

interChange Provider Important Message

Attention Ophthalmology Providers – Billing Guidance Concerning Off-label Use Of Avastin (Bevacizumab) - Updated 5/10/2019

The Department of Social Services (DSS) is issuing updated billing guidance to Ophthalmologists using intra-ocular injections of Avastin (off-label) to treat age-related macular degeneration (AMD).

Effective May 1, 2019, Ophthalmology providers who submit claims for Avastin under HCPCS J9035 using NDC 50242-0060-01 or NDC 50242-0061-01, must correctly report the quantity injected in milliliters (ML) on the NDC Quantity panel on the Secure Web Portal or Loop 2410, Segment CTP04 using 837P electronic claim submission.

Quantities in excess of the off-label threshold of 0.05 ml will deny and post Explanation of Benefits (EOB) 661 "Claim NDC quantity exceeds the maximum quantity defined for HCPCS drug fee."

Additionally, NDC units of measure reported as something other than ML=Milliliter or UN=Unit will deny and post EOB 660 "Unit of measure submitted on the claim is not consistent with the drug unit form."

Off-label use of Avastin will be priced at Wholesale Acquisition Cost (WAC) for the quantity of the specific NDC submitted and NOT the HCPCS fee schedule amount for J9035, defined as "Injection, bevacizumab, 10 mg."

Reimbursement guidelines for physician administered drugs can be found in Provider Bulletin (PB) 18-10 "*Updates to the Reimbursement Methodology for Physician-Administered Drugs, Immune Globulins, Vaccines and Toxoids*" and PB 18-78 "*Updating the Reimbursement Rates for Physician Administered Drugs*."