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| **Medicare Carrier Part B** | **HCPCS Code** | **Units** | **ICD-10 Codes that Support Medical Necessity** | **Instructions** |
| **Cahaba GBA**  [**www.cahabagba.com**](http://www.cahabagba.com)  Alabama, Georgia,  Tennessee  [L34252](https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=34252&ContrId=216&ver=4&ContrVer=1&CntrctrSelected=216*1&Cntrctr=216&DocType=Active&bc=AgACAAIAAAAAAA%3d%3d&) | J9035  C9257 | 1  OR  5 | B39.9 Histoplasmosis, unspecified  E08.311 Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema  E08.321 Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema  E08.331 Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema  E08.341 - E08.359- Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema - Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema  E08.39 Diabetes mellitus due to underlying condition with other diabetic ophthalmic complication  E09.311 Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy with macular edema  E09.321 Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema  E09.331 Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema  E09.341 - E09.359- Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema - Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema  E09.39 Drug or chemical induced diabetes mellitus with other diabetic ophthalmic complication  E10.311 Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema  E10.321 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema  E10.331 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema  E10.341 - E10.359- Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema - Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema  E10.39 Type 1 diabetes mellitus with other diabetic ophthalmic complication  E11.311 Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema  E11.321 Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema  E11.331 Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema  E11.341 - E11.359- Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema - Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema  E11.39 Type 2 diabetes mellitus with other diabetic ophthalmic complication  E13.311 Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema  E13.321 Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema  E13.331 Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema  E13.341 - E13.359- Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema - Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema  E13.39 Other specified diabetes mellitus with other diabetic ophthalmic complication  H34.811 - H34.813- Central retinal vein occlusion, right eye - Central retinal vein occlusion, bilateral  H34.831 - H34.833- Tributary (branch) retinal vein occlusion, right eye - Tributary (branch) retinal vein occlusion, bilateral  H35.051 - H35.053- Retinal neovascularization, unspecified, right eye - Retinal neovascularization, unspecified, bilateral  H35.32 - H35.33- Exudative age-related macular degeneration - Angioid streaks of macula  H35.351 - H35.353- Cystoid macular degeneration, right eye - Cystoid macular degeneration, bilateral | Office J9035 – use 1 unit  Facility C9257– use 5 units  Off-label use:  A. Neovascular (wet) age-related macular degeneration  B. Diabetic macular edema;  C. Central retinal vein occlusion;  D. Venous tributary (branch) occlusion;  E. Histoplasmosis retinitis;  F. Proliferative diabetic retinopathy;  G. Severe nonproliferative diabetic retinopathy;  H. Retinal neovascularization;  I. Cystoid macular degeneration;  J. Angloid streaks of choroid; and  K. Glaucoma associated with vascular disorders |
| **First Coast Service Options**  [**http://medicare.fcso.com**](http://medicare.fcso.com)  Florida, Puerto Rico, US Virgin Islands  [L33504](http://medicare.fcso.com/Fee_lookup/lcddisplay.asp?id=L33504) | J3490, Q9977  OR  C9257 | 1 | E08.311 Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema  E08.321 Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema  E08.331 Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema  E08.341 Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema  E08.351 Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema  E08.359 Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema  E09.311 Drug or chemical induced diabetes 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Tributary (branch) retinal vein occlusion, right eye  H34.832 Tributary (branch) retinal vein occlusion, left eye  H34.833 Tributary (branch) retinal vein occlusion, bilateral  H34.839 Tributary (branch) retinal vein occlusion, unspecified eye  H35.051 Retinal neovascularization, unspecified, right eye  H35.052 Retinal neovascularization, unspecified, left eye  H35.053 Retinal neovascularization, unspecified, bilateral  H35.059 Retinal neovascularization, unspecified, unspecified eye  H35.20 Other non-diabetic proliferative retinopathy, unspecified eye  H35.21 Other non-diabetic proliferative retinopathy, right eye  H35.22 Other non-diabetic proliferative retinopathy, left eye  H35.23 Other non-diabetic proliferative retinopathy, bilateral  H35.32 Exudative age-related macular degeneration  H35.351 Cystoid macular degeneration, right eye  H35.352 Cystoid macular degeneration, left eye  H35.353 Cystoid macular degeneration, bilateral  H35.359 Cystoid macular degeneration, unspecified eye  H35.81 Retinal edema  H40.89 Other specified glaucoma | Current literature indicates anticipated dosage is 1.25 mg (0.05ml) or less, on a yearly average of every 4 to 6 weeks, as needed, by aseptic intravitreal injection into affected eye. Treatment continues on a monthly basis until the abnormal neovascularization, vitreous hemorrhage, macular edema, subretinal fluid, and/or pigment epithelial detachment is resolved. |
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| **National Government Services**  [**www.ngsmedicare.com**](http://www.ngsmedicare.com)  Connecticut, Illinois, Maine, Massachusetts, Minnesota, New Hampshire, New York, Rhode Island, Vermont, Wisconsin  [A52370](https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52370&ver=10&ContrId=273&ContrVer=1&LCDId=33394&CntrctrSelected=273*1&Cntrctr=273&name=National+Government+Services%2c+Inc.+(06102%2c+MAC+-+Part+B)&LCntrctr=273*1&DocType=Active&IsPopup=y&)  [L33394](https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33394&ContrId=273&ver=4&ContrVer=1&CntrctrSelected=273*1&Cntrctr=273&name=National+Government+Services%2c+Inc.+(06102%2c+MAC+-+Part+B)&LCntrctr=273*1&DocType=Active&bc=AgACAAIAAAAAAA%3d%3d&) | J9035  or  C9257 | 1 | E08.311 Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema  E08.321 Diabetes mellitus due to underlying condition with mild nonproliferative diabetic 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specified glaucoma | Ophthalmologic Indications:  Age-related macular degeneration, secondary to choroidal neovascularization;  Diabetic macular edema;  Macular retinal edema, due to retinal vein occlusion; Proliferative diabetic retinopathy.  *Indications expanded by this Article:*  Rubeosis and neovascular glaucoma  \* Report modifier RT or LT with HCPCS code J3590 as appropriate. The actual dose given and the amount of wastage must be documented in the medical record.  \*Include "bevacizumab or Avastin™," and the dose in Item 19 of the CMS-1500 claim form or its electronic equivalent. The dosage of the drug must be billed as one unit for each eye and not as the volume of the diluted drug administered. The milligrams (e.g., 1.25 mg or 0.25mg) should be entered into item #19 of the CMS-1500 form or its electronic equivalent.  \*The claim for the intravitreal injection should be coded using CPT code 67028. The appropriate site modifier (RT, LT or 50) must be appended to indicate if the service was performed unilaterally or bilaterally. Claims without a modifier will be returned to the provider unprocessed. |
| **Medicare Carrier Part B** | **HCPCS Code** | **Units** | **ICD-10 Codes that Support Medical Necessity** | **Instructions** |
| **Noridian Administrative Services**  [**www.noridianmedicare.com**](http://www.noridianmedicare.com)  Alaska, Arizona, California,  Hawaii, Idaho, Montana,  Nevada, North Dakota,  Oregon, South Dakota,  Utah, Washington,  Wyoming  [**JE**](https://med.noridianmedicare.com/web/jeb/policies/coverage-articles/intraocular-bevacizumab-coding-billing-guidelines)  [**JF**](https://med.noridianmedicare.com/web/jfb/policies/coverage-articles/intraocular-bevacizumab-coding-billing-guidelines) | J7999  or  C9257 | 1 | E08.311 Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema  E08.319 Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy without macular edema  E08.321 Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema  E08.329 Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema  E08.331 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E10.319 Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema  E10.321 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema  E10.329 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema  E10.331 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema  E10.339 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema  E10.341 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema  E10.349 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema  E10.351 Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema  E10.359 Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema  E11.311 Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema  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macular edema  E13.319 Other specified diabetes mellitus with unspecified diabetic retinopathy without macular edema  E13.321 Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema  E13.329 Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema  E13.331 Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema  E13.339 Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema  E13.341 Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema  E13.349 Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema  E13.351 Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema  E13.359 Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema  H21.1X1 Other vascular disorders of iris and ciliary body, right eye  H21.1X2 Other vascular disorders of iris and ciliary body, left eye  H21.1X3 Other vascular disorders of iris and ciliary body, bilateral  H34.811 Central retinal vein occlusion, right eye  H34.812 Central retinal vein occlusion, left eye  H34.813 Central retinal vein occlusion, bilateral  H34.831 Tributary (branch) retinal vein occlusion, right eye  H34.832 Tributary (branch) retinal vein occlusion, left eye  H34.833 Tributary (branch) retinal vein occlusion, bilateral  H34.9 Unspecified retinal vascular occlusion  H35.051 Retinal neovascularization, unspecified, right eye  H35.052 Retinal neovascularization, unspecified, left eye  H35.053 Retinal neovascularization, unspecified, bilateral  H35.071 Retinal telangiectasis, right eye  H35.072 Retinal telangiectasis, left eye  H35.073 Retinal telangiectasis, bilateral  H35.20 Other non-diabetic proliferative retinopathy, unspecified eye  H35.21 Other non-diabetic proliferative retinopathy, right eye  H35.22 Other non-diabetic proliferative retinopathy, left eye  H35.23 Other non-diabetic proliferative retinopathy, bilateral  H35.32 Exudative age-related macular degeneration  H35.351 Cystoid macular degeneration, right eye  H35.352 Cystoid macular degeneration, left eye  H35.353 Cystoid macular degeneration, bilateral  H35.81 Retinal edema  H35.82 Retinal ischemia  H40.89 Other specified glaucoma  H44.20 Degenerative myopia, unspecified eye  H44.21 Degenerative myopia, right eye  H44.22 Degenerative myopia, left eye  H44.23 Degenerative myopia, bilateral  \*H35.051, H35.052 or H35.053 Requires a secondary code describing cause.  B39.4 Histoplasmosis capsulati, unspecified  B39.5 Histoplasmosis duboisii  B39.9 Histoplasmosis, unspecified  H32 Chorioretinal disorders in diseases classified elsewhere | Effective 01/01/2016:  J7999 replaces Q9977  effective 07/01/2015:  Q9977 replaces J3590. |
| **Medicare Carrier Part B** | **HCPCS Code** | **Units** | **ICD-10 Codes that Support Medical Necessity** | **Instructions** |
| **Novitas Medicare Services**  [**www.novitas-solutions.com**](http://www.novitas-solutions.com)  Jurisdiction L:  Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania, Virginia: Arlington and Fairfax counties only  Jurisdiction H:  Arkansas, Louisiana, Mississippi, Texas, Oklahoma, New Mexico, Colorado  [A53121](https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=53121&ver=2&ContrId=323&ContrVer=1&CntrctrSelected=323*1&DocID=A53121&bc=gAAAAAgAAAAAAA%3d%3d&) | J9035  or  C9257 | 1 | ICD-10 Codes that Support Medical Necessity: N/A  ICD-10 Codes that DO NOT Support Medical Necessity: N/A | When billing in the non-outpatient hospital setting:  For bevacizumab, providers should use the HCPCS code J9035 (Injection, bevacizumab, 10 mg.), and bill for one unit (10 mg.).  When billing in the hospital outpatient setting:  For bevacizumab, providers should use HCPCS code C9257 (Injection, bevacizumab, 0.25 mg). |
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| **Palmetto GBA**  [**www.palmettogba.com**](http://www.palmettogba.com)  North Carolina, South Carolina, Virginia, West Virginia  [A53595](https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=53595&ver=5&ContrId=381&ContrVer=1&CntrctrSelected=381*1&Cntrctr=381&LCntrctr=373*1%7c374*1%7c378*1%7c375*1%7c379*1%7c376*1%7c380*1%7c377*1%7c381*1&bc=AgABAAEAAAAAAA%3d%3d&) | 67028  J3590 | 1 | E08.351 Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema  E08.359 Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema  E09.351 Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema  E09.359 Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema  E10.351 Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema  E10.359 Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema  E11.351 Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema  E11.359 Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema  E13.351 Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema  E13.359 Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema  H21.1X1 Other vascular disorders of iris and ciliary body, right eye  H21.1X2 Other vascular disorders of iris and ciliary body, left eye  H21.1X3 Other vascular disorders of iris and ciliary body, bilateral  H34.811 Central retinal vein occlusion, right eye  H34.812 Central retinal vein occlusion, left eye  H34.813 Central retinal vein occlusion, bilateral  H34.831 Tributary (branch) retinal vein occlusion, right eye  H34.832 Tributary (branch) retinal vein occlusion, left eye  H34.833 Tributary (branch) retinal vein occlusion, bilateral  H35.051 Retinal neovascularization, unspecified, right eye  H35.052 Retinal neovascularization, unspecified, left eye  H35.053 Retinal neovascularization, unspecified, bilateral  H35.32 Exudative age-related macular degeneration  H35.81 Retinal edema  H40.89 Other specified glaucoma | By using laminar flow hoods and testing, pharmacies produce single-dose syringes with a shelf life of 90 days. Without this process, pharmacies may produce single-dose syringes with a shelf life of 2 weeks. Physicians who do NOT purchase the single-dose drug from a compounding pharmacy must use a 4 cc Avastin vial in 6 hours. Therefore, in order to minimize treatment costs, we expect physicians, whenever possible, to schedule multiple patients on the same date of service.  When billing for bevacizumab in these circumstances, use HCPCS code J3590 and enter “1” in the days/unit field. |
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| **Wisconsin Physician Service**  **(WPS)**  [**www.wps.medicare.com**](file:///\\netapp2\department%20drives\MEE\AAOE\9_KROSS\Webpages\Avastin%20Coding%20for%20Medicare%20Part%20B\www.wps.medicare.com)  Indiana, Iowa, Kansas,  Michigan, Missouri, Nebraska  [L34741](https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=34741&ContrId=147) | J7999  Or  C9257 | 1 | B39.4 Histoplasmosis capsulati, unspecified  B39.5 Histoplasmosis duboisii  E08.321 Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema  E08.331 Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema  E08.341 Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema  E08.351 Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema  E08.359 Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema  E09.321 Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema  E09.331 Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema  E09.341 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema  E09.351 Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema  E09.359 Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema  E10.321 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema  E10.331 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema  E10.341 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema  E10.351 Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema  E10.359 Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema  E11.321 Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema  E11.331 Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema  E11.341 Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema  E11.351 Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema  E11.359 Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema  E13.321 Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema  E13.331 Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema  E13.341 Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema  E13.351 Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema  E13.359 Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema  H21.1X1 Other vascular disorders of iris and ciliary body, right eye  H21.1X2 Other vascular disorders of iris and ciliary body, left eye  H21.1X3 Other vascular disorders of iris and ciliary body, bilateral  H32 Chorioretinal disorders in diseases classified elsewhere  H34.811 Central retinal vein occlusion, right eye  H34.812 Central retinal vein occlusion, left eye  H34.813 Central retinal vein occlusion, bilateral  H34.831 Tributary (branch) retinal vein occlusion, right eye  H34.832 Tributary (branch) retinal vein occlusion, left eye  H34.833 Tributary (branch) retinal vein occlusion, bilateral  H35.051 Retinal neovascularization, unspecified, right eye  H35.052 Retinal neovascularization, unspecified, left eye  H35.053 Retinal neovascularization, unspecified, bilateral  H35.32 Exudative age-related macular degeneration  H35.351 Cystoid macular degeneration, right eye  H35.352 Cystoid macular degeneration, left eye  H35.353 Cystoid macular degeneration, bilateral  H35.81 Retinal edema  H40.89 Other specified glaucoma | Effective 1/1/2016: J7999 replaces Q9977  J7999 Bevacizumab (Avastin TM) 1-3 mg- (Use for administration in the office setting)  C9257 Bevaciumab 0.25 mg (For hospital outpatient and ASC settings)  For important billing guidelines see LCD [L32013](http://www.cms.gov/medicare-coverage-database/search/document-id-search-results.aspx?Date=01/01/2013&DocID=L32013&bc=iAAAAAAAAAAA&) |