

CPT Code 92242—New Code for ICG and FA Is Most Striking Change to CPT 2017

Each year, the AMA updates its Current Procedural Terminology (CPT). This year, the changes most important to eye care include a brand-new code and revisions to some surgical and testing codes. A red dot (●) is used to flag new codes, and a blue triangle (▲) indicates that a code's description has been revised, with underlining and ~~striking throughs~~ used to identify new and deleted language, respectively.

Meet CPT Code 92242

● 92242 *Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral.*

Why a new code? This code was introduced due to a high volume of Medicare claims involving same-day use of codes 92235 *Fluorescein angiography* and 92240 *ICG performance*. (Coincidentally, payments for both codes have been cut—see “More Online.”)

Clinical vignette. A typical scenario in which you might provide the service would be a 77-year-old patient with a history of dry age-related macular degeneration who presents with sub-retinal blood and fluid.

Bill once per encounter. In contrast to previous billing practices, 92242 is payable once whether 1 or both eyes are

tested. When only 1 eye undergoes the test, it is inappropriate to append the unique eye modifier or modifier –52, which represents a reduced service.

Medicare's allowable is approximately \$232. This will vary depending on your geographic region. Because the test will be covered by Medicare Part B, it must also be covered by Medicare Advantage plans. Commercial plans won't necessarily add the code immediately to their list of covered testing services.

Direct supervision. The test requires direct supervision, which means that a physician must be onsite when it is performed. This doesn't have to be the physician who ordered the test.

Correct Coding Initiative (CCI) edits that can be unbundled. CPT code 92242 is not typically payable the same day as any of the following CPT codes: 36000, 36200, 36215, 36216, 36217, 36218, 36245, 36246, 36247, 36248, 36410, 76000, 76001, 77001, 77002, 92230, 92250, 93000, 93005, 93010, 93040, 93041, 93042, 96360, 96365, 96372, 96374, 96375, 96376, 96377, 99211, and 99446. But there are certain circumstances when you can bill for 92242 together with one of those other codes, even if the services are performed by the same provider for the same patient on the same day. To indicate that those circumstances apply, append a modifier to one of the

codes—this is known as unbundling.

CCI edits that can't be unbundled. Most important, 92242 has mutually exclusive edits with CPT codes 36591, 36592, 92235 *FA*, 92240 *ICG*, 96523, 99446, 99447, 99448, and 99449. Under no circumstances can you bill for 92242 and any of those 9 codes on the same day for the same patient. If you do, you will only be paid for 1 code—probably the least remunerative.

Changes to Surgery Codes

▲ CPT code 67101 *Repair of retinal detachment, one or more sessions including drainage of subretinal fluid when performed*; cryotherapy or diathermy, including drainage of subretinal fluid when performed

▲ CPT code 67105 *Repair of retinal detachment, one or more sessions including drainage of subretinal fluid when performed*; photocoagulation, including drainage of subretinal fluid, when performed

These changes eliminate references to technology that is no longer commonly used in retinal detachment repair. The phrase “one or more sessions” was removed to allow treatments to be reported separately when required.

No change to the cryotherapy code. The AMA's 2017 CPT book incorrectly included a triangle in front of CPT code 66720 *Ciliary body destruction; cryotherapy*. This was a mistake; code 66720 has not changed.

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MORE ONLINE. To see what's changed with 92235 and 92240, see this article at aao.org/eyenet.