

Macugen®, (pegaptanib sodium injection) 0.3mg

Medicare Part B Coding for Ophthalmic Use

Updated November 2016

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

The following MACs do not have a policy for Macugen: CGS, Cahaba (retired [L34252](#) November 2016), NGS, Noridian, Palmetto

Medicare Carrier Part B	CPT & HCPCS Codes	Units	ICD-10 Codes that Support Medical Necessity	Instructions
First Coast Service Options http://medicare.fcso.com Florida, PR, USVI L33919	67028 J2503	1	E08.311 Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema E08.3211 Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, right eye E08.3212 Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, left eye E08.3213 Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, bilateral E08.3311 Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, right eye E08.3312 Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, left eye E08.3313 Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, bilateral E08.3411 Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, right eye	<p>FDA Indication for Macugen® FCSO Medicare will consider Macugen (pegaptanib sodium injection) medically reasonable and necessary for the treatment of neovascular (wet) AMD for services rendered on or after the FDA-approval date of December 17, 2004. The intended dose and regimen for Macugen® is 0.3 mg administered once every six weeks by aseptic intravitreal injection into the eye to be treated.</p> <p>Off-Label Indication for Macugen® FCSO Medicare will consider Macugen® (pegaptanib sodium injection) medically reasonable and necessary for the treatment of diabetic macular edema.</p> <p>Documentation Requirements</p>

		<p>E08.3412 Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, left eye</p> <p>E08.3413 Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, bilateral</p> <p>E08.3511 Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, right eye</p> <p>E08.3512 Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, left eye</p> <p>E08.3513 Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, bilateral</p> <p>E10.311 Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema</p> <p>E10.3211 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye</p> <p>E10.3212 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye</p> <p>E10.3213 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral</p> <p>E10.3311 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye</p> <p>E10.3312 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye</p> <p>E10.3313 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral</p> <p>E10.3411 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye</p> <p>E10.3412 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye</p> <p>E10.3413 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral</p>	<p>Medical record documentation maintained by the performing physician must include the clinical indication/medical necessity for the Macugen® injection. For treatment of AMD, the office records should also indicate that fluorescein angiography (CPT code 92235) was performed prior to the initial injection. For diabetic macular edema, the office records should indicate test results to firmly establish diagnosis by fluorescein angiogram or optical coherence tomography (OCT). Fluorescein angiography and/or scanning computerized ophthalmic diagnostic imaging (92134) may be performed prior to each subsequent injection as medically indicated. Documentation will not be required with the submission of each claim.</p>
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<p>Novitas Solutions</p> <p>http://www.novitas-solutions.com/</p> <p>JH: Arkansas, Colorado, Louisiana, Mississippi, New Mexico, Oklahoma, and Texas</p> <p>A53049</p> <p>JL: Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania</p>	67028 J2503	1	None Listed	<p>Coverage and/or Medical Necessity: Generally, drugs and biologicals are covered only if all of the following requirements are met:</p> <ul style="list-style-type: none"> •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

				<p>requirements for coverage of items as incident to a physician's services;</p> <ul style="list-style-type: none">•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.
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<p>Wisconsin Physicians Services WPS</p> <p>www.wpsmedicare.com</p> <p>J5: Iowa, Kansas, Missouri, Nebraska J8: Indiana, Michigan</p> <p>L34741</p>	<p>67028</p> <p>J2503</p>	<p>1</p>	<p>E08.3211 Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, right eye</p> <p>E08.3212 Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, left eye</p> <p>E08.3213 Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, bilateral</p> <p>E08.3311 Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, right eye</p> <p>E08.3312 Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, left eye</p> <p>E08.3313 Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, bilateral</p> <p>E08.3411 Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, right eye</p> <p>E08.3412 Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, left eye</p> <p>E08.3413 Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, bilateral</p> <p>E08.3511 Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, right eye</p> <p>E08.3512 Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, left eye</p> <p>E08.3513 Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, bilateral</p> <p>E09.3211 Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye</p> <p>E09.3212 Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye</p>	<p>Documentations Requirements:</p> <p>The medical record must include the following information:</p> <ul style="list-style-type: none"> 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. <p>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.</p> <p>Utilization Guidelines:</p> <p>Injectations 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 is not justified by documentation.</p>
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			H35.3233 Exudative age-related macular degeneration, bilateral, with inactive scar	
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