Because of the pandemic, CMS suspended audits of practices on March 30, 2020, but allowed them to resume on Aug. 3, 2020. At the time, CMS said “providers should discuss with their contractor any COVID-19-related hardships they are experiencing that could affect audit response timelines.” If you are granted an extension, save the written confirmation of it.

Auditors zeroing in on PDT therapy. Retina practices across the country have reported receiving requests for documentation to support the need for photodynamic therapy (PDT).

Noncovered indications. CMS has explicitly said that PDT isn’t covered for atrophic (“dry”) age-related macular degeneration (AMD) or for choroidal neovascularization (CNV) lesions that are juxtafoveal or extrafoveal. Also, initial treatment isn’t covered if you can’t obtain fluorescein angiography (FA).

Re-treatment. Re-treatment with PDT is considered reasonable and necessary if, on reexamination, the ophthalmologist finds leakage from classic CNV on FA. Use of either OCT or FA to assess treatment response is permitted for claims with dates of service on or after April 3, 2013.

Coding. To report PDT for CNV, you can use CPT code 67221 for the first eye and, if treating the second eye at the same session, use add-on code 67225. Use HCPCS code J3396 to bill for Visudyne (verteporfin). The billable unit is 0.1 mg, and a 15-mg vial contains 150 billable units. Report the number of units injected and, since it is a single-use vial, use modifier –JW on a second line to report how many units were wasted.

Sources: National Coverage Determinations (NCDs) for ocular PDT (Document ID#: 80.2), verteporfin (80.3.1), and PDT (80.2) are available at www.cms.gov/medicare-coverage-database. Academy 2021 Retina Coding: Complete Reference Guide is available at aao.org/store.