



American Academy of Ophthalmic Executives®

Intravitreal Injection Checklist and Guide for Chart Documentation

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Update per payer guidelines, visit aao.org/lcds.

- 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
- 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., Trience)
 - 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

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, preceded by “N4” qualifier
 - 19 or EDI equivalent: Description of medication and dosage per insurance guidelines (e.g., Avastin)