



American Academy of Ophthalmic Executives®

Fact Sheet: Coding for Retinopathy of Prematurity (ROP)

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CPT Codes

Inpatient Hospital Evaluation and Management Codes

- 99221** Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level medical decision making.
- 99222** Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making.
- 99223** Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making.
- 99231** Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making.
- 99232** Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making.
- 99233** Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making.

Inpatient or Observation Consultations

- 99252** Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making.
- 99253** Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and low level of medical decision making.
- 99254** Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making.
- 99255** Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and high level of medical decision making.

Note: For payers that cover consultation codes; verify each payer policy.

Coding for ROP Treatment *continued*

Testing

- 92201** Ophthalmoscopy, extended; with retinal drawing and scleral depression of peripheral retinal disease (eg, for retinal tear, retinal detachment, retinal tumor) with interpretation and report, unilateral or bilateral

Extended ophthalmoscopy is medically necessary when there is active disease to document with zone and extent. Documentation should include a detailed drawing with labels, scleral depression and interpretation.

Procedures

- 67229** Treatment of extensive or progressive retinopathy, one or more sessions; preterm infant (less than 37 weeks gestation at birth), performed from birth up to 1 year of age (eg, retinopathy of prematurity), photocoagulation or cryotherapy

90-day global period

When an exam is performed the same day to determine the need for surgery, append modifier -57 to the exam.

- 67028** Intravitreal injection of a pharmacologic agent (separate procedure)

Zero-day global period*

Modifiers

- 25** Significant, separately identifiable evaluation and management service by the same physician on the same day of the (minor) procedure
- Append to CPT code 67028, intravitreal injection when the exam is performed the same day with a decision for treatment. When the exam is performed to confirm the need for the injection, it is not separately payable.
- 50** Bilateral procedure.
- Correct payment is 150 percent of the allowable.
- 57** Decision for (major) surgery.
- Use this modifier when the major surgery is performed either the day of or the day after the exam. Some payers may require up to 3-days prior to the surgery.
- 63** Procedure Performed on Infants less than 4 kg: Procedures performed on neonates and infants up to a present body weight of 4 kg may involve significantly increased complexity and physician or other qualified health care professional work commonly associated with these patients. This circumstance may be reported by adding modifier 63 to the surgery CPT code. **
- JW** Drug amount discarded/not administered to any patient
- JZ** Zero drug amount discarded/not administered to any patient
- RT** Only the right eye is treated
- LT** Only the left eye is treated

*NCCI bundles established patient E/M codes but not the Eye visit codes with 67028. Regardless of NCCI edits, any exam must meet the definition of modifier 25.

Coding for ROP Treatment *continued*

**Per CPT, unless otherwise designated, modifier 63 may only be appended to procedures/services listed in the 20100-69990 code series and 92920, 92928, 92953, 92960, 92986, 92987, 92990, 92997, 92998, 93312, 93313, 93314, 93315, 93316, 93317, 93318, 93452, 93505, 93563, 93564, 93568, 93569, 93573, 93574, 93575, 93580, 93581, 93582, 93590, 93591, 93592, 93593, 93594, 93595, 93596, 93597, 93598, 93615, 93616 from the Medicine/ Cardiovascular section. Modifier 63 should not be appended to any CPT codes listed in the Evaluation and Management Services, Anesthesia, Radiology, Pathology and Laboratory, or Medicine sections (other than those identified above from the Medicine/Cardiovascular section). Do not report modifier 63 in conjunction with CPT code 65820.

Billing Guidelines

CPT code 67229 includes treatment during one or more sessions that may occur at different encounters. These codes should be reported once during a defined treatment period.

CPT code 67028

- Most payers require at least 28 days between anti-VEGF intravitreal injections. Confirm the frequency requirements per the FDA label and applicable payer policy.
- Per the FDA label the ROP treatment interval between Eylea doses injected into the same eye should be at least 10 days. Treatment may be given bilaterally.
- Bill the appropriate units injected and report wastage 1 unit or greater with modifier -JW. Report modifier JZ when there is no wastage to report (eg,EYLEA).
- Visit aao.org/retinapm to review the Table of Common Retinal Drugs which provides HCPCS codes, appropriate units, indications and JW or JZ modifier use.
- Access the [Coding for Injectable Drugs](http://aao.org/practice-management/coding/injectable-drugs) webpage at aao.org/practice-management/coding/injectable-drugs to reference NDC numbers, coding guidance for compounded drugs and drug wastage.

Initial exam

- Pediatric ophthalmologist examines a premature infant in the Neonatal Intensive Care Unit (NICU) for a new patient evaluation.
- Birth history and NICU progress notes reviewed.
- Extended ophthalmoscopy performed OU today with scleral depression. Drawing with labels and documentation of extended method and interpretation reflects bilateral ROP stage 0.
- Plan to follow up in 1 week.
 - 1 chronic illness with progression (moderate complexity problem); Review of notes from two sources limited complexity of data; observation (low risk of complications of patient management); Overall medical decision making, low. E/M 99221 (Initial hospital inpatient) or 99253 (Inpatient consultation) depending on payer policy.

Billing Guidelines with Same Day Exam

Laser

- Pediatric ophthalmologist examines a premature infant in the NICU for a follow-up ROP evaluation. Last week infant was zone 1 stage 2 without plus OU.
- Extended ophthalmoscopy performed OU today with scleral depression. Drawing with labels and documentation of extended method and interpretation reflect neovascularization, progression to zone 1 stage 3 without plus OU.
- Decision to perform retinal laser ablation OU discussed with parents who were present.
 - 1 chronic illness with progression (moderate complexity problem); Independent historian (limited complexity data); decision to perform laser treatment (moderate complexity risk); Overall medical decision making moderate, E/M code 99232 (subsequent inpatient)
 - Append modifier -57 to the exam when it determines the need for the laser (same day or the next day), major surgery as CPT code 67229 has a 90-day global.

Coding for ROP Treatment *continued*

- NCCI edits bundle CPT code 92201 (retinal drawing) with 67229. If only one eye was being treated, report CPT code 92201 for the fellow eye with pathology and append modifier 59 modifier, separate structure.
- Append modifier 63 to 67229 when appropriate per payer policy.

Intravitreal Injection

- Pediatric ophthalmologist sees a premature infant in NICU for follow-up ROP evaluation. Last week infant was zone 1 stage 2 without plus OU.
- Extended ophthalmoscopy performed OU, with scleral depression. Drawing with labels and documentation of extended method and interpretation reflect progressing neovascularization OS. OD zone 1 stage 2 without plus, OS zone 1 stage 3 without plus.
- Decision to perform anti-VEGF injection OS and monitor OD in 4 days.
 - 1 chronic illness with progression (moderate complexity problem); Minimal or no data (straightforward complexity data); decision to perform anti-VEGF injection (moderate complexity risk); Overall medical decision making moderate, E/M code 99232 (subsequent inpatient)
 - If injection same day as exam and exam is not solely performed to confirm the need for injection (bilateral disease, only treating one eye), append -25 modifier.
 - If the injection is on the same day as the exam, NCCI edits bundle 92201 with 67028. Report CPT code 92201 with modifier -59, as a separate structure, when there is pathology in the fellow eye. The medication is included in the facility payment.
 - Append modifier -63 to 67028 when appropriate per payer policy.

Coding Injections

CPT code 67028, with the anatomical modifier appended (-RT, -LT or -50)

Report the appropriate HCPCS code for the medication when provided in the office setting and the appropriate units administered.

The HCPCS code is reported on a second line for wasted medication, if appropriate. JW modifier appended. For example, EYLEA dosage 0.4 mg/0.01 mL is less than 1 unit (1 mg) so report:

- J0178 - 1 unit
- J0178 - JW 1 unit

The medically necessary ICD-10 code is appropriately linked to 67028 and HCPCS code(s)

Bilateral injections are billed with 67028 -50 modifier (fees doubled) or on two separate lines with -RT and -LT per payer guidelines. Bilateral procedures are paid at 150%.

For the medication provided in the office setting, report the appropriate HCPCS with the total units administered. Include the medication name and dosage in item 19 of the CMS-1500. You will receive 100% reimbursement for the medication, per eye.

Do not use the EYLEA pre-filled syringe for the treatment of ROP. If the contralateral eye requires treatment, a new sterile vial of Eylea should be used.

Access [Coding for Injectable Drugs](#) webpage for CMS-1500 instructions, sample drug guidance and the Table of Common Retina Drugs.

Documentation Checklist

Access the Academy Intravitreal Injection Checklist at aao.org/retinapm.

Important: The documentation must include the legible and/or compliant electronic signature of the physician responsible for and providing care to the patient.

Laser Operative Notes

Notes include:

- Patient preparation
- Pre and postoperative diagnosis
- For photocoagulation or cryotherapy:
 - Laser used
 - Number of spots and retinal areas treated
 - Will additional sessions be performed
- Complications
- Planned follow-up

HCPCS Codes

When performed in the ASC, the facility bills for the drug. The physician only bills the procedure. There is a site of service differential in the RVU value, the facility having the lower value.

When billing for the drug provided in the office, accurately report units of drugs per the dosage specified in health care procedure code system (HCPCS) descriptor. Do not bill units based on the way the drug is packaged, stored, or stocked.

Depending on the payer and site of service, bill for Avastin with one of the following HCPCS codes: C9257, J3490, J3590, J7999, or J9035. There is not one single code that is recognized by all payers. The Academy provides a listing of MAC requirements on the [Coding for Injectable Drugs](https://www.aao.org/practice-management/coding/injectable-drugs) webpage, <https://www.aao.org/practice-management/coding/injectable-drugs>. Commercial payer requirements vary. Practices must verify which HCPCS code is recognized prior to billing.

C9257, J3490, J3590, J7999, or J9035	Avastin (bevacizumab) Dosage reported in item 19 (eg, 0.625 mg/0.025 mL)
J0178	Eylea (afibercept) single dose vial of 2 mg (0.05 mL) 0.4mg dosage (0.01 mL or 10 microliters) Example 2 mg vial, 1 unit injected, 1 unit wasted J0178 1 units J0178 -JW 1 units Total 2 units billed (1 unit x 2 = 2 mg vial)

ICD-10 Code Options

Note: Codes vary by payer, verify for each procedure.

- H35.111 Retinopathy of prematurity, stage 0, right eye
- H35.112 Retinopathy of prematurity, stage 0, left eye
- H35.113 Retinopathy of prematurity, stage 0, bilateral
- H35.121 Retinopathy of prematurity, stage 1, right eye
- H35.122 Retinopathy of prematurity, stage 1, left eye
- H35.123 Retinopathy of prematurity, stage 1, bilateral
- H35.131 Retinopathy of prematurity, stage 2, right eye
- H35.132 Retinopathy of prematurity, stage 2, left eye

Coding for ROP Treatment *continued*

H35.133	Retinopathy of prematurity, stage 2, bilateral
H35.141	Retinopathy of prematurity, stage 3, right eye
H35.142	Retinopathy of prematurity, stage 3, left eye
H35.143	Retinopathy of prematurity, stage 3, bilateral
H35.151	Retinopathy of prematurity, stage 4, right eye
H35.152	Retinopathy of prematurity, stage 4, left eye
H35.153	Retinopathy of prematurity, stage 4, bilateral
H35.161	Retinopathy of prematurity, stage 5, right eye
H35.162	Retinopathy of prematurity, stage 5, left eye
H35.163	Retinopathy of prematurity, stage 5, bilateral

Policy and Billing Guidelines

Confirm all payer policies.