

Part B Insider (Multispecialty) Coding Alert

CPT® 2016: Get Ready for Corneal Ring Segment, Collagen Cross-Linking Codes

New and revised procedure codes reflect improving technology.

Along with the changing of the colors, for coders fall means the changing of the codes, as specialties get their first look at how CPT® coding will change next year. The American Medical Association (AMA) has released its pre-production code CPT® code set for 2016, with a few new codes and some revisions that should catch the eyes of ophthalmology coders.

A new CPT® code, 65785 (Implantation of intrastromal corneal ring segments) replaces Category III code 0099T, which CPT® is deleting in 2016. The Category III codes, also known as temporary codes, describe emerging technology and are meant to be used for data collection only. Code 0099T was introduced in 2006 to describe the use of Intacs corneal inserts with keratoconic patients to reduce the need for corneal transplants.

CPT® 2016 will also acknowledge advances in photoscreening technology by revising a current code and introducing a new code to differentiate between on-site analysis and remote analysis (addition underlined):

- **Revised code:** 99174 ☐ Instrument-based ocular screening (e.g., photoscreening, automated-refraction), bilateral; with remote analysis and report
- **New code:** 99177 ☐ ... with on-site analysis.

CXL Debut: A new Category III code, 0402T (Collagen cross-linking of cornea [including removal of the corneal epithelium and intraoperative pachymetry when performed]) describes corneal collagen cross-linking, also known as CXL, C3-R, CCL, and KXL. The procedure, involving the application of a riboflavin solution to the eye, which is then exposed to UV-A light, is meant to strengthen the cornea. As noted above, the Category III codes are temporary, meant for data collection and tracking; the introduction of a new CPT® code does not guarantee reimbursement.

CPT® 2016 also revises the Category III code for insertion of an ocular telescope prosthesis to include the removal of an IOL prosthesis:

- **Revised code:** 0308T ☐ Insertion of ocular telescope prosthesis including removal of crystalline lens or intraocular lens prosthesis

Small Adjustments to Retinal Detachment Codes

For 2016, CPT® has slightly tweaked the descriptors of many of the retinal detachment codes, deleting the "with or without" language and substituting "including when performed" (deleted text crossed out; inserted text underlined):

- **Revised code:** 67101 ☐ Repair of retinal detachment, 1 or more sessions; cryotherapy or diathermy, with or without including drainage of subretinal fluid, when performed
- **Revised code:** 67105 ☐ ... photocoagulation, with or without including drainage of subretinal fluid, when performed
- **Revised code:** 67107 ☐ Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), with or without including when performed, implant, with or without cryotherapy, photocoagulation, and drainage of subretinal fluid
- **Revised code:** 67108 ☐ ... with vitrectomy, any method, with or without including when performed, air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique
- **Revised code:** 67113 ☐ Repair of complex retinal detachment (e.g., proliferative vitreoretinopathy, stage C-1 or

greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, including, may include when performed, air, gas, or silicone oil tamponade, cryotherapy, endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens

Also within the retinal detachment codes, CPT® has deleted one code for 2016:

Deleted code: 67112 □ Repair of retinal detachment; by scleral buckling or vitrectomy, on patient having previous ipsilateral retinal detachment repair(s) using scleral buckling or vitrectomy techniques

Some of the CPT® revisions were merely removing the phrase "1 or more sessions" from the descriptor:

- **Revised code:** 65855 □ Trabeculectomy by laser surgery (1 or more sessions, defined treatment series)
- **Revised code:** 67227 □ Destruction of extensive or progressive retinopathy (e.g., diabetic retinopathy), 1 or more sessions cryotherapy, diathermy
- **Revised code:** 67228 □ Treatment of extensive or progressive retinopathy 1 or more sessions (e.g., diabetic retinopathy), photocoagulation

CPT® 2016 has also deleted the Category III code for transciliary filtration, otherwise known as Singh filtration:

Deleted code: 0123T □ Fistulization of sclera for glaucoma, through ciliary body

Transciliary filtration is an alternative to trabeculectomy for phakic chronic open angle glaucoma patients. Ophthalmic surgeons use a plasma blade (called a Fugo blade) to incise a small opening in the sclera and ciliary body, allowing intraocular fluid to drain into the eye's lymphatic system. When the temporary code was introduced in 2006, experts hailed TCF as quicker than trabeculectomy, causing less bleeding and fewer postoperative complications.

Rationale: It's unclear just now why AMA made these changes, says **Maggie M. Mac, CPC, CEMC, CHC, CMM, ICCE**, AHIMA-approved ICD-10 CM/PCS trainer and president of Maggie Mac-Medical Practice Consulting in Clearwater, Fla., adding that the rationale is usually explained at the AMA's annual meeting.

"We will have to wait and see what happens with these codes and whether they will change the total RVUs and/or global days," Mac says.