Intravitreal Injections—Lessons From a National Audit

CMS commissioned a national audit of intravitreal injections. It asked Noridian, which is its national Supplemental Medical Review Contractor (SMRC), to review a sample of claims from 2019. The error rate was 29%.[1] The most common problems were as follows.

Problem—no response to the documentation request. When audits occur, does your practice have protocols in place to make sure that you don't miss the deadline for submitting the requested documentation? When it comes to avoiding audit failure, this is the low-hanging fruit.

Solution—train staff and physicians on your protocol. First, make sure that your practice has a detailed protocol to promptly comply with an audit request (see last month's Savvy Coder at aao.org/eyenet). Next, find an effective way to frequently remind staff and physicians about this policy.

Problem—insufficient documentation. The SMRC emphasized that incomplete information was a common problem.

Examples. AAOE members have shared the following examples from their experience with SMRC audits:

- Missing documentation of medication dosage
- Documenting dosage in mg or mL only, not mg *and* mL
- Missing or incorrect diagnosis per payer policy
- Lack of a procedure note
- Not documenting wastage of 1 unit or greater
- When wastage was less than 1 unit, not indicating that residual medication less than 1 unit was discarded

EHR problems. Make sure that EHRs include all the required documentation. Some standard templates don't include all the necessary fields; others have been found to hard-code inaccurate or incomplete dosages for medications.

Solution—perform an internal review for each medication type used. Download the Academy's Intravitreal Injection Documentation Checklist at aao.org/retinapm. Also familiarize yourself with any relevant LCD and/or LCA that your MAC has published (aao.org/lcds).

As part of your practice's internal chart audits, include a scheduled review of intravitreal injection documentation. Include each medication type that your practice uses, as the requirements vary. (Consider running your internal chart audits on a quarterly schedule, looking at a different targeted service each quarter.)

Problem—billing the wrong number of units. If you inject Eylea (aflibercept), 2 mg/.05 mL, that would be considered 2 units, based on the descriptor for its HCPCS code (J0178 *injection, aflibercept, 1 mg*). Mistakenly billing that as 1 unit not only would cause an audit failure but also would be a very costly mistake.

What about Visudyne (verteporfin)? According to the descriptor for HCPCS code J3396 (*injection, verteporfin, 0.1 mg*), the billable unit is .1 mg. Although the drug comes in a 15-mg single-use vial, usually not all of that is used, as the dosage is based on the patient's weight. So if you report that you used 150 units, you may initially get the correct reimbursement, but you should expect a future Recovery Auditor Contractor (RAC) chart review as the wastage was not reported with modifier –JW.

Solution—carefully report units used (and, if applicable, units wasted). Reporting the appropriate units for the medication is essential for correct coding and appropriate reimbursement.

When using Visudyne for photodynamic therapy (CPT code 67221), you should document the medication used and wasted, and report both amounts on the claim form. For more guidance, visit aao.org/retinapm, where you can access various documentation checklists and the Coding for Injectable Drugs web page, which includes guidance on reporting wastage.

Download this free resource. See *The Profitable Retina Practice: Medication Inventory Management,* which is free to AAOE members and is available at aao.org/store.

1 https://noridiansmrc.com/completed-projects/01-309/. Accessed Dec. 29, 2022.

MORE ONLINE For pointers on modifiers and overpayments, see this article at aao.org/eyenet.

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