Bevacizumab (Avastin®) – Medicare Part B
Coding for Off-Label Ophthalmic Use

Updated August 2011
Carriers Subject to Change – www.aao.org/coding

<table>
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<tr>
<th>Medicare Carrier Part B</th>
<th>HCPCS Code</th>
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<th>ICD-9 Codes that Support Medical Necessity</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cahaba GBA</td>
<td>J9035</td>
<td>1</td>
<td>115.92 HISTOPLASMOSIS RETINITIS UNSPECIFIED</td>
<td>Note: 362.07 requires a duel diagnosis and must be used with a code for diabetic retinopathy (ICD-9 codes 362.01 – 362.03)</td>
</tr>
</tbody>
</table>

Alabama, Georgia, Tennessee, Mississippi

- 362.02 PROLIFERATIVE DIABETIC RETINOPATHY
- 362.06 SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY
- 362.07 DIABETIC MACULAR EDEMA
- 362.16 RETINAL NEOVASCULARIZATION NOS
- 362.35 CENTRAL RETINAL VEIN OCCLUSION
- 362.36 VENOUS TRIBUTARY (BRANCH) OCCLUSION OF RETINA
- 362.52 EXUDATIVE SENILE MACULAR DEGENERATION OF RETINA
- 362.53 CYSTOID MACULAR DEGENERATION OF RETINA
- 365.63 GLAUCOMA ASSOCIATED WITH VASCULAR DISORDERS OF EYE
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</table>
| CIGNA Government Services | J9035 or J3590 | 1 | 362.52 Exudative senile macular degeneration of retina | 1. Provider should maintain required documentation in case this data is needed to properly adjudicate the claim.  
2. For J9035 indicate the actual dose given in either Box 19 or the notepad.  
3. For J3590 include the drug’s name and the actual dose given in box 19 or the notepad.  
4. For compounded bevacizumab we will pay the actual invoice price with line itemization. |
| First Coast Service Options | J3490 | 1 | 362.02 Proliferative diabetic retinopathy  
362.07*Diabetic macular edema  
362.16 Retinal neovascularization NOS  
362.29 Other nondiabetic proliferative retinopathy  
362.35 Central retinal vein occlusion  
362.36 Venous tributary (branch) occlusion of retina  
362.52 Exudative senile macular degeneration of retina  
362.53 Cystoid macular degeneration of retina  
362.83 Retinal edema  
364.42 Rubeosis iridis  
365.63 Glaucoma associated with vascular disorders of eye * Per the ICD-9-CM coding manual, ICD-9 code 362.07 requires a dual diagnosis. ICD-9 code 362.07 must be used with a code for diabetic retinopathy (ICD-9 codes 362.01-362.06). |
## Bevacizumab (Avastin®) – Medicare Part B Coding for Off-Label Ophthalmic Use

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</table>
| Highmark Medicare Services                   | J9035      | 1     | ICD-9 Codes that Support Medical Necessity: N/A  
ICD-9 Codes that DO NOT Support Medical Necessity: N/A |              |
| [www.highmarkmedicareservices.com](http://www.highmarkmedicareservices.com)  
Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania |            |       |                                           |              |
| National Government Services                 | J3590      | 1     | **OPHTHALMOLOGIC INDICATIONS**  
Age-related macular degeneration, secondary to choroidal neovascularization;  
Diabetic macular edema;  
Macular retinal edema, due to retinal vein occlusion;  
Proliferative diabetic retinopathy.  
*Indications expanded by this Article:*  
Rubeosis and neovascular glaucoma |              |
| [www.ngsmedicare.com](http://www.ngsmedicare.com)  
Connecticut, Indiana, Kentucky, New York |            |       |                                           |              |
| National Heritage Insurance Company (NHIC)   | J3490      | 1     | Article for Off-Label Medications - Coverage (A38981) | Note: Generic Article published regarding off label use of medication....nothing specific regarding Avastin |
| [www.medicarenhic.com](http://www.medicarenhic.com)  
Maine, Massachusetts, New Hampshire, Rhode Island Vermont |            |       |                                           |              |
| Noridian Administrative Services             | J9035      | 1     | 362.01 Background diabetic retinopathy  
362.02 Proliferative diabetic retinopathy  
362.03 Nonproliferative diabetic retinopathy, NOS  
362.04 Mild nonproliferative diabetic retinopathy  
362.05 Moderate nonproliferative diabetic retinopathy  
362.06 Severe nonproliferative diabetic retinopathy  
362.07 Diabetic macular edema | • Providers are reminded that, J9035 denotes "10mg" of the drug. Current literature indicates anticipated dosage is 1.25 mg or less. Since the smallest currently available vial of bevacizumab |

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Maine, Massachusetts, New Hampshire, Rhode Island Vermont |            |       |                                           |              |
| Noridian Administrative Services             | J9035      | 1     | 362.01 Background diabetic retinopathy  
362.02 Proliferative diabetic retinopathy  
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Maine, Massachusetts, New Hampshire, Rhode Island Vermont |            |       |                                           |              |
| Noridian Administrative Services             | J9035      | 1     | 362.01 Background diabetic retinopathy  
362.02 Proliferative diabetic retinopathy  
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<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>362.15</td>
<td>Retinal telangiectasia</td>
</tr>
<tr>
<td>362.16*</td>
<td>Retinal neovascularization NOS (choroidal, subretinal)</td>
</tr>
<tr>
<td>362.29</td>
<td>Other nondiabetic proliferative retinopathy</td>
</tr>
<tr>
<td>362.30</td>
<td>Retinal vascular occlusion, unspecified</td>
</tr>
<tr>
<td>362.35</td>
<td>Central retinal vein occlusion</td>
</tr>
<tr>
<td>362.36</td>
<td>Venous tributary (branch) occlusion</td>
</tr>
<tr>
<td>362.52</td>
<td>Exudative (wet) senile macular degeneration</td>
</tr>
<tr>
<td>362.53</td>
<td>Cystoid macular degeneration (cystoid macular edema)</td>
</tr>
<tr>
<td>362.83</td>
<td>Retinal edema</td>
</tr>
<tr>
<td>362.84</td>
<td>Retinal ischemia</td>
</tr>
<tr>
<td>364.42</td>
<td>Rubeosis iridis (neovascularization of iris or ciliary body)</td>
</tr>
<tr>
<td>365.63</td>
<td>Glaucoma associated with vascular disorders (e.g, neovascular glaucoma)</td>
</tr>
<tr>
<td>365.89</td>
<td>Other specified glaucoma</td>
</tr>
</tbody>
</table>

*Requires secondary code describing cause:

- 115.02 Infection by Histoplasma capsulatum retinitis
- 115.12 Infection by Histoplasma duboisi retinitis
- 115.92 Histoplasmosis retinitis, unspecified
- 360.21 Progressive high (degenerative) myopia

Medicare B News Issue 259 January 13, 2010

**Heading:** Coverage

**Title:** Bevacizumab (Avastin®) Intravitreal Use Comprehensive Coding and Coverage Revised

(Avastin®) contains 100 mg, providers are urged to have the drug prepared by a compounding pharmacist in order to avoid the significant amount of wastage that would occur if used for a single patient. In the event that an entire vial is used for a single patient, NAS will pay no more than one unit (10 mg) per patient.

- Place the number of mg used in Item 19 of the Centers for Medicare & Medicaid Services (CMS) 1500 paper form or the electronic equivalent, in order to accurately note the amount of the drug administered to the patient for whom the service is being billed. The individual patient record should clearly document the amount of drug used for each patient. Also, the amount wasted should be clearly indicated in the medical record. Item 24G should contain the number of services. The numeral "1"
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<td>362.01 Background diabetic retinopathy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<td>362.05 Moderate nonproliferative diabetic retinopathy</td>
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<td></td>
<td></td>
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*requires secondary code describing cause:

- 115.0 Infection by Histoplasma capsulatum
- 360.21 Progressive high (degenerative) myopia

---

- Effective for dates of service on and after August 1, 2011 Bevacizumab is not currently packaged and prepared by the manufacturer for intraocular injection. Therefore, physicians will have two options:
  - Prepare a single patient dose in the office with a shelf life of two weeks or purchase a single dose prepared by a pharmacy with a shelf life of 90 days due to the multiple preparation methods, HCPCS code J3590, unclassified biologics, is required to report an intraocular bevacizumab service.
  - To bill intraocular bevacizumab services, submit the following codes:
    - ICD-9-CM code appropriate for patient CPT code 67028: intravitreal injection of a pharmacological agent HCPCS code J3590 and enter '1' in...
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| Pinnacle Business Solutions  
[www.pinnaclemedicare.com](http://www.pinnaclemedicare.com)  
Arkansas, Louisiana | J3590 or J3490 | 1 | Acceptable diagnoses indicating medical necessity are as follows:  
362.02 Proliferative diabetic retinopathy  
362.07 Diabetic macular edema  
362.16 Retinal neovascularization  
362.29 Other nondiabetic proliferative retinopathy  
362.35 Central retinal vein occlusion  
362.36 Venous tributary (branch) occlusion of retina  
362.52 Exudative senile macular degeneration of retina  
364.42 Rubeosis iridis  
365.63 Glaucoma associated with vascular disorders of eye | • In order to bill for Avastin which has been compounded, the provider community should bill J3590 or J3490 on line 1 and the charge $##.##.  
On the comment screen for line 1 enter Avastin/dosage (e.g., 1.25mg)/route adm. (67028); and cost on invoice $##.##. An invoice may be requested on an additional documentation request notification letter.  
• All claims submitted for ophthalmologic off-label Avastin use without one of the acceptable diagnoses will be denied. If your claim is denied and you believe it should be covered, you may seek redetermination, submitting additional literature for review, for |

Please note: Do not use J9035 if you are compounding Avastin in any way.
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| Trailblazer Health Enterprises  
www.trailblazerhealth.com  
Colorado, New Mexico, Oklahoma and Texas | J9035 | 1 | Medicare is establishing the following limited coverage for HCPCS codes J9035 (when used in treatment of eye disease) and C9257 (OPPS and ASC):  
362.02 Proliferative diabetic retinopathy  
362.07* Diabetic macular edema  
*Note: Report diagnosis code 362.07 with appropriate diabetic retinopathy diagnosis codes  
362.35–362.36 Retinal vascular occlusion  
362.52–362.53 Degeneration of macula and posterior pole  
362.60–362.66 Peripheral retinal degenerations  
364.42 Rubeosis iridis  
365.63 Glaucoma associated with vascular disorders | • When billing for this service in a noncovered situation (e.g., does not meet indications of the related LCD), use the appropriate modifier (see below). To bill the patient for services that are not covered (investigational/experimental or not reasonable and necessary) will generally require an Advance Beneficiary Notice (ABN) to be obtained before the service is rendered. |
| Wisconsin Physicians Service Insurance Corporation (WPS)  
www.wpsmedicare.com  
Illinois, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska | J3590 | 1 | 362.52 Exudative senile "wet" macular degeneration  
362.07 Diabetic macular edema  
362.35 Central retinal vein occlusion  
362.36 Venous tributary (branch) occlusion  
364.42 Rubeosis iridis  
365.63 Glaucoma associated with vascular disorders | • Physicians should bill J3590 (unclassified biologics) as they did prior to October 1, 2009, when billing for intravitreal injections of bevacizumab (Avastin). The
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| Name of the Drug and the Amount that is Administered, Method of Administration in the Electronic Narrative that is Equivalent to Line 19 of the CMS 1500 Form. List the Units of Service as One in 2400/SV1-04 Data Element of the ANSI X12 4010A1 or in Item 24G of the CMS 1500 Form. |