

The Code-a-Palooza Challenge, Part 2: Cataract, Cornea, and Retina

This month, you are back in the hot seat, tackling 4 more questions from November's Code-a-Palooza, a game show-style event that takes place at the Academy's annual meeting. It pits 2 teams against each other and against the audience.

Tackle These Questions

Q4—corneal triple procedure. When a cornea surgeon performs a triple procedure—involving penetrating keratoplasty (PK) with extracapsular cataract extraction and intraocular lens (IOL) implantation—what CPT codes should you submit?

- A. 65755 *PK pseudophakic* and 66984 *Cataract surgery*.
- B. 65750 *PK aphakic* and 66984 *Cataract surgery*.
- C. 65756 *Endothelial keratoplasty* and 66984 *Cataract surgery*.
- D. 65730 *PK phakic* and 66984 *Cataract surgery*.

Q5—fundus photography of diabetic retinopathy. A primary care group in your area has a fundus camera. They take fundus pictures of patients with diabetic retinopathy, and your ophthalmology office interprets the results. What code should the ophthalmologist submit?

- A. 92250–26 *Fundus photography with interpretation and report*.
- B. 92227 *Remote imaging for detection of retinal disease (e.g., retinopathy in a patient with diabetes) under physician*

supervision, with analysis and report under physician supervision, unilateral or bilateral.

C. 92228 *Remote imaging for monitoring and management of active retinal disease (e.g., diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral.*

Q6—a limbal-relaxing incision. A patient had cataract surgery 3 years ago and now needs a limbal-relaxing incision for the correction of surgically induced astigmatism. Which of the follow statements is correct?

- A. You should submit unlisted CPT code 66999; the patient is responsible for payment.
- B. You should obtain an Advance Beneficiary Notice of Noncoverage (ABN) from the Medicare Part B patient.
- C. Most insurances do not specify the specific diopter of astigmatism induced by surgery.
- D. Correction, if necessary, is part of the global surgical package.

Q7—Optos. The physician used Optos, rather than dilating the pupil, to examine an established patient's posterior segment. Should you bill for a comprehensive exam with an E&M code or Eye visit code?

- A. Choose either.
- B. E&M code.
- C. Eye visit code.
- D. Neither. This was not a comprehensive exam.

How Many Did You Get?

4—corneal triple procedure. Answer: D. 65730 *PK phakic* and 66984 *Cataract surgery*.

More to the story. List PK first, as it has the higher allowable. Payment, per the guidelines on multiple procedures, will be 100% of the allowable for the PK and 50% for the cataract surgery. There is a 90-day global period.

5—fundus photography of diabetic retinopathy. Answer: C. 92228 *Remote imaging for monitoring and management of active retinal disease*

More to the story. It is inappropriate to submit 92250–26 when there is a CPT code for this telemedicine service. However, not all payers have assigned an allowable, and the patient may be responsible for payment.

6—a limbal-relaxing incision. Answer: C. Most insurances do not specify the specific diopter of astigmatism that must be induced by the initial surgery in order for the correction to be covered.

More to the story. The appropriate CPT code is 65772 *Corneal relaxing incision for correction of surgically induced astigmatism*. The code reflects the scenario that trauma or previous surgery resulted in surgically induced astigmatism. (For correction of natural astigmatism at the time of cataract surgery, use either the unlisted code 66999 or an internal tracking code that you've developed.)

7—Optos. Answer: D. Optos is not a substitute for a dilated posterior segment exam. As an analogy, a chest x-ray does not take the place of examining the heart and lungs.