RETeval®

ERG **SIMPLIFIED**

The **EVOLUTION** of **ERG**

LKC TECHNOLOGIES

You've never seen ERG like this before

The RET*eval*® offers a portable, handheld solution that is comfortable for patients, easy for clinicians, and provides an efficient, objective functional assessment of retinal health. Combined with structural imaging, the RET*eval* provides a complete picture to aid your diagnosis, leading to earlier intervention and appropriate management.

Disease Onset ▶ Functional Stress ▶ Structural Damage ▶ Vision Loss

RET*eval* Device — OCT, Fundus

Simple to Use

- Handheld, lightweight, and portable
- Appropriate for any age without sedation
- Dilation not required
- Train techs in minutes

No Corneal Contact

- Non-invasive, patented adhesive Sensor Strip Electrodes are comfortable for patients and available in 2 sizes

Shorter Testing Time

- Two strips, then clip for efficient set-up
- Test both eyes in minutes
- Seamlessly integrates into clinic workflow

Simple to Interpret

- Color-coded results
- Integrated normative database
- Predictive diabetic retinopathy score

Objective Results

- Test assesses retinal function with no patient cooperation required

Reimbursable

- Reimbursable with CPT code 92273
- 560 applicable ICD-10 codes
- Co-billable with OCT, VF, or fundus

ERG Coding at a Glance

The following list provides some of the more common ICD-10-CM diagnosis codes that may be used for the protocols associated with the RET*eval* device.

Diabetic Retinopathy Protocol

- Multiple diabetes mellitus codes, beginning with E08.311
- H34.821-823 Venous engorgement
- H35.011-013 Changes in retinal vascular appearance
- H35.041-043 Retinal micro-aneurysms
- H35.021-023 Exudative retinopathy
- H35.40 Unspecified peripheral retinal degeneration

Flicker 16 Td-s Protocol for General Retinal Function

- H34.8130-8132 CRVO
- H35.031-033 Hypertensive retinopathy
- H35.361-363 Drusen (degenerative) of macula
- H35.82 Retinal ischemia
- H53.60 Unspecified night blindness
- H53.8 Other visual disturbances

PhNR Protocol for Ganglion Cell Function

- H47.091-093 Disorders of the optic nerve and visual pathway
- H47.20 Unspecified optic atrophy
- H47.231-233 Glaucomatous optic atrophy
- H47.391-393 Other disorders of the optic disc
- H35.89 Other specified retinal disorders (may be reported for RNFL bundle defect)

CPT Code 92273 reimburses at a national average rate of $124.*

*Average reimbursement determined for 2024. Subject to change.

Functional. Objective. Predictive.

With the RET*eval* handheld ERG, you can assess retinal function in minutes to yield objective results with simplified interpretation.

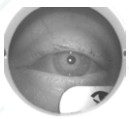
- Rapidly assess diabetic retinopathy, glaucoma, and other optic nerve and retinal diseases
- Streamline your assessment and management protocols
- Better predict which patients require more of your time and attention
- Guide referral timing

Detect Progression Risk for Diabetic Retinopathy

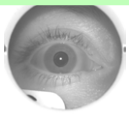
A DR score of 23.5 or higher indicates an 11-fold risk of requiring intervention within 3 years.

Abnormal DR Assessment

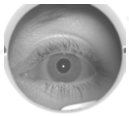
DR Score	24.8
Operator-selected limits (7.0 ↔ 23.4)	Outside limits
95% Reference interval (7.7 ↔ 20.4)	>100%



Healthy DR Assessment



DR Score	14.8
Operator-selected limits (7.0 ↔ 23.4)	Within limits
95% Reference interval (10.3 ↔ 23.0)	2%



Clinical Support When You Need It

To make sure you are completely comfortable using and interpreting results with your RET*eval* device, we provide your team with clinical support, including online courses and custom consultations for staff and clinicians.

“Progressive eye disease is a puzzle that you put together over time, using all the tools at your disposal to keep your patient safe. Just as we want to see an objective measure of structure, we need an objective measure of function. This is what we get with ERG.”

Nate Lighthizer, OD, FAAO — NSU Oklahoma College of Optometry

“In my practice, the RET*eval*’s greatest value is in detecting diabetic retinopathy progression risk. The test is non-invasive and entirely objective, providing a simple score that indicates whether my patient may be in trouble.”

Jeffry Gerson, OD, FAAO — Grin Eye Care

Leading the industry since 1976

We’ve been an industry leader in eye testing devices for more than 45 years.

- FDA-cleared in 2015
- Supported by 120+ peer-reviewed research studies
- Used in ophthalmology, optometry, and research settings
- More than 3,000 devices installed worldwide
- Cleared for use in more than 50 countries
- Manufactured in the US

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