

Billing Requirements for Intravitreal Injections

ASCRS – ASOA Symposium & Congress
Practice Management Program
Los Angeles, California
May 5-9, 2017

Presented by: Patricia Kennedy, COMT, CPC, CPMA, COE



Financial Interest

***I acknowledge a financial interest
in the subject matter of this
presentation.***



Indications

- Exudative Macular Degeneration
- Diabetic Retinopathy
- Vascular Occlusive Disease
- Endophthalmitis/Uveitis
- Cystoid Macular Edema



3

Documentation

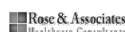
- Obtaining Chief Complaint
 - Coverage of eye examination is based on purpose of the exam, not on findings
 - Without complaint, exam is not covered even though doctor discovers a pathological condition
- Must document
 - *Why is the patient here today?*



4

Documentation

- Obtaining Chief Complaint
 - If history is missing a chronic illness being followed, or a patient symptom, Medicare would determine visit routine, cosmetic or refractive and therefore not covered



5

Documentation

- Obtaining Chief Complaint
 - Beware of :
 - *Pt. here for recheck*
 - *Pt. presents for 1 mo. Follow-up*
 - *Pt. here for injection*
 - *No changes since last visit*
 - *Vision is about the same since the last injection*



6

Documentation

- Obtaining the Chief Complaint
 - Acceptable CCs
 - *Pt. referred for evaluation of ARMD*
 - *Pt. complains of blurry vision*
 - *Pt. complains of distorted vision*
 - *Pt. returns for follow-up of ARMD*
 - *Pt. presents for 6 wk. re-check of BRVO*
 - The History of Present Illness (HPI), Personal Family & Social History
 - *PFSH can further describe the patient's problem*



7

Documentation

- Level of Exam
 - Exam extent is based on the patient CC & HPI
 - *Performing/Billing all elements every time the patient is seen will not hold up in post-payment review.*
 - This is especially problematic with EMR
- Testing
 - Order, interpretation and report



8

Documentation

- Assessment
 - Condition being addressed
 - Severity of the condition
 - Location of the condition
 - Avoid atypical abbreviations



9

Documentation

- Plan
 - Intravitreal Injection
 - *What medication*
 - *When is it planned*
 - *Which eye*
 - *What is the prognosis – improve, stabilize*
 - *Avoid atypical abbreviations*



10

Documentation

- Consent –
 - Patient identity
 - Date of service
 - Which eye
 - What medication
 - Avoid abbreviations
 - *“IVA,” “Inj”*
 - One may cover series of injections
 - *Check with malpractice carrier*



11

Documentation

- Advanced Beneficiary Notice (ABN)
 - Complete all sections
 - *Patient name & identification number*
 - *Description of what may not be covered*
 - *Reason Medicare may not pay*
 - *Estimated cost*
 - *Beneficiary option checked*
 - *Beneficiary signature*
 - Specific to procedure, supply & date
 - Modifier -GA



12

Documentation

- Advanced Beneficiary Notice (ABN)
 - Used when a normally covered service may not be covered
 - *Drug is off-label*
 - *Drug is experimental*
 - *Frequency is outside expected*
 - *Diagnosis isn't included on the LCD list*
 - Append Modifier -GA



13

Documentation

- Pre-operative preparation
 - Betadine, anesthetic
- Medication details
 - Name, Lot #, Expiration date
- Location of injection – eye & placement
- Amount injected
- Presence or absence of complications
- Post-operative instructions – planned RTO



14

Coding

- CPT code 67028- Intravitreal injection of a pharmacologic agent (separate procedure)
 - Separate procedure
 - *“commonly carried out as an integral component of a total service”*



15

Coding

- Minor Procedures are Defined by Global Periods of 0 or 10 days
 - Listed in the Physician Fee Schedule
 - 67028 – 0 days global period



16

Coding

- Universally bundled
 - Office Visit Typically Denied
- Modifier -25 appended to office visit
 - Both services likely paid
 - *Would payment withstand post-payment review?*
 - *Does it meet the requirements of Modifier -25?*
 - Does not apply to tests



17

Coding

- Modifier -25
 - *“Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service”*
 - “Same Physician” includes all physicians within a group practice



18

Coding

- Modifier -25
 - *“It may be necessary to indicate that on the day a procedure or service identified by a CPT code was performed, the patient’s condition required a significant, separately identifiable E/M service **above and beyond** the other service provided or associated with the procedure that was performed.”*

Coding

- Modifier -25
 - *“Note: This modifier is not used to report an E/M service that resulted in a decision to perform surgery*
 - See Modifier -57
 - Modifier -57 applies to major surgery not minor surgeries or procedures

Coding

- Modifier -25
 - does NOT apply to new patients for Medicare
 - Doesn’t hinder processing if applied
 - RACs don’t always know this rule
 - May be required by commercial carriers
- New patient is defined as any patient who has not been seen in the practice in the previous 3 years

Coding

- Justification of exam with modifier -25
 - Patient complaint reflects symptoms that may or may not be related to the minor procedure
 - The exam is required to determine cause
 - Be sure the patient issue is addressed in the documentation
 - Exam, assessment and plan

Coding

- Modifier -25 is an area of interest for the Office of Inspector General
 - Is expected to be rare occurrence in overall billing profile of a practice
 - Particularly visible in single subspecialty practices such as a retina practice

Coding

- Modifier -25 can be used to separate an exam from a minor procedure
 - Must be above & beyond what would typically be done for the pre-op & post-op for the procedure
 - If you remove the exam related to the procedure do you have anything left ?
 - It should be rare

Coding

- Medications
 - Avastin (Bevacizumab) – Off-label
 - J3490, J3590, J9035 or J7999
 - Lucentis (Ranibizumab) – Contractor discretion
 - J2778
 - Macugen (Pegaptanib) – Contractor discretion
 - J2503
 - Eylea (Aflibercept) – Contractor discretion
 - J0178

Coding

- Medications
 - Jetrea (Ocriplasmin) - Contractor discretion
 - J7316
 - Kenalog (Triamcinolone acetonide)
 - J3301
 - Triesence (Preservative free triamcinolone)
 - J3300

Coding

- CPT Code 65800 - Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous
 - Performed prophylactically to prevent a pressure spike
 - Preventative measures not covered
 - Therefore not billable same time as injection
- DO NOT BILL

Tests

- Diagnostic Testing –
 - SCODI CPT 92134 (bilateral)
 - Fundus photography CPT 92250 (bilateral)
 - Fluorescein angiography CPT 92235 (unilateral)
 - Indocyanine Green angiography CPT 92240 (unilateral)
 - FA & ICG CPT 92242
 - B-Scan CPT 76512 (unilateral)

Tests

- Diagnostic Testing – Documentation
 - Physician Order
 - Physical test results or location of test
 - Separate interpretation and report

Tests

- Diagnostic Testing – Physician services
 - Extended ophthalmoscopy CPT 92225/92226 (Unilateral)
 - Gonioscopy CPT 92020 (Bilateral)

Example #1- Visit #1

- CC/HPI:
 - NP referred for eval of macular degeneration L>R. C/O blurry VA x 3 mos unable to read.
- Exam:
 - Wet Macular Degeneration LT > RT
 - OCT = CS Macular Thickening
- Plan:
 - Lucentis Injection OS today- Op Note found under Procedures
 - RTC 4 wks Mac OCT & possible injection OS



31

Example #1 – Visit #1

- Claim Submission
 - 9xx0x
 - 92134
 - 67028-LT
 - J2778
 - ICD-10 diagnosis code H35.3231
 - *New patient exam warranted*
 - Modifier -25 unnecessary



32

Example #1 – Visit #2

- CC/HPI:
 - 4 wk f/up Lucentis injection & Mac OCT
- Exam:
 - Wet Macular Degeneration LT > RT
 - OCT = CS Macular Thickening
- Plan:
 - Lucentis Injection OS today- Op Note found under Procedures
 - RTC 4 wks Mac OCT & possible injection OS



33

Example #1 – Visit #2

- Claim Submission
 - 92134
 - 67028-LT
 - J2778
 - ICD-10 diagnosis code H35.3231
 - No exam charge*
 - No separate service*
 - No cc or HPI*



34

Example #1 – Visit #3

- CC/HPI:
 - Pt returns for re-eval of ARMD, Mac OCT & possible Lucentis inj. OS. Last Inj. 1 mo ago.
- Exam:
 - Wet Macular Degeneration LT > RT
 - OCT = CS Macular Thickening
- Plan:
 - Lucentis Injection OS today- Op note found under procedures
 - Return 4 wks possible injection OS



35

Example #1 – Visit #3

- Claim Submission
 - 92134
 - 67028
 - J2778
 - ICD-10 diagnosis code H35.3231
 - *Exam is specific to the injection*
 - *“Possible injection” implies decision for injection will be made at the time of exam*
 - Modifier -25 does not apply



36

Example #1 – Visit #4

- CC/HPI:
 - Pt returns for re-evaluation of ARMD & Mac OCT. Pt c/o ++ floaters OS since last injection 1 mo ago. Denies flashes.
- Exam:
 - Wet Macular Degeneration OU. Vitreous floaters OS w/o ret tear, hole or detachment
 - OCT = CS Macular Thickening OS > OD
- Plan: Lucentis Injection OS & Mac OCT

Rose & Associates
Healthcare Consultants

37

Example #1 – Visit #4

- Claim Submission
 - CPT Code 9xxxx-25
 - CPT Code - 92134
 - CPT Code - 67028
 - HCPCS Code - J2778
 - ICD-10 Code H43.392 & H35.3231
 - *Patient presents with new complaint*
 - *Documentation reflects extended exam of entire retina, not just macula*
 - *Patient CC was addressed*

Rose & Associates
Healthcare Consultants

38

Example #1 – Visit #5

- CC/HPI:
 - Pt here for Injection #4
- Exam:
 - Wet Macular Degeneration OU
 - OCT = CS Macular Thickening
- Plan: Injection Today

Rose & Associates
Healthcare Consultants

39

Example #1 – Visit #5

- Claim Submission
 - 92134 (as long as there is an order & I&R)
 - ICD-10 diagnosis code H35.3231
 - *No complaint or chronic illness in the CC or HPI*
 - *No details for the procedure*

Rose & Associates
Healthcare Consultants

40

Example #2

- CC/HPI:
 - Pt. returns 3 mos early. C/O sudden LOV RT. IDDM Type 2. ?controlled. LBS 192 A1c unknown.
- Exam:
 - PDR RT >LT with macular edema
 - FP – Scattered MAs
 - FA – Macular edema RT > LT, NVE, MAs
 - Gonio- No NVI. Open to CB.
- Plan: Avastin injection OD Today – ABN Op note under procedures + A/C Tap

Rose & Associates
Healthcare Consultants

41

Example #2

- Claim Submission
 - 9xxxx-25
 - 92250
 - 92235
 - 92020
 - 67028-RT
 - J3590-GA
 - ICD-10 diagnosis code E11.3513
 - *A/C Tap was done to prevent IOP from rising. Preventative – not billable.*

Rose & Associates
Healthcare Consultants

42

Questions



Rose & Associates
1-800-720-9667
results@roseandassociates.com
www.roseandassociates.com

