

## Revenue Cycle Administrative Burdens The Retina Injectables

**Leonard H. Ginsburg, MD**  
Chairman, Moore Eye Institute  
Chairman, Ophthalmology Residency Program, PCOM

**ASRS Business of Retina Meeting**  
March 10, 2024  
8:00-8:15 am  
Phoenix, AZ

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## Financial Disclosure

- **DHRpro, LLC**
  - Founder & Chief Medical Officer
  - Equity

ASRS Business of Retina Meeting  
March 10, 2024  
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Department of Health and Human Services  
OFFICE OF  
INSPECTOR GENERAL

### QUESTIONABLE BILLING FOR MEDICARE OPHTHALMOLOGY SERVICES



Inspector General  
People's Republic of America  
Inspector General  
OFFICE OF INSPECTOR GENERAL

*We did this study to determine the extent  
ophthalmology services are vulnerable to  
fraud, waste, and/or abuse.*

Lucentis injection more often than 28  
days per eye, 209 providers were paid  
\$68 million

#### Alerts for treatments outside standard practice patterns

Retina	Glaucoma	Comprehensive		
		Procedure	OS	Prov/Loc
Date	CD			E/M
04/06/2017		Eylea (94)		LHG/Sph
01/31/2017		Lucentis 0.5 (56)		LHG/Sph
03/13/2017				LHG/Sph 92012
02/03/2017		Eylea (1)		LHG/Sph
02/02/2017		Lucentis 0.5 (52)		LHG/Sph
01/02/2017		Eylea (54)		LHG/Sph

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CENTERS FOR MEDICARE & MEDICAID SERVICES

ROGER STE CARE, P.C.  
1001 BALTIMORE PIKE  
STE 210  
SPRINGFIELD, PA 19064-2852

Date: 03/24/2023  
Reference ID: CTR # 1001762  
CPT/Procedure # 1001762001  
Phone: 610-899-6989  
Fax: 610-899-6989

Request Type & Purpose: First Letter  
Subject: Additional Documentation Requested.

Dear Medicare Provider/Supplier,

The Centers for Medicare & Medicaid Services (CMS), through the Comprehensive Error Rate Testing (CERT) program, contacts you for the task of reviewing, verifying, and correcting potential issues. The CERT program reviews selected Medicare A, B, and DME claims and providers annual payment rates. For more information regarding the CERT program, please visit [www.cms.gov/cert](https://www.cms.gov/cert).

**Reason for Selection**  
The CMS CERT program has randomly selected one or more of your Medicare claims for review.

**Action: Medical Records Required**  
Patient care requires the provider/supplier submit medical record documentation to support claims for Medicare services upon Provider/supplier are requested to send supporting medical records to the CERT program. Providing medical records of Medicare patients to the CERT program does not reduce the Health Insurance Portability and Accountability Act (HIPAA). Patient authorization is not required to request to this request. Provider/suppliers are responsible for obtaining and providing the documentation as identified on the attached list of Claims Error Types. The CMS is not authorized to receive provider/suppliers for the cost of medical record duplication or mailing. If you use a photocopying service, please ensure that the service does not forward the CERT program.

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CVS Caremark

1001 BALTIMORE PIKE  
STE 210  
SPRINGFIELD, PA 19064

Date: 03/24/2023  
Case: M2BNAVC0RETE  
Dear [REDACTED]

This letter is being sent on behalf of Astra Medigra in response to the request for coverage we received for [REDACTED] 1001762001. To further review this request for EYLEA, Sub Part 2400.0200, more information is required. Please provide the following information no later than 10/03/2023 10:00 PM CST and fax it to 1-844-368-7303.

**Eylea is non-preferred for the following indications:**  
-Macular (wet) Age-Related Macular Degeneration (AMD)  
-Macular Edema Following Retinal Vein Occlusion (RVO)  
-Diabetic Macular Edema (DME)  
-Diabetic Retinopathy (DR) in members with DME  
-Retinopathy of Prematurity

**If the diagnosis is one of the following:**  
-Macular (wet) Age-Related Macular Degeneration (AMD)  
-Macular Edema Following Retinal Vein Occlusion (RVO)

**Then:**  
Eylea is not covered for new starts, unless the member meets ANY of the following:  
1. Inadequate response to a trial of bevacizumab (Avastin)  
2. Intolerable adverse event to bevacizumab (Avastin)  
3. Bevacizumab (Avastin) is contraindicated for the member

**AND:**  
1. Inadequate response to a trial of Eylea  
2. Intolerable adverse event to Eylea  
3. Eylea is contraindicated for the member

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### It Used To Be So Simple: Three Choices

**New Medications and Brand vs. Generic Requirements**

- Indications
- Payor rules
- Frequencies
- Cost and reimbursement

**Vabysmo:**

- Can I inject sooner than Q 7-8 weeks after four loading doses?

**Eylea HD:**

- Is it approved for CRVO?
- Can I inject after three loading doses more frequently than Q 7 weeks?
- What documentation is needed?
- What insurances cover it?

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Reference number
1031-AM557

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Degeneration may be covered when any of the criteria listed below are satisfied:

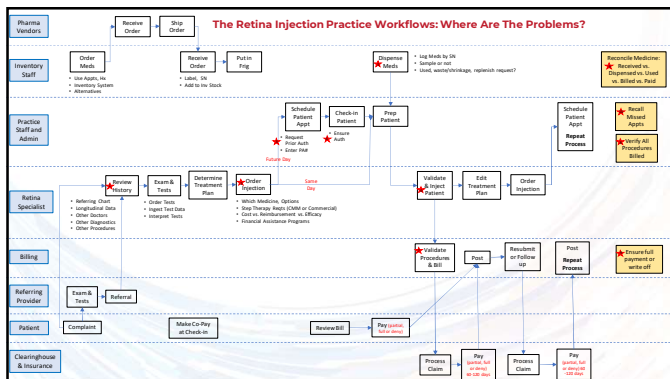
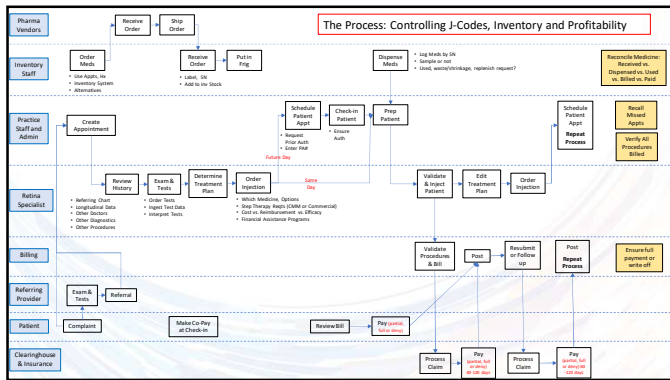
- Both of the following:
  - Trial of at least 3 doses, resulting in minimal clinical response to compounded Avastin (bevacizumab); and
  - History of use of Eylea, resulting in minimal clinical response to therapy
- or
- History of contraindication, intolerance, or adverse event(s) to compounded Avastin (bevacizumab) and Eylea; or
- Continuation of prior therapy within the past 365 days.

### Financial Loss of a J Code Denial

Manufacturer	Drug	Dose (MG)	J Code	Drug Cost per Injection	Medicare Reimbursement for Drug (80%)	Secondary Reimbursement for Drug (20%)	Total Reimbursement	Net Revenue	# of Additional Injections Required to Break Even after One Drug Denial
Samsung Bioepis	Byooviz	0.5	C5124	\$979.71	\$1,050.06	\$262.51	\$1,312.57	\$332.86	2.94
Genentech (Roche)	Lucentis	0.5	J2778	\$918.45	\$966.34	\$246.58	\$1,212.92	\$294.47	3.47
Coherus	CIMERLU	0.5	J3490	\$1,149.00	\$1,048.28	\$262.07	\$1,310.35	\$161.35	7.12
Eylea HD	J3590	\$2,379.06		\$2,361.00	\$545.75	\$2,706.75	\$124.69	20.88	
Aveiron	IZIVIVR	2	J3490	\$2,058.00	\$1,730.40	\$422.60	\$2,153.00	\$105.00	19.60
Coherus	CIMERLU	0.3	J3490	\$689.40	\$628.97	\$157.24	\$786.21	\$96.81	7.12
Genentech (Roche)	Valbyso	6	J2777	\$2,034.51	\$1,704.70	\$426.17	\$2,130.87	\$96.36	21.11
Regeneron	Eylea	2	J0176	\$1,616.90	\$1,357.58	\$339.39	\$1,696.97	\$80.07	20.19
Apellis	Sylfove	15	J2781	\$2,146.20	\$1,775.69	\$443.92	\$2,219.61	\$79.41	29.24
Novartis	Beovu	6	J0179	\$1,880.76	\$1,561.15	\$399.29	\$1,960.44	\$70.68	26.61
Chiesse Biomedical	NIPRE	4	J3959	\$1,681.00	\$1,399.10	\$345.78	\$1,744.88	\$65.88	25.55
Genentech (Roche)	Lucentis	0.3	J2778	\$521.82	\$442.93	\$110.79	\$553.66	\$31.84	16.39
Genentech (Roche)	Avastin	1.25	J9925	\$42.46	\$51.31	\$12.33	\$63.64	\$24.18	1.76
AbbVie	Chusvite	0.7	J7312	\$1,438.47	\$1,443.50	\$285.87	\$1,429.37	\$1.90	1,587.19

Note: Costs and reimbursements reflected were current as of 2/23/2024 for a practice in southeastern Pennsylvania. Rates vary by MIPS score, state, and region and are subject to change on a quarterly basis.

A single J code denial could cost a practice as much as \$2,579.06. On average, it takes nearly 16 injections to break even from the loss.





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## Three Year Study of Injectable Medication Losses

Factors for rejections were investigated for this study.

Matching up IMS against billing not performed

Key indicators for root cause reflected.

Number Key	Description
1	Physician failing to see history of treatments and procedures/global period/lack of modifier
2	Physician failing to follow step therapy or ins requirements
3	No prior authorization on file
4	Diagnosis billed is not same as prior authorization dx codes
5	Wrong medication dispensed (sample vs. billed)
6	Physician injecting the wrong eye
7	Physician billing error/no CPT code selected/incorrect CPT
8	Physician forgot to bill procedure
9	Patient changed insurance/did not notify practice
10	Patient's ins did not change but ID number changed and prior auth no longer valid
11	Appealed too late for timely- billing error
12	Incorrect CPT selected for avastin
13	Specialty Pharmacy Only
14	Physician Non-Par with Insurance
15	No referral
16	Services not covered by patient's ins plan
17	Billing error- no pre auth but schedule said Yes for medication
18	Still outstanding/current appeals in process

### 2021

\$ 55,868.44	#17 Billing error- no pre auth but schedule said Yes for medication
\$ 29,120.00	#13 Specialty Pharmacy Only
\$ 23,840.00	#3 No prior authorization on file
\$ 4,230.00	#9 Patient changed insurance/did not notify practice
\$ 3,640.00	#11 Appealed too late for timely- billing error
\$ 2,115.00	#8 Physician forgot to bill procedure*
\$ 2,065.00	#18 Still outstanding/current appeals in process
\$ 550.00	#4 Diagnosis billed is not same as prior authorization dx codes
<b>\$ 121,428.44</b>	

\*Artificially low as Physicians in practice visualize what is billed and can correct issue

2022		
\$ 53,510.00	#3 No prior authorization on file	
\$ 33,940.00	#9 Patient changed insurance/did not notify practice	
\$ 14,135.00	#5 Wrong medication dispensed (sample vs. billed)	
\$ 6,000.00	#2 Physician failing to follow step therapy or ins requirements	
\$ 3,640.00	#13 Specialty Pharmacy Only	
\$ 1,550.00	#15 No Referral	
\$ 500.00	#12 Incorrect CPT selected for avastin	
<b>\$113,275.00</b>		

2023		
\$ 77,152.50	#17 Billing error- no pre auth but schedule said Yes for medication	
\$ 60,370.00	#3 No prior authorization on file	
\$ 41,515.00	#9 Patient changed insurance/did not notify practice	
\$ 5,115.00	#15 No Referral	
\$ 3,640.00	#13 Specialty Pharmacy Only	
<b>\$ 187,792.50</b>		

**Eylea Performed But Not Billed**

5/12/21  
4/14/21

**Eylea Not Billed**

**Plan confirms right eye to treat with Eylea**

**1. Wet AMD OD "Starting Eylea" on 4/14/21**

**Thickened retina before injection**

**Edema resolved after Eylea injection but not billed**

**OD before inject 4/14/21**

**OD after inject 5/12/21**

**Thickened retina before injection**

**Edema resolved after Eylea injection but not billed**

**OD OCT 04/14/21**

**OD OCT 05/12/21**

**M-RPE Transparency: 96%**

**Overlay ILM - RPE Transparency**

**Plan Version 04/14/2021**

**1. Wet AMD OD -> OD on OCT today. Recommend starting Eylea injections. Write and patient consent.**

**2. Dry AMD OD -> Wet AMD OD due to advanced geographic atrophy and/or atrophy. No exudative activity found on exam or OCT today. Continue with regular monitoring and AMDS 2 as required.**

**3. Nuclear Sclerotic Cataract OD.**

**4. Pseudophakia OD - Good result with HCL.**

Reviewed with patient, signs and symptoms, diagnosis and treatment options. Patient understands understanding. Patient's vision is decreased or blurry (HCL).

Patient understands condition and diagnosis and need for follow up care. Advised to call immediately if any vision changes or blurring is noted. Discusses need for timely follow up and need to have insurance requirements. Patient understands the risk of appropriate follow up. Result in permanent vision loss.

Return for an appointment in 1 month for RETINA OCT of the macula. Injection of Eylea in the right eye. Dr. Jennifer Githberg.

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Tools Offered by the Distributors

COMPANY	SOFTWARE
Amerisource Bergen	CubixxMD Inventory Management for Retina
Amerisource Bergen	Podis Plus Inventory Management
Cardinal Health	RxID Select Inventory Management and Analytics
CuraScript SD	Mainbridge Inventory Management
McKesson	Glide- Billing Scrubber/CCI Edits/Reporting
McKesson	Lynx Inventory Management
SamaCare	Preauthorization Tool for Submission to Insurance

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