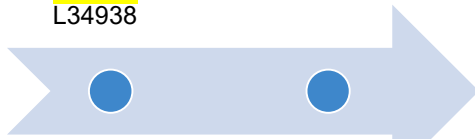


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Case #4: Lesion Removal

Who is the Payer?

- **Novitas**
L34938



Payer policy

Access your MAC policies at aao.org/lcds

Document Medical Necessity

The lesion has become symptomatic or has undergone a change in appearance or displays evidence of inflammation or infection.
The lesion obstructs an orifice.

The lesion clinically restricts eye function. For example, the lesion

- restricts eyelid function
- causes misdirection of eyelashes or eyelid
- restricts lacrimal puncta and interferes with tear flow
- touches the globe
- interferes with vision

There is clinical uncertainty as to the likely diagnosis, particularly where malignancy is a realistic consideration based on lesion appearance or prior biopsy of a related or similar lesion suggesting malignancy.

A statement of "irritated skin lesion" or "inflamed seborrheic keratosis" will be insufficient justification for lesion removal when used solely to describe a patient's complaint or the physician's or non-physician practitioner's physical findings. It is important to document the patient's signs and symptoms as well as the physician's or non-physician practitioner's physical findings.

C/C examples – obstructing vision, pain, oozing, change in size

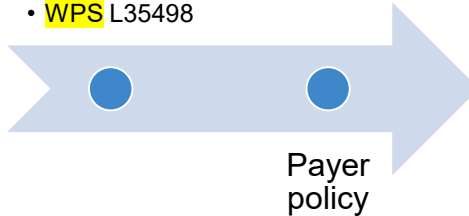


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Case #4: Lesion Removal

Who is the Payer?

- WPS L35498



Access your MAC policies at aao.org/lcds



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Document Medical Necessity

There may be instances in which the removal of non-malignant skin lesions is medically appropriate. Medicare will, therefore, consider their removal as medically necessary and not cosmetic, if one or more of the following conditions are present and clearly documented in the medical record:

1. The lesion has one or more of the following characteristics: bleeding, itching, pain; change in physical appearance (reddening or pigmentary change), recent enlargement, increase in number; or
2. The lesion has physical evidence of inflammation, e.g., purulence, edema, erythema; or
3. The lesion obstructs an orifice; or
4. The lesion clinically restricts vision; or
5. There is clinical uncertainty as to the likely diagnosis, particularly where malignancy is a realistic consideration based on the lesion appearance; or
6. A prior biopsy suggests or is indicative of lesion malignancy; or

C/C examples – obstructing vision, pain, oozing, change in size

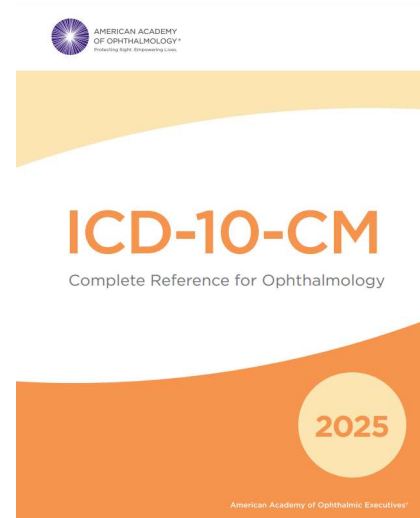
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Code This Case

- CPT code 11440 Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less
- ICD-10 code:
 - A. D48.1, neoplasm of uncertain behavior of connective and other soft tissue
 - B. D48.5, neoplasm of uncertain behavior of skin
 - C. D23.111, other benign neoplasm of skin of right upper eyelid, including canthus



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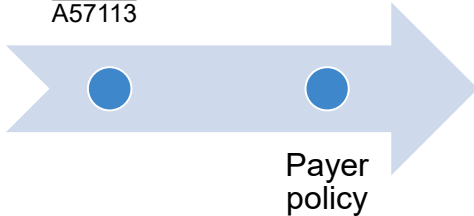


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Case #4: Lesion Removal

Who is the Payer?

- Novitas
A57113



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- ICD-10 code
 - D48.1 - noncovered

The following ICD-10-CM codes support medical necessity and provide coverage for CPT codes: 11310, 11311, 11312, 11313, 11440, 11441, 11442, 11443, 11444, and 11446.

Group 1 Codes: (76 Codes)

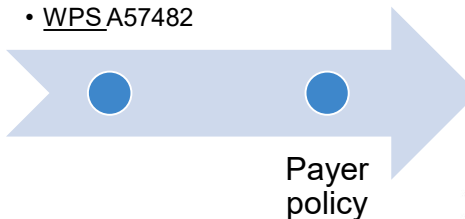
D23.111	Other benign neoplasm of skin of right upper eyelid, including canthus
D23.112	Other benign neoplasm of skin of right lower eyelid, including canthus
D23.121	Other benign neoplasm of skin of left upper eyelid, including canthus
D23.122	Other benign neoplasm of skin of left lower eyelid, including canthus
D23.21	Other benign neoplasm of skin of right ear and external auricular canal
D23.22	Other benign neoplasm of skin of left ear and external auricular canal
D23.39	Other benign neoplasm of skin of other parts of face
D37.01	Neoplasm of uncertain behavior of lip
D48.5	Neoplasm of uncertain behavior of skin
D49.2	Neoplasm of unspecified behavior of bone, soft tissue, and skin

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Case #4: Lesion Removal

Who is the Payer?

- WPSA57482



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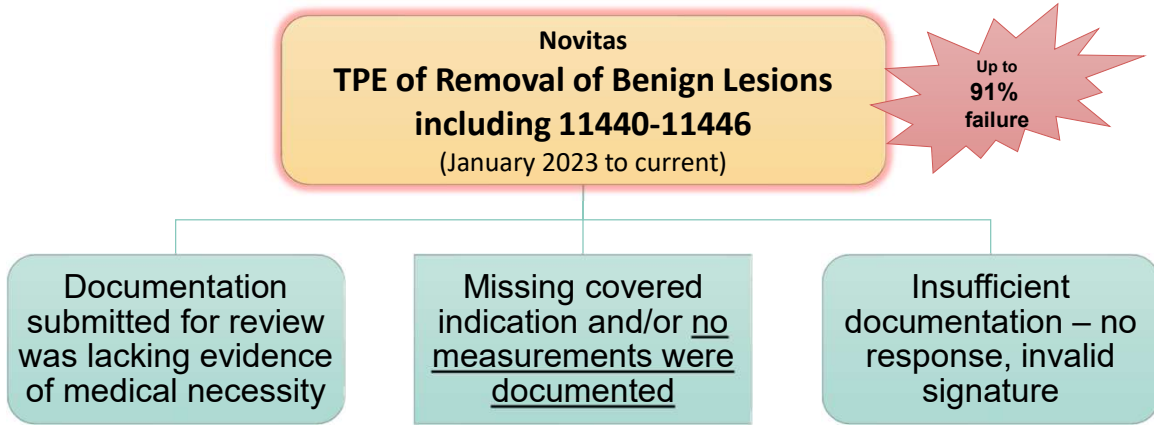
- ICD-10 code
 - D48.1 – noncovered
 - D48.5 - covered
 - D23.1- covered

Group 1 Codes: (138 Codes)

D23.111	Other benign neoplasm of skin of right upper eyelid, including canthus
D23.112	Other benign neoplasm of skin of right lower eyelid, including canthus
D23.121	Other benign neoplasm of skin of left upper eyelid, including canthus
D23.122	Other benign neoplasm of skin of left lower eyelid, including canthus
D48.5	Neoplasm of uncertain behavior of skin

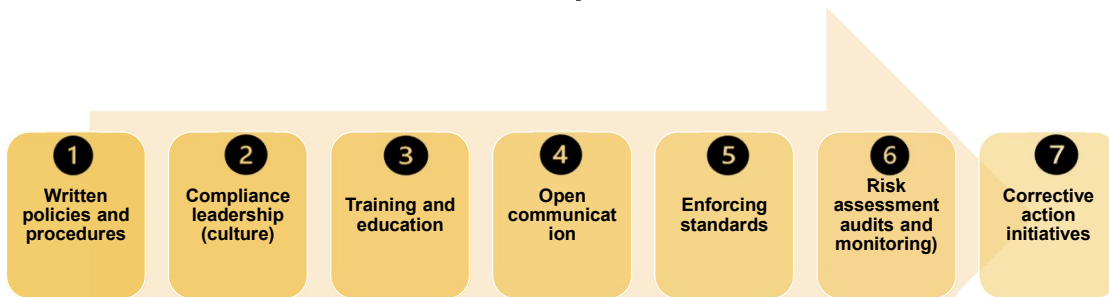
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Audit Realities



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Your Defense: OIG Compliance Plan



Strengthen Your Audit Armor



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Academy Resources

aao.org/coding

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aao.org/em

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aao.org/consulting



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Save the Date - 2025 Codequest

State	City	Date	Course Length
South Carolina	Virtual	January 10	4 hours
Arkansas	Little Rock	January 17	4 hours
California	Virtual	January 24	4 hours
Texas	Austin (Fundamentals of Ophthalmic Coding and Codequest)	January 25	6 hours

aao.org/codequest

Ophthalmic Coding Coach 2.0 Complete Reference

CCI Edit Lookup

67904

67904 is Bundled with 1923

CHECK BUNDLES	CPT Code	RVU Office	RVU Facility
<input type="checkbox"/>	1923	18.70	16.62
<input checked="" type="checkbox"/>	67904	22.12	17.69

Protected. Codes that are not separately billable with another code on the same eye in the same operative session. These bundles have an indicator of "1".
Exception: When the definition of modifier -59 is met bundled codes with an indicator of "1" may be paid separately.
Mutually exclusive: Codes that can never be paid separately. These bundles have an indicator of "0".

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@joywoodke

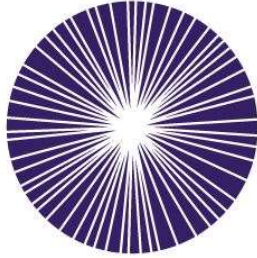


@aaoeye



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