

Coding and Documenting Intravitreal Injections

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Financial Interest

*Patricia Kennedy, COMT, CPC, COE is a
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Indications

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



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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?*

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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

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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*

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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*

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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

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Documentation


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

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Documentation

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




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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




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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



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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

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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

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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"*

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Coding

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

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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

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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

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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.”*

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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*

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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

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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

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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*

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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

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Coding

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

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Coding

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

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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

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Tests


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



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Tests


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



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Tests

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



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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 possible injection OS

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Example #1 – Visit #1

- Claim Submission
 - 9xxxx
 - 92134
 - 67028-LT
 - J2778
 - ICD-9 diagnosis code 362.52
 - *New patient exam warranted*
 - Modifier -25 unnecessary

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Example #1 – Visit #2

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

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Example #1 – Visit #2

- Claim Submission
 - 92134
 - 67028-LT
 - J2778
 - ICD-9 diagnosis code 362.52
 - No exam charge*
 - No separate service*
 - No cc or HPI*

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Example #1 – Visit #3

- CC/HPI:
 - Pt returns for re-evaluation of ARMD & 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

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Example #1 – Visit #3

- Claim Submission
 - 92134
 - 67028
 - J2778
 - ICD-9 diagnosis code 362.52
 - *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

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Example #1 – Visit #4

- CC/HPI:
 - Pt returns for re-evaluation of ARMD. 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

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Example #1 – Visit #4

- Claim Submission
 - CPT Code 9xxxx-25
 - CPT Code - 92134
 - CPT Code - 67028
 - HCPCS Code - J2778
 - ICD-9 Code 362.52
 - Patient presents with new complaint
 - Documentation reflects extended exam of entire retina, not just macula
 - Patient CC was addressed

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Example #1 – Visit #5

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

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Example #1 – Visit #5

- Claim Submission
 - 92134 (as long as there is an order & I&R)
 - ICD-9 diagnosis code 362.52
 - *No complaint or chronic illness in the CC or HPI*
 - *No details for the procedure*

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Example #2

- CC/HPI:
 - Pt. returns 3 mos early. C/O sudden LOV RT. IDDM Type 2. ?controlled. LBS 152 A1c unknown.
- Exam:
 - PDR RT >LT with macular edema
 - FP – Scattered MAS
 - FA – Macular edema OU, NVE, MAS
 - Gonio- No NVI. Open to CB.
- Plan: Avastin injection OD Today – ABN Op note under procedures + A/C Tap

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Example #2

- Claim Submission
 - 9xxxx-25
 - 92250
 - 92235-50
 - 92020
 - 67028-RT
 - J3590-GA
 - ICD-9 diagnosis codes 250.52, 362.02, 362.07
 - *A/C Tap was done to prevent IOP from rising. Preventative – not billable.*

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Questions



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