FACT SHEET

67113

CPT Codes

CPT Code 67113—Repair of complex retinal detachment (eg, 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, when performed, air gas, or silicone oil tamponade, cryotherapy, endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens

Provider Specialties

Ophthalmologist (Specialty 18) may perform. In Kentucky, Optometrist (Specialty 41) may also perform.

- https://www.ncsl.org/scope-of-practice-policy/practitioners/optometrists
- https://apps.legislature.ky.gov/law/kar/201/005/110.pdf
- https://www.optometrystudents.com/articles/ohio-scope-of-practice/

Medical Necessity

Repair of complex retinal detachment may be considered reasonable and necessary for the following conditions:

- Retinal detachments secondary to vitreous strands, proliferative retinopathy, and vitreous retraction.
- Diabetic traction retinal detachment
- Retinal tear of greater than 90 degrees

Repair of complex retinal detachment with vitrectomy and membrane peeling consists of removing vitreous humor and peeling the retinal membrane. The reattachment of the retina with extreme heat or cold and possible attachment a sclera buckle. If necessary, the lens may be removed and or a substance to level up the detached retina may be injected.

Billing

Several modifiers may be applicable depending specific circumstances of the surgery and billing requirements. Here is a list of potential modifiers and the reasons for use:

1. -LT (Left side) and -RT (Right side): used to specify which eye underwent procedure, as retinal surgeries are specific to each eye
2. -50 (Bilateral procedure): If procedure was performed on both eyes during same operative session, this modifier should be used
3. -51 (Multiple procedures): used when multiple procedures performed during same surgical session. It indicates that this procedure is secondary or subsequent to the primary procedure
4. -58 (Staged or related procedure or service by same physician during postoperative period): used if second procedure related to first (such as necessary follow-up surgery) performed during postoperative period of initial surgery
5. -78 (Unplanned return to operating room for related procedure during postoperative period): Used if patient must return to operating room for complications or related procedure following initial surgery
6. -79 (Unrelated procedure or service by same physician during postoperative period): modifier is applicable if new procedure, which is not related to initial surgery, performed while patient is still in postoperative period for original surgery
7. -22 (Increased procedural services): modifier used when work required to perform surgery is substantially greater than typically required. Documentation must support increased effort and complexity
8. -23 (Unusual anesthesia): Occasionally, procedure might require unusual anesthesia. This modifier would be used to indicate that circumstance.
9. -24 (Unrelated evaluation and management service by same physician or other qualified health care professional during postoperative period): used if physician provides E/M service during postoperative period not related to original procedure
10. -25 (Significant, separately identifiable evaluation and management service by same physician or other qualified health care professional on same day of procedure or other service): If E/M service performed on same day as procedure and is significant and separately identifiable from procedure, this modifier should be used
11. -59 (Distinct procedural service): Indicates procedure was distinct or independent from other services performed on same day. Modifier used to indicate procedure not normally reported together with another procedure but is appropriate under the circumstances
12. -62 (Two surgeons): When two surgeons work together as primary surgeons performing distinct parts of complex retinal repair procedure

Each of these modifiers has specific implications for billing and reimbursement, and their applicability must be determined

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Documentation Required

1. 1. Submitted medical record must support use of selected ICD-10-CM code(s). Submitted CPT/HCPCS code must describe service performed
2. 2. Beneficiary name
3. 3. Date of service
4. 4. Relevant history
5. 5. Patient informed Consent
6. 6. Results of pertinent tests/ procedures
7. 7. Signed and dated documentation from ordering provider supporting indication/ medical necessity
8. 8. Signed and dated Operative note including devices and techniques utilized and that vitrectomy an membrane peeling was performed
9. 9. Expanded therapeutic procedures credentials for optometrist in Kentucky.

based on the individual clinical and billing circumstances surrounding each case. Proper documentation and justification are crucial when using any modifiers to ensure compliance and appropriate reimbursement.

Repair of retinal detachment are mutually exclusive and shall not be reported separately for the ipsilateral eye on the same date of service. Some retinal detachment repair procedures include some vitreous procedures which are not separately reportable.

67113 includes removal of lens if performed. CPT codes for removal of lens or cataract extraction (e.g., 66830-66984 and 66986-66988) shall not be reported separately

Posterior segment ophthalmic surgical procedures (CPT codes 67005-67229) include extended ophthalmoscopy (CPT codes 92201, 92202), if performed during operative procedure or post-operatively on same date of service. Except when performed on an emergent basis, extended ophthalmoscopy would normally not be performed pre-operatively on same date of service.

Appropriate Signatures

- Signature and credentials of person performing the service must meet CMS requirements
- Amendments/corrections/delayed entries are properly identified

For more information regarding signature requirements, please view the following resources:

- CGS Administrators, LLC, J15 Part B Medical Review https://www.cgsmedicare.com/partb/mr/signatures.html
  - https://www.cgsmedicare.com/partb/cert/signatures.pdf
- CMS MLN Fact Sheet, Complying with Medicare Signature Requirements.
  - https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/signature_requirements_fact_sheet_icn905364.pdf

Resources

- Medicare NCCI 2022 Coding Policy Manual – Chap8CPTCodes -60000-69999 https://www.cms.gov/files/document/chapter8cptcodes60000-69999final11.pdf
- Medicare Claims Processing Manual Chapter 23 and 14