

**FIRST COAST SERVICE OPTIONS
MAC - PART A/B
CODING GUIDELINES**

LCD Database ID Number

L36962

Contractor Name

First Coast Service Options, Inc.

Contractor Number

09101 – Florida
09201 – PR/USVI
09102 – Florida
09202 – Puerto Rico
09302 – Virgin Islands

LCD Title

Vascular Endothelial Growth Factor Inhibitors for the Treatment of Ophthalmological Diseases

Coding Guidelines

Non-outpatient hospital setting; not including the Ambulatory Surgical Center (ASC) setting:

Macugen[®] (pegaptanib sodium injection), providers should use the HCPCS code J2503 (Injection, pegaptanib sodium, 0.3 mg), and bill for the proper number of units.

Lucentis[®] (ranibizumab injection), providers should use the HCPCS code J2778 (Injection, ranibizumab, 0.1 mg), and bill for the proper number of units.

Avastin[®] (bevacizumab), HCPCS codes J3490 (unclassified drugs) or J7999 (compounded drug, not otherwise classified) should be billed for intravitreal bevacizumab.

Eylea[®] (aflibercept), providers should use the HCPCS code J0178 (Injection, aflibercept, 1 mg), and bill for the proper number of units.

*For Part B, the actual number of mg utilized should be noted in Item 19 of the CMS Form 1500 or its electronic equivalent. For Avastin[®] (bevacizumab), “Intravitreal bevacizumab and the dosage” should be entered.

Ambulatory Surgical Centers (ASCs) and Hospital Outpatient Prospective Payment System (OPPS):

Macugen[®] (pegaptanib sodium injection), providers should use the HCPCS code J2503 (Injection, pegaptanib sodium, 0.3 mg), and bill for the proper number of units.

Lucentis[®] (ranibizumab injection), providers should use the HCPCS code J2778 (Injection, ranibizumab, 0.1 mg), and bill for the proper number of units.

Avastin[®] (bevacizumab), providers should bill HCPCS code C9257 (Injection, bevacizumab, 0.25 mg) for intravitreal bevacizumab administered on or after January 1, 2010.

Eylea[®] (aflibercept), providers should use the HCPCS code J0178 (Injection, aflibercept, 1 mg), and bill for the proper number of units.

*For Part A, the correct number of units should be billed for the dose that is administered in field locator 46 of the UB-04 (CMS Form 1450) along with the revenue code 0636 (Drugs requiring specific identification-detailed coding) in field locator 42

Providers must bill the administration for the intravitreal injections, in addition to the drug(s) utilized. CPT[®] code 67028 (intravitreal injection of a pharmacologic agent) must be billed on the same claim as the drug utilize.

Procedure code 67028 is subject to standard payment adjustment rules for multiple procedures.

The appropriate site modifier (RT, LT, or 50) must be appended to CPT[®] code 67028 to indicate if the service was performed unilaterally (RT or LT) or bilaterally (50). Claims without a modifier will be returned to the provider unprocessed.

First Coast Service Options Inc. (First Coast) will consider payment for the unused and discarded portion of a single-use drug/biological product after administration of the appropriate (reasonable and necessary) dosage for the patient's condition. This applies to drugs priced through the Average Sales Price (ASP) drug/biological program. The Centers for Medicare & Medicaid Services (CMS) encourages physicians, hospitals, and other providers to provide injectable drug therapy incident to a physician's services in a fashion that maximizes efficiency of therapy in a clinically appropriate manner. If a physician, hospital, or other provider must discard the unused portion of a single-use vial or other single-use package after administering a dose/quantity appropriate to the clinical context for a Medicare beneficiary, the program provides payment for the entire portion of drug or biological indicated on the vial or package label.

If less than a complete vial is administered at the time of service, and the unused portion is discarded, drug wastage must be documented in the patient's medical record with the date, time, and quantity wasted. Upon review, any discrepancy between amount administered to the patient and the billed amount will be denied, unless wastage is clearly documented. The amount billed as "wastage" must not be administered to another patient or billed again to Medicare. All procedures for drug storage, reconstitution and administration should conform to applicable Federal Drug Administration (FDA) guidelines and provider scope of practice.

Effective January 1, 2017, the Centers for Medicare & Medicaid Services (CMS) no longer allows contractor discretion with the use of modifier JW (Discarded drugs or biologicals from single use vials or single use packages). Coverage of discarded Part B drugs and biologicals applies only to single use vials. Multi-use vials are not subject to payment for discarded amounts.

- All providers are required to document unused/discarded drug or biological wastage in the patient's medical record.
- Claims containing drug wastage must be billed using two separate lines:
 - One line represents the portion/dosage administered to the patient
 - The second line (billed with modifier JW) represents the discarded portion.

The JW modifier is not permitted when the actual dose of the drug or biological administered is less than the billing unit. For example: if 7 mg were administered of a 10 mg single use vial, and the 10 mg represents 1 unit, the administered and discarded amounts cannot be split for billing purposes.

HCPCS code J9035 (Injection, bevacizumab, 10 mg) does not apply to the intravitreal administration. Bevacizumab (Avastin[®]) is FDA approved for treatment of select cancers as a systemic drug. This LCD only addresses the use of bevacizumab for ophthalmic off-label indications (not approved by the FDA).

CPT[®] Code 92235 Fluorescein angiography (includes multiframe imaging) with interpretation and report and CPT[®] Code 92134 Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina should be used to establish diagnosis for individuals with proliferative diabetic retinopathy, diabetic macular edema, retinal neovascularization, central retinal vein occlusion, venous tributary (branch) occlusion, exudative macular degeneration, and retinal edema.

Comments

N/A

Revision History

Date	Revision
07/24/2017	Original

Document formatted: 06/01/2017 (AC/mb)