The CPT and HCPCS Changes That Impact Coding in Ophthalmology

Each year, the American Medical Association updates its Current Procedural Terminology (CPT). In 2019, the most significant changes for ophthalmology include new codes for electroretinography and biopsies, plus (see "More Online") a new HCPCS code for corneal cross-linking and new Category III codes. In the 2019 listings, a red dot (●) is used to flag new codes.

The following changes impact all your payers, not solely Medicare Part B.

ERG Testing

To distinguish between the different types of electroretinography (ERG) testing that are now in use, CPT code 92275 *ERG* was deleted and replaced with two Category I, Level I codes (92273 and 92274) and one Category III code (0509T).

● CPT code 92273 *ERG with interpretation and report; full field (i.e., ffERG, flash ERG, Ganzfeld ERG)*. The RVS Update Committee (RUC) had determined that this new code should be assigned a work Relative Value Unit (wRVU) of 0.80, but CMS disagreed and assigned it a wRVU of 0.69. The typical allowable is $138. The technical component (–TC) requires general supervision. The National Correct Coding Initiative (CCI) bundles five codes with 92273: 99211, 99446, 99447, 99448, and 99449.

● CPT code 92274 *ERG with interpretation and report; multifocal (mfERG)*. CMS assigned 92274 a wRVU of 0.61, despite the RUC recommending a wRVU of 0.72. The typical allowable is $93. The technical component requires general supervision. CCI bundling for this code is the same as for CPT code 92273.

Note: New testing services might not be immediately recognized by commercial payers. (For example, some commercial payers implement updates at the start of their fiscal year instead of at the start of a calendar year.)

● 0509T *ERG with interpretation and report, pattern (PERG)*. This Category III code was created specifically for appropriate reporting of this technology, and it has significant differences from the historical ERG code. CCI bundling is the same as for CPT code 92273. (See this article online for Category III code payment policies.)

Biopsies

CPT codes 11100 *Biopsy of skin; single lesion* and the add-on code +11101 for each separate/additional lesion have been deleted. They have been replaced with a new family of biopsy codes that are defined by technique:

- Tangential biopsy (e.g., shave, scoop, saucerize, and curette)
- Punch biopsy involves use of a punch tool to get a full-thickness cylindrical sample of skin, and it includes simple closure.
- Incisional biopsy involves use of a sharp blade to obtain a full-thickness sample of tissue via a vertical incision or wedge, and it includes simple closure.

The three new primary codes each have an add-on code. The add-on code should be listed separately, in addition to the code for the primary procedure.

● CPT code 11102 *Tangential biopsy of skin; single lesion.*

● +11103 *each separate/additional lesion.* This is 11102's add-on code.

● CPT code 11104 *Punch biopsy of skin; single lesion.*

● +11105 *each separate/additional lesion.* This is 11104's add-on code.

● CPT code 11106 *Incisional biopsy of skin; single lesion.*

● +11107 *each separate/additional lesion.* This is 11106's add-on code.

Example. If the physician performs a punch biopsy and two tangential biopsies, the claim submission includes three codes—11104, 11102, and +11103—and each would have a 1 in the unit field. It is enough to indicate the number of units; you don't need to append –RT, –LT, –E1, or –E4.

Note: When the biopsy is more than superficial, report CPT code 67810 *Incisional biopsy of eyelid skin, including eyelid margin.*

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EXTRA **MORE ONLINE.** For three more Category III codes and a HCPCS J code for Photrexa, see this article at aao.org/eyenet.