

# Article - Billing and Coding: Bevacizumab and biosimilars (A52370)

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## Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
<a href="#">National Government Services, Inc.</a>	MAC - Part A	06101 - MAC A	J - 06	Illinois
<a href="#">National Government Services, Inc.</a>	MAC - Part B	06102 - MAC B	J - 06	Illinois
<a href="#">National Government Services, Inc.</a>	MAC - Part A	06201 - MAC A	J - 06	Minnesota
<a href="#">National Government Services, Inc.</a>	MAC - Part B	06202 - MAC B	J - 06	Minnesota
<a href="#">National Government Services, Inc.</a>	MAC - Part A	06301 - MAC A	J - 06	Wisconsin
<a href="#">National Government Services, Inc.</a>	MAC - Part B	06302 - MAC B	J - 06	Wisconsin
<a href="#">National Government Services, Inc.</a>	A and B and HHH MAC	13101 - MAC A	J - K	Connecticut
<a href="#">National Government Services, Inc.</a>	A and B and HHH MAC	13102 - MAC B	J - K	Connecticut
<a href="#">National Government Services, Inc.</a>	A and B and HHH MAC	13201 - MAC A	J - K	New York - Entire State
<a href="#">National Government Services, Inc.</a>	A and B and HHH MAC	13202 - MAC B	J - K	New York - Downstate
<a href="#">National Government Services, Inc.</a>	A and B and HHH MAC	13282 - MAC B	J - K	New York - Upstate
<a href="#">National Government Services, Inc.</a>	A and B and HHH MAC	13292 - MAC B	J - K	New York - Queens
<a href="#">National Government Services, Inc.</a>	A and B and HHH MAC	14111 - MAC A	J - K	Maine
<a href="#">National Government Services, Inc.</a>	A and B and HHH MAC	14112 - MAC B	J - K	Maine
<a href="#">National Government Services, Inc.</a>	A and B and HHH MAC	14211 - MAC A	J - K	Massachusetts
<a href="#">National Government Services, Inc.</a>	A and B and HHH MAC	14212 - MAC B	J - K	Massachusetts

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
<a href="#">National Government Services, Inc.</a>	A and B and HHH MAC	14311 - MAC A	J - K	New Hampshire
<a href="#">National Government Services, Inc.</a>	A and B and HHH MAC	14312 - MAC B	J - K	New Hampshire
<a href="#">National Government Services, Inc.</a>	A and B and HHH MAC	14411 - MAC A	J - K	Rhode Island
<a href="#">National Government Services, Inc.</a>	A and B and HHH MAC	14412 - MAC B	J - K	Rhode Island
<a href="#">National Government Services, Inc.</a>	A and B and HHH MAC	14511 - MAC A	J - K	Vermont
<a href="#">National Government Services, Inc.</a>	A and B and HHH MAC	14512 - MAC B	J - K	Vermont

# Article Information

## General Information

**Article ID**

A52370

**Article Title**

Billing and Coding: Bevacizumab and biosimilars

**Article Type**

Billing and Coding

**Original Effective Date**

10/01/2015

**Revision Effective Date**

07/01/2023

**Revision Ending Date**

N/A

**Retirement Date**

N/A

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## **CMS National Coverage Policy**

N/A

## **Article Guidance**

### **Article Text**

This article contains billing and coding guidelines that complement the Local Coverage Determination (LCD) Drugs and Biologicals, Coverage of, for Label and Off-Label Uses.

### **Coding Information:**

When billing for metastatic (secondary) disease, only use the code for the primary malignancy if still present, and only use the related "personal history of" Z code if not.

### **For claims submitted to the Part B MAC:**

#### NON-OPHTHALMOLOGIC GUIDELINES

Bevacizumab should be reported with HCPCS code J9035 (injection, bevacizumab, 10 mg). The number of services should reflect multiples of 10 mg provided.

Bevacizumab-awwb should be reported with HCPCS code Q5107 (injection, bevacizumab-awwb, biosimilar, (MVASI), 10 mg).

Bevacizumab-bvzr should be reported with HCPCS code Q5118 (injection, bevacizumab-bvzr, biosimilar, (ZIRABEV), 10 mg).

Effective 01/01/2023, HCPCS code Q5126 should be used to report bevacizumab-maly, biosimilar, (ALYMSYS1®), 10 mg. Effective 10/01/2022 through 12/31/2022, bevacizumab-maly should be reported with HCPCS code C9142 (injection, bevacizumab-maly, biosimilar, (ALYMSYS®), 10 mg).

Effective 04/01/2023, HCPCS code Q5129 should be used to report bevacizumab-adcd (Vegzelma®). Effective 09/27/2022 through 03/31/2023 HCPCS code J3590 should be reported.

#### OPHTHALMOLOGIC GUIDELINES

Claims for small dose bevacizumab and biosimilars for the treatment of approved ophthalmologic indications, for providers who bill the Part B MAC, should be submitted using HCPCS code C9142, J9035, Q5107 or Q5118 (bill one unit per eye).

HCPCS code C9257 (injection, bevacizumab, 0.25 mg) should be reported for treatment of approved ophthalmologic indications when billed in an ambulatory surgical center setting.

The claim for the intravitreal injection should be coded using CPT code 67028. The appropriate site modifier (RT, LT or 50) must be appended to indicate if the service was performed unilaterally or bilaterally. Claims without a modifier will be returned to the provider unprocessed.

If the drug is denied as not reasonable and necessary, the associated injection code will also be denied.

**For claims submitted to the Part A MAC:**

NON-OPHTHALMOLOGIC GUIDELINES

Bevacizumab should be reported with HCPCS code J9035 (injection, bevacizumab, 10 mg). The number of services should reflect multiples of 10 mg provided.

Bevacizumab-awwb should be reported with HCPCS code Q5107 (injection, bevacizumab-awwb, biosimilar, (MVASI), 10 mg).

Bevacizumab-bvzr should be reported with HCPCS code Q5118 (injection, bevacizumab-bvzr, biosimilar, (ZIRABEV), 10 mg).

Effective 01/01/2023, HCPCS code Q5126 should be used to report bevacizumab-maly, biosimilar, (ALYMSYS1®), 10 mg. Effective 10/01/2022 through 12/31/2022, bevacizumab-maly should be reported with HCPCS code C9142 (injection, bevacizumab-maly, biosimilar, (ALYMSYS®), 10 mg).

Effective 04/01/2023, HCPCS code Q5129 should be used to report bevacizumab-adcd (Vegzelma®). Effective 09/27/2022 through 03/31/2023 HCPCS code J3590 should be reported.

OPHTHALMOLOGIC GUIDELINES

For providers who bill the Part A MAC, claims for bevacizumab should be reported using HCPCS code C9257 (injection, bevacizumab, 0.25 mg) for treatment of approved ophthalmologic indications.

Bevacizumab-awwb should be reported with HCPCS code Q5107 (injection, bevacizumab-awwb, biosimilar, (MVASI), 10 mg).

Bevacizumab-bvzr should be reported with HCPCS code Q5118 (injection, bevacizumab-bvzr, biosimilar, (ZIRABEV), 10 mg).

Effective 01/01/2023, HCPCS code Q5126 should be used to report bevacizumab-maly, biosimilar, (ALYMSYS1®), 10 mg. Effective 10/01/2022 through 12/31/2022, bevacizumab-maly should be reported with HCPCS code C9142 (injection, bevacizumab-maly, biosimilar, (ALYMSYS®), 10 mg).

The claim for the intravitreal injection should be coded using CPT code 67028. The appropriate site modifier (RT, LT or 50) must be appended to indicate if the service was performed unilaterally or bilaterally. Claims without a modifier will be returned to the provider unprocessed.

If the drug is denied as not reasonable and necessary, the associated injection code will also be denied.

**Utilization:**

Dose and frequency should be in accordance with the FDA label or recognized compendia (for off-label uses). When services are performed in excess of established parameters, they may be subject to review for medical necessity.

## FDA and Compendia Review

American Society of Health-System Pharmacists, Inc. *AHFS Drug Information*®. Bethesda, MD:2007.

Clinical Pharmacology Web site. <http://www.clinicalpharmacology.com>. Accessed 06/06/2023.

Lexi-Drugs Web site. <http://online.lexi.com>. Accessed 06/06/2023.

Micromedex DrugDex®. <http://www.micromedexsolutions.com/home/dispatch>. Accessed 06/06/2023.

National Comprehensive Cancer Network Web site. <http://www.nccn.org/index.asp>. Accessed 06/02/2023.

U.S. Food and Drug Administration (FDA) Web site. <http://www.accessdata.fda.gov/scripts/cder/daf/>. Accessed 08/07/2019.

United States Pharmacopoeia (USP), Volume I; Drug Information for the Health Care Professional, 2007.

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# Coding Information

## CPT/HCPCS Codes

### Group 1 Paragraph:

Effective 04/01/2023, HCPCS code Q5129 should be used to report bevacizumab-adcd (Vegzelma®). Effective 09/27/2022 through 03/31/2023 HCPCS code J3590 should be reported.

Effective 01/01/2023, HCPCS code Q5126 should be reported for bevacizumab-maly, biosimilar, (ALYMSYS1®), 10 mg. Effective 10/01/2022 through 12/31/2022, HCPCS code C9142 Injection, bevacizumab-maly, biosimilar, (ALYMSYS®), 10 mg has been added for services billed to the Part A MAC. HCPCS code J3590 should be reported for the Part B MAC.

HCPCS code C9142, C9257, Q5107, Q5118 or Q5126 should be reported for treatment of approved ophthalmologic indications billed to the Part A MAC.

HCPCS code C9142, J9035, Q5107, Q5118 or Q5126 (bill one unit per eye) should be reported for the treatment of approved ophthalmologic indications billed to the Part B MAC.

### Group 1 Codes: (7 Codes)

CODE	DESCRIPTION
C9257	INJECTION, BEVACIZUMAB, 0.25 MG
J3590	UNCLASSIFIED BIOLOGICS
J9035	INJECTION, BEVACIZUMAB, 10 MG

CODE	DESCRIPTION
Q5107	INJECTION, BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG
Q5118	INJECTION, BEVACIZUMAB-BVZR, BIOSIMILAR, (ZIRABEV), 10 MG
Q5126	INJECTION, BEVACIZUMAB-MALY, BIOSIMILAR, (ALYMSYS), 10 MG
Q5129	INJECTION, BEVACIZUMAB-ADCD (VEGZELMA), BIOSIMILAR, 10 MG

**Group 2 Paragraph:**

Intravitreal injection code

**Group 2 Codes:** (1 Code)

CODE	DESCRIPTION
67028	INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARATE PROCEDURE)

**CPT/HCPCS Modifiers**

N/A

**ICD-10-CM Codes that Support Medical Necessity**

**Group 1 Paragraph:**

Effective 04/01/2023, HCPCS code Q5129 should be used to report bevacizumab-adcd (Vegzelma®). Effective 09/27/2022 through 03/31/2023 HCPCS code J3590 should be reported.

HCPCS code C9142\*, J9035, Q5107, Q5118 or Q5126 and the ICD-10-CM codes listed below should be reported for non-ophthalmologic indications.

\*C9142 is being deleted 12/31/2022 and being replaced with HCPCS code Q5126

ICD-10-CM code I67.89 should be used to report symptomatic post-radiation necrosis of the central nervous system.

**Group 1 Codes:** (215 Codes)

CODE	DESCRIPTION
C17.0	Malignant neoplasm of duodenum
C17.1	Malignant neoplasm of jejunum
C17.2	Malignant neoplasm of ileum
C17.3	Meckel's diverticulum, malignant
C17.8	Malignant neoplasm of overlapping sites of small intestine
C17.9	Malignant neoplasm of small intestine, unspecified

CODE	DESCRIPTION
C18.0	Malignant neoplasm of cecum
C18.1	Malignant neoplasm of appendix
C18.2	Malignant neoplasm of ascending colon
C18.3	Malignant neoplasm of hepatic flexure
C18.4	Malignant neoplasm of transverse colon
C18.5	Malignant neoplasm of splenic flexure
C18.6	Malignant neoplasm of descending colon
C18.7	Malignant neoplasm of sigmoid colon
C18.8	Malignant neoplasm of overlapping sites of colon
C18.9	Malignant neoplasm of colon, unspecified
C19	Malignant neoplasm of rectosigmoid junction
C20	Malignant neoplasm of rectum
C21.2	Malignant neoplasm of cloacogenic zone
C21.8	Malignant neoplasm of overlapping sites of rectum, anus and anal canal
C22.0	Liver cell carcinoma
C22.3	Angiosarcoma of liver
C22.8	Malignant neoplasm of liver, primary, unspecified as to type
C22.9	Malignant neoplasm of liver, not specified as primary or secondary
C24.1	Malignant neoplasm of ampulla of Vater
C33	Malignant neoplasm of trachea
C34.00 - C34.92	Malignant neoplasm of unspecified main bronchus - Malignant neoplasm of unspecified part of left bronchus or lung
C38.4	Malignant neoplasm of pleura
C45.0	Mesothelioma of pleura
C45.1	Mesothelioma of peritoneum
C45.2	Mesothelioma of pericardium
C45.7	Mesothelioma of other sites
C46.0 - C46.4	Kaposi's sarcoma of skin - Kaposi's sarcoma of gastrointestinal sites
C46.51	Kaposi's sarcoma of right lung
C46.52	Kaposi's sarcoma of left lung
C46.7	Kaposi's sarcoma of other sites
C48.0	Malignant neoplasm of retroperitoneum

CODE	DESCRIPTION
C48.1	Malignant neoplasm of specified parts of peritoneum
C48.2	Malignant neoplasm of peritoneum, unspecified
C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum
C49.0	Malignant neoplasm of connective and soft tissue of head, face and neck
C49.10	Malignant neoplasm of connective and soft tissue of unspecified upper limb, including shoulder
C49.11	Malignant neoplasm of connective and soft tissue of right upper limb, including shoulder
C49.12	Malignant neoplasm of connective and soft tissue of left upper limb, including shoulder
C49.20	Malignant neoplasm of connective and soft tissue of unspecified lower limb, including hip
C49.21	Malignant neoplasm of connective and soft tissue of right lower limb, including hip
C49.22	Malignant neoplasm of connective and soft tissue of left lower limb, including hip
C49.3	Malignant neoplasm of connective and soft tissue of thorax
C49.4	Malignant neoplasm of connective and soft tissue of abdomen
C49.5	Malignant neoplasm of connective and soft tissue of pelvis
C49.6	Malignant neoplasm of connective and soft tissue of trunk, unspecified
C49.8	Malignant neoplasm of overlapping sites of connective and soft tissue
C49.9	Malignant neoplasm of connective and soft tissue, unspecified
C50.011 - C50.929	Malignant neoplasm of nipple and areola, right female breast - Malignant neoplasm of unspecified site of unspecified male breast
C51.0	Malignant neoplasm of labium majus
C51.1	Malignant neoplasm of labium minus
C51.2	Malignant neoplasm of clitoris
C51.8	Malignant neoplasm of overlapping sites of vulva
C53.0	Malignant neoplasm of endocervix
C53.1	Malignant neoplasm of exocervix
C53.8	Malignant neoplasm of overlapping sites of cervix uteri
C53.9	Malignant neoplasm of cervix uteri, unspecified
C54.0	Malignant neoplasm of isthmus uteri
C54.1	Malignant neoplasm of endometrium
C54.2	Malignant neoplasm of myometrium



CODE	DESCRIPTION
C54.3	Malignant neoplasm of fundus uteri
C54.8	Malignant neoplasm of overlapping sites of corpus uteri
C54.9	Malignant neoplasm of corpus uteri, unspecified
C56.1	Malignant neoplasm of right ovary
C56.2	Malignant neoplasm of left ovary
C56.3	Malignant neoplasm of bilateral ovaries
C56.9	Malignant neoplasm of unspecified ovary
C57.00 - C57.22	Malignant neoplasm of unspecified fallopian tube - Malignant neoplasm of left round ligament
C57.3	Malignant neoplasm of parametrium
C57.4	Malignant neoplasm of uterine adnexa, unspecified
C57.7	Malignant neoplasm of other specified female genital organs
C57.8	Malignant neoplasm of overlapping sites of female genital organs
C57.9	Malignant neoplasm of female genital organ, unspecified
C64.1	Malignant neoplasm of right kidney, except renal pelvis
C64.2	Malignant neoplasm of left kidney, except renal pelvis
C64.9	Malignant neoplasm of unspecified kidney, except renal pelvis
C65.1	Malignant neoplasm of right renal pelvis
C65.2	Malignant neoplasm of left renal pelvis
C65.9	Malignant neoplasm of unspecified renal pelvis
C70.0	Malignant neoplasm of cerebral meninges
C70.1	Malignant neoplasm of spinal meninges
C71.0	Malignant neoplasm of cerebrum, except lobes and ventricles
C71.1	Malignant neoplasm of frontal lobe
C71.2	Malignant neoplasm of temporal lobe
C71.3	Malignant neoplasm of parietal lobe
C71.4	Malignant neoplasm of occipital lobe
C71.5	Malignant neoplasm of cerebral ventricle
C71.6	Malignant neoplasm of cerebellum
C71.7	Malignant neoplasm of brain stem
C71.8	Malignant neoplasm of overlapping sites of brain
C71.9	Malignant neoplasm of brain, unspecified

<b>CODE</b>	<b>DESCRIPTION</b>
C72.0	Malignant neoplasm of spinal cord
C72.9	Malignant neoplasm of central nervous system, unspecified
C83.30	Diffuse large B-cell lymphoma, unspecified site
C83.31	Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck
C83.39	Diffuse large B-cell lymphoma, extranodal and solid organ sites
<b>CODE</b>	<b>DESCRIPTION</b>
C83.80	Other non-follicular lymphoma, unspecified site
C83.81	Other non-follicular lymphoma, lymph nodes of head, face, and neck
C83.89	Other non-follicular lymphoma, extranodal and solid organ sites
C85.89	Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites
D19.1	Benign neoplasm of mesothelial tissue of peritoneum
D32.0	Benign neoplasm of cerebral meninges
D32.1	Benign neoplasm of spinal meninges
D42.0	Neoplasm of uncertain behavior of cerebral meninges
D42.1	Neoplasm of uncertain behavior of spinal meninges
D43.0	Neoplasm of uncertain behavior of brain, supratentorial
D43.1	Neoplasm of uncertain behavior of brain, infratentorial
D43.2	Neoplasm of uncertain behavior of brain, unspecified
D43.4	Neoplasm of uncertain behavior of spinal cord
D49.2	Neoplasm of unspecified behavior of bone, soft tissue, and skin
G93.6	Cerebral edema
G96.89*	Other specified disorders of central nervous system
I67.89	Other cerebrovascular disease
I78.0	Hereditary hemorrhagic telangiectasia
T66.XXXA*	Radiation sickness, unspecified, initial encounter
T66.XXXD*	Radiation sickness, unspecified, subsequent encounter
T66.XXXS*	Radiation sickness, unspecified, sequela
Y84.2	Radiological procedure and radiotherapy as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
Z85.038	Personal history of other malignant neoplasm of large intestine
Z85.048	Personal history of other malignant neoplasm of rectum, rectosigmoid junction, and anus

CODE	DESCRIPTION
Z85.068	Personal history of other malignant neoplasm of small intestine
Z85.09	Personal history of malignant neoplasm of other digestive organs
Z85.118	Personal history of other malignant neoplasm of bronchus and lung
Z85.3	Personal history of malignant neoplasm of breast
Z85.41	Personal history of malignant neoplasm of cervix uteri
Z85.42	Personal history of malignant neoplasm of other parts of uterus
Z85.43	Personal history of malignant neoplasm of ovary
Z85.44	Personal history of malignant neoplasm of other female genital organs
Z85.528	Personal history of other malignant neoplasm of kidney
Z85.53	Personal history of malignant neoplasm of renal pelvis

**Group 1 Medical Necessity ICD-10-CM Codes Asterisk Explanation:**

\*ICD-10-CM code G96.89 must be billed with ICD-10-CM code T66.XXXA, T66.XXXD or T66.XXXS.

**Group 2 Paragraph:**

HCPCS code C9142\*, C9257, Q5107, Q5118 or Q5126 and the ICD-10-CM codes listed below should be reported for treatment of approved ophthalmologic indications billed to the Part A MAC.

HCPCS code C9142\*, J9035, Q5107, Q5118 or Q5126 (bill one unit per eye) should be reported for treatment of approved ophthalmologic indications billed to the Part B MAC.

\*C9142 is being deleted 12/31/2022 and being replaced with HCPCS code Q5126

**Group 2 Codes: (187 Codes)**

CODE	DESCRIPTION
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

CODE	DESCRIPTION
	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
E08.3412	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, left eye
E08.3413	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E08.3511	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, right eye
E08.3512	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, left eye
E08.3513	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, bilateral
E08.3521	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E08.3522	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E08.3523	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E08.3531	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E08.3532	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E08.3533	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E08.3541	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E08.3542	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
E08.3543	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral

CODE	DESCRIPTION
E08.3551	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, right eye
E08.3552	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, left eye
E08.3553	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, bilateral
E08.3591	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, right eye
E08.3592	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, left eye
E08.3593	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, bilateral
E09.311	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy with macular edema
E09.3211	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E09.3212	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E09.3213	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E09.3311	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E09.3312	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E09.3313	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E09.3411	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E09.3412	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E09.3413	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E09.3511	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E09.3512	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E09.3513	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy

CODE	DESCRIPTION
	with macular edema, bilateral
E09.3521	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E09.3522	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E09.3523	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E09.3531	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E09.3532	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E09.3533	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E09.3541	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E09.3542	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
E09.3543	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E09.3551	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, right eye
E09.3552	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, left eye
E09.3553	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
E09.3591	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E09.3592	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E09.3593	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E10.311	Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema
E10.3211	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye

CODE	DESCRIPTION
E10.3212	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E10.3213	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E10.3311	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E10.3312	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E10.3313	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E10.3411	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E10.3412	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E10.3413	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E10.3511	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E10.3512	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E10.3513	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E10.3521	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E10.3522	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E10.3523	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E10.3531	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E10.3532	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E10.3533	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E10.3541	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E10.3542	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined

CODE	DESCRIPTION
	traction retinal detachment and rhegmatogenous retinal detachment, left eye
E10.3543	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E10.3551	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, right eye
E10.3552	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, left eye
E10.3553	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
E10.3591	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E10.3592	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E10.3593	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E11.311	Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema
E11.3211	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E11.3212	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E11.3213	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E11.3311	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E11.3312	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E11.3313	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E11.3411	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E11.3412	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E11.3413	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E11.3511	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E11.3512	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E11.3513	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema,



<b>CODE</b>	<b>DESCRIPTION</b>
	bilateral
E11.3521	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E11.3522	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E11.3523	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E11.3531	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
<b>CODE</b>	<b>DESCRIPTION</b>
E11.3532	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E11.3533	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E11.3541	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E11.3542	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
E11.3543	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E11.3551	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, right eye
E11.3552	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, left eye
E11.3553	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
E11.3591	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E11.3592	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E11.3593	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E13.311	Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema
E13.3211	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E13.3212	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E13.3213	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with

CODE	DESCRIPTION
	macular edema, bilateral
E13.3311	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E13.3312	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E13.3313	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E13.3411	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E13.3412	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E13.3413	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E13.3511	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E13.3512	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E13.3513	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E13.3521	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E13.3522	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E13.3523	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E13.3531	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E13.3532	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E13.3533	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E13.3541	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E13.3542	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye

CODE	DESCRIPTION
E13.3543	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E13.3551	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, right eye
E13.3552	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, left eye
E13.3553	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
E13.3591	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E13.3592	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E13.3593	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
H21.1X1	Other vascular disorders of iris and ciliary body, right eye
H21.1X2	Other vascular disorders of iris and ciliary body, left eye
H21.1X3	Other vascular disorders of iris and ciliary body, bilateral
H21.1X9	Other vascular disorders of iris and ciliary body, unspecified eye
H34.8110	Central retinal vein occlusion, right eye, with macular edema
H34.8111	Central retinal vein occlusion, right eye, with retinal neovascularization
H34.8112	Central retinal vein occlusion, right eye, stable
H34.8120	Central retinal vein occlusion, left eye, with macular edema
H34.8121	Central retinal vein occlusion, left eye, with retinal neovascularization
H34.8122	Central retinal vein occlusion, left eye, stable
H34.8130	Central retinal vein occlusion, bilateral, with macular edema
H34.8131	Central retinal vein occlusion, bilateral, with retinal neovascularization
H34.8132	Central retinal vein occlusion, bilateral, stable
H34.8310	Tributary (branch) retinal vein occlusion, right eye, with macular edema
H34.8311	Tributary (branch) retinal vein occlusion, right eye, with retinal neovascularization
H34.8312	Tributary (branch) retinal vein occlusion, right eye, stable
H34.8320	Tributary (branch) retinal vein occlusion, left eye, with macular edema
H34.8321	Tributary (branch) retinal vein occlusion, left eye, with retinal neovascularization
H34.8322	Tributary (branch) retinal vein occlusion, left eye, stable

CODE	DESCRIPTION
H34.8330	Tributary (branch) retinal vein occlusion, bilateral, with macular edema
H34.8331	Tributary (branch) retinal vein occlusion, bilateral, with retinal neovascularization
H34.8332	Tributary (branch) retinal vein occlusion, bilateral, stable
H35.051	Retinal neovascularization, unspecified, right eye
H35.052	Retinal neovascularization, unspecified, left eye
H35.053	Retinal neovascularization, unspecified, bilateral
H35.059	Retinal neovascularization, unspecified, unspecified eye
H35.3210	Exudative age-related macular degeneration, right eye, stage unspecified
H35.3211	Exudative age-related macular degeneration, right eye, with active choroidal neovascularization
H35.3212	Exudative age-related macular degeneration, right eye, with inactive choroidal neovascularization
H35.3213	Exudative age-related macular degeneration, right eye, with inactive scar
H35.3220	Exudative age-related macular degeneration, left eye, stage unspecified
H35.3221	Exudative age-related macular degeneration, left eye, with active choroidal neovascularization
H35.3222	Exudative age-related macular degeneration, left eye, with inactive choroidal neovascularization
H35.3223	Exudative age-related macular degeneration, left eye, with inactive scar
H35.3230	Exudative age-related macular degeneration, bilateral, stage unspecified
H35.3231	Exudative age-related macular degeneration, bilateral, with active choroidal neovascularization
H35.3232	Exudative age-related macular degeneration, bilateral, with inactive choroidal neovascularization
H35.3233	Exudative age-related macular degeneration, bilateral, with inactive scar
H35.351	Cystoid macular degeneration, right eye
H35.352	Cystoid macular degeneration, left eye
H35.353	Cystoid macular degeneration, bilateral
H35.359	Cystoid macular degeneration, unspecified eye
H35.81	Retinal edema
H40.89	Other specified glaucoma
H44.2A1	Degenerative myopia with choroidal neovascularization, right eye
H44.2A2	Degenerative myopia with choroidal neovascularization, left eye

CODE	DESCRIPTION
H44.2A3	Degenerative myopia with choroidal neovascularization, bilateral eye

**ICD-10-CM Codes that DO NOT Support Medical Necessity**

N/A

**ICD-10-PCS Codes**

N/A

**Additional ICD-10 Information**

N/A

**Bill Type Codes**

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article should be assumed to apply equally to all claims.

N/A

**Revenue Codes**

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the article, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the article should be assumed to apply equally to all Revenue Codes.

N/A

**Other Coding Information**

N/A

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## Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
07/01/2023	R34	Based on Compendia review, ICD-10 codes Z85.09 and Z85.42 have been added to the Group 1 code list effective for dates of service on or after 07/01/2023.
04/01/2023	R33	Based on Transmittal 11848 (CR 13092) - Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - April 2023 Update, HCPCS code Q5129 has been added for Bevacizumab-adcd (Vegzelma®). Based on compendia review, ICD-10 codes D19.1 and Z85.41 have been added to the Group 1 ICD-10 code list effective 04/01/2023.
01/01/2023	R32	The reference for Bevacizumab-adcd (Vegzelma®) listed under the OPHTHALMOLOGIC GUIDELINES section of the article has been removed. The reference for Bevacizumab-adcd (Vegzelma®) has also been removed from the Group 2 ICD-10 code Paragraph section. This drug is only approved for non-ophthalmologic indications.
01/01/2023	R31	Based on Transmittal 11738 (CR 12998) January 2023 Integrated Outpatient Code Editor (I/OCE) Specifications Version 24.0, HCPCS code C9142 has been deleted and replaced with Q5126. Bevacizumab-adcd (Vegzelma®) should be reported using HCPCS code J3590. Reference to this drug has been added throughout the article.
10/01/2022	R30	Based on Transmittal 11594, (CR 12885) October 2022 Update of the Hospital Outpatient Prospective Payment System (OPPS), HCPCS code C9142 has been added to the CPT/HCPCS Codes paragraph section and through out the article. Based on compendia review, ICD-10 code Z85.068 has been added to the Group 1 ICD-10 code list effective for dates of service on or after 10/01/2022.
07/01/2022	R29	Based on compendia review, ICD-10 code C45.2 has been added to the Group 1 ICD-10 code list effective for dates of service on or after 07/01/2022.
04/01/2022	R28	Based on compendia review, ICD-10 code C45.7 has been added to Group 1 ICD-10 code list effective for dates of service on or after 04/01/2022.
10/01/2021	R27	Based on the annual ICD-10 code update, ICD-10 code C56.3 has been added to Group 1.
08/01/2021	R26	Based on compendia review, ICD-10 codes G93.6 and Y84.2 have been added to the Group 1 ICD-10 code list effective for dates of service on or after 08/01/2021.
05/01/2021	R25	Based on compendia review, ICD-10 codes C17.3 and C24.1 have been added to the Group 1 ICD-10 code list effective for dates of service on or after 05/01/2021.

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
01/01/2021	R24	Based on compendia review, ICD-10 code C22.3 has been added to Group 1 ICD-10 code list effective for dates of service on or after 1/1/2021.
10/01/2020	R23	Based on the annual ICD-10 code update, ICD-10 code G96.8 has been deleted in Group 1 and replaced with G96.89.
08/01/2020	R22	<p>ICD-10-CM codes C22.0, C22.8 and C22.9 were inadvertently added with an incorrect effective date. The effective date has been corrected to 5/29/2020 based on the FDA label.</p> <p>The following language has been added to the ICD-10 Codes that Support Medical Necessity Group 1 paragraph section:</p> <p>The annual ICD-10 CM updates, 2020-2021 were applied to the Article Databases. Based on this ICD-10-CM code G96.8 has been deleted from the Group 1 Codes but is effective until 9/30/2020.</p> <p>Based on a Part B provider comment, ICD-10-CM code Z80.49 has been removed from the Group 1 ICD-10 code list and replaced with Z85.44.</p>
08/01/2020	R21	Based on compendia review, ICD-10-CM codes C22.0, C22.8 and C22.9 have been added effective for dates of service on or after 08/01/2020.
05/01/2020	R20	Based on compendia review, ICD-10-CM codes G96.8, T66.XXXA, T66.XXXD and T66.XXXS have been added effective for dates of service on or after 05/01/2020. The following has been added to the ICD-10 Codes Asterisk Explanation section: ICD-10-CM code G96.8 must be billed with ICD-10-CM code T66.XXXA, T66.XXXD or T66.XXXS.
11/07/2019	R19	This article was converted to the new Billing and Coding Article format. The Coding Information section has been revised to remove the indications which can be found on the FDA Web site and in the approved compendia. The "Sources of Information" has been revised to "FDA and Compendia Review." Sources of information other than the FDA and compendia have been moved to a PDF file attached to LCD L33394. The Bill type codes have been removed from this article. Guidance on these codes is available in the Bill type code section.
10/01/2019	R18	Bevacizumab-awwb and HCPCS code Q5107 have been added to the CPT/HCPCS code section and throughout the article effective for dates of service on or after 07/18/2019. Based on Transmittal 4367 (CR 11422 - Quarterly Healthcare Common Procedure Coding System (HCPCS) Drug/Biological Code Changes - October 2019 Update), HCPCS code Q5118 for bevacizumab-bvzr has been added to the CPT/HCPCS paragraph code section

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
		and throughout the article effective for dates of service on or after 10/1/2019. Based on compendia review, ICD-10-CM code C45.1 has been added to the Group 1 code list effective for dates of service on or after 10/1/2019.
08/01/2019	R17	Based on compendia review, ICD-10-CM code C85.89 has been added to the Group 1 code list effective for dates of service on or after 08/01/2019.
02/01/2019	R16	Based on compendia review, ICD-10-CM codes C51.0, C51.1, C51.2 and C51.8 have been added to the Group 1 code list and an indication for vulvar cancer has been added effective for dates of service on or after 02/01/2019.
10/01/2018	R15	Based on compendia review, ICD-10-CM codes D32.0, D32.1, D42.0 and D42.1 have been added to the "Group 1 Covered ICD-10 Codes" section of the article effective for dates of service on and after 10/01/2018.
07/01/2018	R14	<p>Based on a provider/practitioner request, the following indication for central nervous system cancers has been updated to add:</p> <p>Central nervous system cancers – consider short-course single agent therapy for management of symptoms driven by RT necrosis poorly controlled vasogenic edema or mass effect:</p> <ul style="list-style-type: none"> <li>• Adult low-grade (WHO grade II) infiltrative supratentorial astrocytoma/oligodendroglioma;</li> <li>• Adult medulloblastoma;</li> <li>• Meningiomas;</li> <li>• Metastatic spine tumors;</li> <li>• Primary central nervous system lymphoma;</li> </ul> <p>An indication for Avastin for epithelial ovarian, fallopian tube or primary peritoneal cancer for persistent disease or recurrence in combination with carboplatin and paclitaxel, followed by Avastin as a single agent, for stage III or IV disease following initial surgical resection (Effective June 13, 2018 based on (FDA) approval) has also been added to the Indications section of the article. ICD-10-CM codes C70.0, C70.1, C83.30, C83.31, C83.39, C83.80, C83.81 and C83.89, have been added effective for dates of service on or after 07/01/2018.</p>
03/01/2018	R13	Based on a Part B provider comment and review of NCCN, the following ICD-10-CM codes have been added to the Group 1 list of Covered ICD-10 Codes effective for dates of service on or after 03/01/2018: C46.0 – C46.4, C46.51, C46.52, C46.7, C54.0 and C54.8. The following ICD-10-CM codes are being removed from the Group 1 list as they were added in error: C49.A0, C49.A1, C49.A2, C49.A3, C49.A4, C49.A5 and C49.A9.



REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
		<p>The "NON-OPHTHALMOLOGIC INDICATIONS" section of the article has been updated to add the following:</p> <p>AIDS-related Kaposi sarcoma - subsequent systemic therapy given with antiretroviral therapy (ART) for relapsed/refractory advanced, cutaneous, oral, visceral, or nodal disease that has progressed on or not responded to first-line systemic therapy, and progressed on alternate first-line systemic therapy.</p> <p>The coding information for metastatic malignancy has been revised. The brand name, Avastin™, has been removed from the title of the article.</p>
11/01/2017	R12	Based on a Part B provider comment, ICD-10-CM codes H44.2A1, H44.2A2 and H44.2A3 have been added effective for dates of service on or after 10/01/2017.
11/01/2017	R11	An indication for recurrent adult intracranial and spinal ependymoma (excluding subependymoma) has been added to the "NON-OPHTHALMOLOGIC INDICATIONS" section of the article. The indication for glioblastoma multiforme of brain has been revised to add "recurrent anaplastic gliomas" and "as a single agent or in combination with irinotecan, carmustine/lomustine or temozolomide." ICD-10-CM code C72.0 has been added to Group 1 effective for dates of service on or after 11/01/2017.
07/15/2017	R10	<p>The Indication for metastatic renal cell carcinoma has been revised to add the following bulleted item:</p> <ul style="list-style-type: none"> <li>• in combination with erlotinib or everolimus for selected patients with advanced papillary renal cell carcinoma including hereditary leiomyomatosis and renal cell cancer (HLRCC)</li> </ul>
07/15/2017	R9	<p>Based on a provider request, symptomatic post-radiation necrosis of the central nervous system has been added to the "Non-Ophthalmologic Indications" section of the article and ICD-10 code I67.89 has been added to the Group 1 Codes effective for dates of service on or after 07/15/2017. The following statement has been added to the Group 1 Codes paragraph section:</p> <p style="text-align: center;">ICD-10-CM code I67.89 should be used to report symptomatic post-</p>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
		<p style="text-align: center;">radiation necrosis of the central nervous system</p> <p>Additional sources have been added to the "Sources of Information" section of the article.</p>
02/01/2017	R8	<p>The indication for metastatic renal cell carcinoma has been revised to add the following bulleted items:</p> <ul style="list-style-type: none"> <li>• in combination with interferon alfa-2b as <u>first-line therapy for predominant clear cell histology; or</u></li> <li>• as a single-agent systemic therapy for non-clear cell histology</li> </ul> <p>The indication for epithelial ovarian, fallopian tube or primary peritoneal cancer for persistent disease or recurrence has been revised to add :</p> <ul style="list-style-type: none"> <li>• in combination with carboplatin and paclitaxel or in combination with carboplatin and gemcitabine, followed by Avastin as a single agent for the treatment of patients with platinum-sensitive disease (Effective December 06, 2016 based on (FDA) approval).</li> </ul> <p>ICD-10-CM codes C57.7, C57.8, C57.9 have been added to the Group 1 ICD-10 code list effective for dates of service on or after 02/01/2017.</p>
01/01/2017	R7	<p>CPT code 67028 has been removed from the CPT/HCPCS Group 1 code list and has been added to the CPT/HCPCS Group 2 code list. An "Ophthalmologic Limitations" section has been added which includes the following paragraph:</p> <p style="text-align: center;">If the drug is denied as not reasonable and necessary, the associated injection code will also be denied.</p>
10/01/2016	R6	<p>The Group 1 and Group 2 Codes have been revised based on the annual ICD-10-CM code update.</p>
10/01/2015	R5	<p>ICD-10-CM code C49.5 has been added to the Group 1 Codes effective for dates of service on or after 10/01/2015.</p>
10/01/2015	R4	<p>The article has been revised to add single agent treatment for persistent or recurrent ovarian cancer. ICD-10-CM code C21.2 has been added to the Group 1 Codes and ICD-10-CM codes H21.1X9, H34.819, H34.839, H35.059, and H35.359 have been added to the Group 2 Codes effective for dates of service on or after 10/01/2015. HCPC codes J3490 and J3590 have been removed from the CPT/HCPCS section of the article. Out-dated information has been removed.</p>
10/01/2015	R3	<p>An indication for malignant pleural mesothelioma has been added to the "NON-OPHTHALMOLOGIC INDICATIONS" section of the article. The following ICD-10-CM codes have been added to the Group 1: Codes: C34.00, C34.10, C34.30, C34.80, C34.90, C38.4, C45.0, C49.10, C49.20, C49.3, C50.019, C50.029, C50.119, C50.129, C50.219,</p>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
		C50.229, C50.319, C50.329, C50.419, C50.429, C50.519, C50.529, C50.619, C50.629, C50.819, C50.829, C50.919, C50.929, C56.9, C57.00, C57.10, C57.20, C64.9, C65.9 and Z85.43. The following ICD-10.CM codes have been put into ranges C34.00 – C34.92, C50.011 – C50.929 and C57.00 – C57.22. ICD-9-CM code V10.43 is being added effective for dates of service on or after 07/01/2014.
10/01/2015	R2	The following ICD-10 codes have been removed from the Group 1: code list: C21.2, C45.1, C47.0, C47.11, C47.12, C47.21, C47.22, C47.4 and C47.8. The following ICD-10 codes have been added to the Group 1: code list: C53.9, C57.4, C72.9 and D43.2. The place of service guideline for the Part B MAC has been removed. The dosing information has been removed and replaced with the following Utilization guideline: Dose and frequency should be in accordance with the FDA label or recognized compendia (for off-label uses). When services are performed in excess of established parameters, they may be subject to review for medical necessity.
10/01/2015	R1	Updated to include revisions made since April 2014. ICD-10-CM codes C54.9 and I78.0 have been added to the Group 1 Covered ICD-10 Codes.

## Associated Documents

### Related Local Coverage Documents

#### Articles

[A52855 - Billing and Coding: Drugs and Biologicals](#)

#### LCDs

[L33394 - Drugs and Biologicals, Coverage of, for Label and Off-Label Uses](#)

### Related National Coverage Documents

N/A

### Statutory Requirements URLs

N/A

### Rules and Regulations URLs

N/A

### CMS Manual Explanations URLs

N/A

### Other URLs

FDA Web site

### Public Versions

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06/21/2023	07/01/2023 - N/A	Currently in Effect (This Version)
03/24/2023	04/01/2023 - 06/30/2023	Superseded
01/06/2023	01/01/2023 - 03/31/2023	Superseded
12/21/2022	01/01/2023 - N/A	Superseded
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## Keywords

N/A