Intravitreal Injection Documentation Checklist

CMS Audits

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Reality

- Third-party payer audits have returned.
- If a payer has a policy on the documentation requirements for the exam to determine the need for surgery, it is published on their website.
- For convenience, Academy staff has linked Medicare’s local coverage determinations and articles to aao.org/lcds.
  - Not password protected.
  - Your staff has access.
  - Visit the site often as policies are updated frequently.
CMS Audits

• Service Specific Probe
  o Post-payment service specific medical record review

• Targeted Probe and Educate (TPE)
  o Up to three rounds of a prepayment or post-payment probe review with education
  o Each round examines 20-40 claims
  o Results will be mailed and may require a one-on-one educational session
  o High failure rate will initiate additional rounds, extrapolation or referral to the Recovery Auditor (RA) or Unified Program Integrity Contractor (UPIC)

Service Specific Probes

• Palmetto
  o Post payment service-specific probe, Lucentis
  o January – March 2021
  o Overall denied rate of 7.27%

• Novitas
  o Service-specific review, Eylea and Lucentis
  o September 2020 – February 2021
  o Overall denial rate of 2%
Common Reasons for Denial

- **Insufficient documentation**
  - Lack of procedure note including drug, indication or wastage or 1 unit or greater

- **Does not support medical necessity**
  - ICD-10 codes included in Medicare LCD
  - Injection sooner than 28 days

- **Incorrect coding**
  - Wrong units
  - Missing modifier
  - Incorrect ICD-10

- **Claim billed in error by provider**
  - Injection not performed
  - Wrong medication
Intravitreal Injection Documentation Checklist

- Visual acuity, chief complaint and appropriate history of present illness (HPI)
- Treatment plan
  - For new patients, document why the specific medication was chosen.
  - For established patients, document response to current medication and why continuing.
  - When changing medications, document the reason.
- Diagnosis supporting medical necessity and appropriate indication for use per payer policy
- Any relevant diagnostic testing services, with interpretation and report
- Risks, benefits and alternatives discussed
- Document that the patient desires surgery
- Physician’s order includes:
  - Date of service
  - Medication name and dosage
  - Diagnosis
  - Physician signature
- Interval of administration is appropriate such as 28-day rule

Intravitreal Injection Documentation Checklist

- Procedure record includes:
  - Diagnosis
  - Route of administration (intravitreal injection) and medication name
  - Site of injection - eye (s) treated
  - Dosage in mg and volume in ml (e.g., Avastin 1.25 mg@ 0.05 ml) and lot number
  - Single-use medications record wastage greater than 1 unit (e.g., Trisenex)
  - For wastage less than 1 unit document: "any residual medication less than one unit has been discarded."
  (e.g. EYLEA)
  - Consent completed for injection, medication and eye (s) on file.
  - For initial treatment using a medication with off-label use, an informed consent with that notification is
  completed. (e.g. Avastin)
  - Advance Beneficiary Notice (ABN) for Medicare Part B beneficiaries or waiver of liability (all other
  patients) is completed, if applicable (e.g. diagnosis not indicated, exceeds frequency)
- Chart record is legible and has patient identifiers (e.g. patient name, date of birth) on all pages
- Physician signature is legible
  - Paper chart records have a signature log
  - EHR, the electronic physician signature is secure
- Abbreviations are consistent with approved list and readily available for audits
- Maintain legible medication administration and inventory records
Intravitreal Injection Documentation Checklist

CHECKLIST/GUIDE FOR CODING INJECTIONS

• CPT 67028, eye modifier appended (-RT or -LT)
  - Bilateral injections billed with a -50 modifier per payer guidelines. (Medicare Part B claims billed with 67028-50 on one line, fees doubled and 1 unit.)
• HCPCS J-code for medication
• Appropriate units administered (i.e., EYLEA 2 units)
• HCPCS J-code on a second line for wasted medication, if appropriate
  - -JW modifier appended
• Medically necessary ICD-10 code appropriately linked to 67028 and J-Code (s)
• On the CMS-1500 claim form in item
  - 24a or EDI loop 2410: 11-digit NDC code in 5-4-2 format, proceeded by "N4" qualifier
  - 19 or EDI equivalent: Description of medication and dosage per insurance guidelines (e.g. Avastin)

Academy Resources

• Download the Intravitreal Injection Documentation Checklist
  ○ aao.org/retinapm

• Documentation Checklists
  - Intravitreal Injection & Anti-VEGF Drug Treatment
  - Fluorescein Angiography and Fundus Photography
  - Fluorescein Angiography and Indocyanine Green Angiography Combined Checklists
  - Indocyanine Green Angiography Documentation Checklist
  - Retina OCT Documentation Checklist
  - Photodynamic (PDT) Laser
  - Eye visit code checklist

• Proactive Audit Preparedness
  - Competency Questions and Answers
  - ICD-10 Linkage Documentation
  - Medical Chart Review Standards
  - Medical Necessity
  - Reality of Third-Party Payer Audits
Begin Internal Audit Today! Now!

- Identify areas of vulnerability.
- Take immediate corrective action.

Coding is a Team Sport

- Websites
  - aao.org/retinapm
  - aao.org/lcds
  - aao.org/em

- Products aao.org/store
  - Retina Coding: Complete Reference Guide

- Coding Courses
  - Codequest – aao.org/codequest
  - Fundamentals of Ophthalmic Coding
    - Virtual course, February 26