AMERICAN ACADEMY OF OPHTHALMIC EXECUTIVES®
Solutions for Practice Management

Afibercept (EYLEA®) 1 MG

Medicare Part B Coding for Ophthalmic Use

AMERICAN ACADEMY OF OPHTHALMOLOGY
The Eye M.D. Association

Updated October 2015

Carriers Subject to Change – www.aao.org/coding

Medicare Carrier Part B	CPT Code HCPCS Code	Units	Diagnosis Coverage	Instructions
National Government Services www.ngsmedicare.com JK: Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, Vermont J6: Illinois, Minnesota, Wisconsin L33394 A52451	67028 J0178	2	**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 unspecified	**Utilization:** • The recommended dose and frequency of treatment for AFLIBERCEPT for neovascular (wet) age related macular degeneration is 2 mg (0.05 mL) administered by intravitreal injection every 4 weeks (monthly) for the first 3 months, followed by 2 mg (0.05 mL) via intravitreal injection once every 8 weeks (2 months). Although AFLIBERCEPT may be dosed as frequently as 2 mg every 4 weeks (monthly), additional efficacy was not demonstrated when AFLIBERCEPT was dosed every 4 weeks compared to every 8 weeks. • The recommended dose for AFLIBERCEPT for the treatment of macular edema following central retinal vein occlusion (CRVO) is 2 mg administered by intravitreal injection every 4 weeks (monthly). **Coding Guidelines:** • General Guidelines for claims submitted to intermediaries or Part A or Part B MAC: • The administration for ranibizumab or AFLIBERCEPT must be billed on the same claim as the drug, with CPT code 67028 (intravitreal injection of a pharmacologic

			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** 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 **E10.311** 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	agent). • The appropriate site modifier (RT, LT or 50) must be appended to CPT code 67028 to indicate if the service was performed unilaterally or bilaterally. Claims without a modifier will be returned to the provider unprocessed. • Ranibizumab and AFLIBERCEPT are payable under Medicare Part B in places of service office (11) and independent clinic (49). • Claims for AFLIBERCEPT should be reported with HCPCS code Q2046 effective for dates of service on or after 07/01/2012 through 12/31/2012. The appropriate site modifier (RT or LT) must be appended to indicate if the service was performed unilaterally or bilaterally. The drug must be reported on a separate claim line for each eye treated, using the appropriate site modifier, RT or LT. Claims without a modifier will be returned to the provider unprocessed.

			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 **E11.311** 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** 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	

			E13.311 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** 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 **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 **H35.32** 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	
Medicare Carrier Part B	**CPT Code**		**Diagnosis Coverage**	**Instructions**
Novitas Solutions, Inc. www.novitas-solutions.com JH: Arkansas, Colorado, Louisiana, Mississippi, New Mexico, Oklahoma, and Texas A53048 JL: Delaware, District of Columbia, Maryland, New Jersey, and Pennsylvania	J0178	2	None listed	**Coverage and/or Medical Necessity:** Generally, drugs and biologicals are covered only if all of the following requirements are met: •They meet the definition of drugs or biologicals; •They are of the type that are not usually self-administered by the patients who take them; •They meet all the general requirements for coverage of items as incident to a physician's services; •They are reasonable and necessary for the diagnosis or treatment of the illness or injury for which they are administered according to accepted

				standards of medical practice; •They are not excluded as immunizations; and •They have not been determined by the FDA to be less than effective. Drugs and biologicals are considered approved for inclusion in a compendium if approved under the established procedure by the professional organization responsible for revision of the compendium. An unlabeled use of a drug is a use that is not included as an indication on the drug's label as approved by the FDA. FDA approved drugs used for indications other than what is indicated on the official label may be covered under Medicare if the contractor determines the use to be medically accepted, taking into consideration the major drug compendia, authoritative medical literature and/or accepted standards of medical practice. The following guidelines identify three categories in which medications would not be reasonable and necessary according to accepted standards of medical practice. •Not for Particular Illness – – Medications given for a purpose other than the treatment of a particular condition, illness, or injury are not covered (except for certain immunizations). •Injection Method Not Indicated – – Medication

				given by injection (parenterally) is not covered if standard medical practice indicates that the administration of the medication by mouth (orally) is effective and is an accepted or preferred method of administration. •Excessive Medications – – Medications administered for treatment of a disease which exceed the frequency or duration of injections indicated by accepted standards of medical practice are not covered.
Medicare Carrier Part B	**CPT Code HCPCS Code**	**Units**	**Diagnosis Coverage**	**Instructions**
Palmetto GBA www.palmettogba.com JM: North Carolina, South Carolina, Virginia, West Virginia A53387	J0178	2	Not listed	Effective November 18, 2011, September 21, 2012, July 29, 2014, October 6, 2014 and March 25, 2015 respectively, Aflibercept (Eylea®) was approved by the Food and Drug Administration (FDA) for the treatment of patients with: • Neovascular (Wet) Aged-related Macular Degeneration (AMD) • Macular Edema following Central Retinal Vein Occlusion (CRVO) • Diabetic Macular Edema (DME) • Macular Edema following Retinal Vein Occlusion (RVO) which includes Macular Edema following Branch Retinal Vein Occlusion (BRVO) • Diabetic Retinopathy (DR) with Diabetic Macular

				Edema (DME) For AMD the recommended dose is 2 mg (0.05 ml) every four weeks for the first 12 weeks, followed by 2 mg (0.05 mL) once every eight weeks by intravitreal injection. For CRVO the recommended dose is 2 mg (0.05 ml) once every four weeks by intravitreal injection. For DME the recommended dose is 2 mg (0.05 ml) once every month for initially 5 months, and then every 2 months (8 weeks) by intravitreal injection. For BRVO the recommended dose is 2 mg (0.05 ml) once every month for initially 5 months, and then every 2 months (8 weeks) by intravitreal injection. For DR with DME the recommended dose is 2 mg (0.05 ml) once every month for initially 5 months, and then every 2 months (8 weeks) by intravitreal injection. To bill aflibercept services, submit the following claim information on CMS Form 1500: •J0178 - Injection, aflibercept, 1 mg •67028 – Intravitreal injection of a pharmacologic agent (separate procedure) Note Quantity to be billed for 67028 is 1 as this is a bilateral procedure code. Note: It is not reasonable and necessary to inject more than one anti-vascular endothelial growth factor (VEGF) medication (bevacizumab, ranibizumab, aflibercept) in the same eye during the same treatment session. It is not typical to inject one

				anti-VEGF medication in one eye and another in the other eye. If different medications are injected into each eye during the same DOS, the rationale for this therapy must be documented in the medical record and the billing modifier (RT/LT) must be appended to the correct drug.
Medicare Carrier Part B	**CPT Code HCPCS Code**	**Units**	**Diagnosis Coverage**	**Instructions**
Wisconsin Physician Service WPS **www.wpsmedcare/index/shtml** J8: Indiana, Iowa, Kansas, Michigan, Missouri, and Nebraska **L34741**	67028 J0178	2	**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 **E09.321** Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy	**Documentations Requirements** The patient's medical record must contain documentation that fully supports the medical necessity for services included within this LCD. (See "Indications and Limitations of Coverage.") This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures. The medical record must include the following information: • A physician's order • The name of the drug or biological administered; • The route of administration; • The dosage (e.g., mgs, mcgs, cc's or IU's); • The duration of the administration- start and stop time must be documented for IV infusions. • When a portion of the drug or biological is discarded, the medical record must clearly document the amount administered and the amount wasted or discarded. **Utilization Guidelines**

			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 **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 **E11.321** Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema **E11.331** Type 2 diabetes mellitus with	Injections of drugs that are administered at an excessive frequency are not medically necessary. Frequency is considered excessive when services are performed more frequently than listed in the package insert or generally accepted by peers and the reason for additional services

			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 **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 OR **H35.81** Retinal edema AND one of the following:	

			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	