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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  | 1OR5 | 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 unitFacility C9257– use 5 unitsOff-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; andK. 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, Q9977ORC9257  | 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 mellitus with 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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&) | J9035orC9257 | 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 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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. |
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| **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) | J7999orC9257 | 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 Diabetes mellitus due to 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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 Q9977effective 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 onlyJurisdiction 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&) | J9035or C9257 | 1 | ICD-10 Codes that Support Medical Necessity: N/AICD-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&) | 67028J3590 | 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:///%5C%5Cnetapp2%5Cdepartment%20drives%5CMEE%5CAAOE%5C9_KROSS%5CWebpages%5CAvastin%20Coding%20for%20Medicare%20Part%20B%5Cwww.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) | J7999Or C9257 | 1 | B39.4 Histoplasmosis capsulati, unspecifiedB39.5 Histoplasmosis duboisiiE08.321 Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edemaE08.331 Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edemaE08.341 Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edemaE08.351 Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edemaE08.359 Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edemaE09.321 Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edemaE09.331 Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edemaE09.341 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edemaE09.351 Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edemaE09.359 Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edemaE10.321 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edemaE10.331 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edemaE10.341 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edemaE10.351 Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edemaE10.359 Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edemaE11.321 Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edemaE11.331 Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edemaE11.341 Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edemaE11.351 Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edemaE11.359 Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edemaE13.321 Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edemaE13.331 Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edemaE13.341 Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edemaE13.351 Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edemaE13.359 Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edemaH21.1X1 Other vascular disorders of iris and ciliary body, right eyeH21.1X2 Other vascular disorders of iris and ciliary body, left eyeH21.1X3 Other vascular disorders of iris and ciliary body, bilateralH32 Chorioretinal disorders in diseases classified elsewhereH34.811 Central retinal vein occlusion, right eyeH34.812 Central retinal vein occlusion, left eyeH34.813 Central retinal vein occlusion, bilateralH34.831 Tributary (branch) retinal vein occlusion, right eyeH34.832 Tributary (branch) retinal vein occlusion, left eyeH34.833 Tributary (branch) retinal vein occlusion, bilateralH35.051 Retinal neovascularization, unspecified, right eyeH35.052 Retinal neovascularization, unspecified, left eyeH35.053 Retinal neovascularization, unspecified, bilateralH35.32 Exudative age-related macular degenerationH35.351 Cystoid macular degeneration, right eyeH35.352 Cystoid macular degeneration, left eyeH35.353 Cystoid macular degeneration, bilateralH35.81 Retinal edemaH40.89 Other specified glaucoma | Effective 1/1/2016: J7999 replaces Q9977J7999 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&) |