Billing Requirements for Intravitreal Injections

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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

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?

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
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

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

Assessment

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

Plan

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

Consent –

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

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
### 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

### Documentation

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

### 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”

### Coding

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

### 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

### 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
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 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

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

- 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

Example #1 - Visit #1

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

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

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

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

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
### Example #1 – Visit #4

<table>
<thead>
<tr>
<th>CC/HPI:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pt returns for re-evaluation of ARMD &amp; Mac OCT. Pt c/o ++ floaters OS since last injection 1 mo ago. Denies flashes.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Exam:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wet Macular Degeneration OU. Vitreous floaters OS w/o ret tear, hole or detachment</td>
</tr>
<tr>
<td>OCT = CS Macular Thickening OS &gt; OD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Plan:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lucentis Injection OS &amp; Mac OCT</td>
</tr>
</tbody>
</table>

### Example #1 – Visit #4

<table>
<thead>
<tr>
<th>Claim Submission</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT Code 9xxxx-25</td>
</tr>
<tr>
<td>CPT Code - 92134</td>
</tr>
<tr>
<td>CPT Code - 67028</td>
</tr>
<tr>
<td>HCPCS Code - J2778</td>
</tr>
<tr>
<td>ICD-10 Code H43.392 &amp; H35.3231</td>
</tr>
</tbody>
</table>

- Patient presents with new complaint
- Documentation reflects extended exam of entire retina, not just macula
- Patient CC was addressed

### Example #1 – Visit #5

<table>
<thead>
<tr>
<th>CC/HPI:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pt here for Injection #4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Exam:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wet Macular Degeneration OU</td>
</tr>
<tr>
<td>OCT = CS Macular Thickening</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Plan:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injection Today</td>
</tr>
</tbody>
</table>

### Example #1 – Visit #5

<table>
<thead>
<tr>
<th>Claim Submission</th>
</tr>
</thead>
<tbody>
<tr>
<td>92134 (as long as there is an order &amp; I&amp;R)</td>
</tr>
<tr>
<td>ICD-10 diagnosis code H35.3231</td>
</tr>
</tbody>
</table>

- No complaint or chronic illness in the CC or HPI
- No details for the procedure

### Example #2

<table>
<thead>
<tr>
<th>CC/HPI:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Exam:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PDR RT &gt;LT with macular edema</td>
</tr>
<tr>
<td>FP – Scattered MAs</td>
</tr>
<tr>
<td>FA – Macular edema RT &gt; LT, NVE, MAs</td>
</tr>
<tr>
<td>Gonio- No NVI. Open to CB.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Plan:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avastin injection OD Today – ABN Op note under procedures + A/C Tap</td>
</tr>
</tbody>
</table>

### Example #2

<table>
<thead>
<tr>
<th>Claim Submission</th>
</tr>
</thead>
<tbody>
<tr>
<td>9xxxx-25</td>
</tr>
<tr>
<td>92250</td>
</tr>
<tr>
<td>92235</td>
</tr>
<tr>
<td>92020</td>
</tr>
<tr>
<td>67028-RT</td>
</tr>
<tr>
<td>J3590-GA</td>
</tr>
<tr>
<td>ICD-10 diagnosis code E11.3513</td>
</tr>
</tbody>
</table>

- A/C Tap was done to prevent IOP from rising. Preventative – not billable.
Questions

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