BAUSCH + LOMB

Information for Coding and Billing Specialists

Common Procedural Terminology (CPT®) Codes*

National Coding Set for Physician and Other Healthcare Professional Services for Procedural Reporting Under HIPAA[1]

CPT® Code	Category I	Category II	Category III
Description	**5-digit numeric codes[2]** • Used to report medical procedures and services – Drug administration – Evaluation and Management (E/M) services – Surgeries and other procedures	**4-digit numeric codes followed by the letter F[2]** • Supplemental tracking codes used for performance management • Reporting is optional; not tied to reimbursement	**4-digit numeric codes followed by the letter T[2]** • Temporary codes used to report data on emerging or experimental technologies, services, and procedures[2] • Individual MACs may choose to cover them[3] • Payers may reimburse for Category III services; Medicare may choose to put in place an NCD or LCD, or publish a coverage article to address coverage for the specific Category III CPT code[3] • In the absence of an LCD, a claim would need to include: – Medical necessity rationale and supporting clinical literature – Letter of Medical Necessity – FDA approval letter – Full Prescribing Information
Examples	**67027** **67028** **67221**	**2019F** **2021F** **2027F**	**0465T** **0506T** **0507T**

Healthcare Common Procedure Coding System (HCPCS)†

Nationally Recognized Set of Codes Based on CPT Codes[4]

HCPCS Code	Level I	Level II
Description	**5-digit numeric codes[2]** • These are CPT codes	**5-character alphanumeric codes starting with the letter J[2]** • Typically used to report HCP-administered non-oral drugs
Examples	**67027** **67028** **67221**	**J3490** Unclassified drug[4] **J3590** Unclassified biologic[4]

- Submission to CMS for a permanent J-code is done on a quarterly basis and assignment is typically done by the following quarter (eg, apply by January 1, 2021; decision published April 2021; effective July 1, 2021)[5]
- A permanent J-code allows for electronic claims submission and adjudication[6]
  - May reduce the time to process a claim compared to a claim using a J-code for an unclassified drug[7]
  - May reduce reimbursement uncertainty, since claims can be associated with a published Average Sales Price (ASP)[8]

*CPT® codes are maintained and updated annually by the American Medical Association (AMA).
†HCPCS codes are developed by the Centers for Medicare & Medicaid Services and maintained by the AMA.
LCD=local coverage determination; MACs=Medicare Administrative Contractors; NCD=national coverage determination.

The codes listed are for general information, are subject to change, and may not apply to all patients or all insurers. The information provided is not intended to suggest any manner in which you can increase or maximize reimbursement from any payer or efficacy of the product. Bausch + Lomb does not guarantee that the use of these codes will result in reimbursement.

Providers should use their clinical judgment when selecting codes and submitting claims to accurately reflect the services and products provided to a specific patient.

See additional information on next page

Miscellaneous J-Code Use

- When Bausch + Lomb has a new product approval, we would apply for a permanent J-code that would facilitate reimbursement
  - In the interim, a miscellaneous J-code may be used
- Claims with miscellaneous or unspecified J-codes are processed manually, which may result in slower reimbursement processing[7]
- Miscellaneous J-codes require the provider to submit additional documentation and information with the claim, such as the NDC number, quantity, and unit of measure for the specific drug[7,9]
- Administrative hurdles may accompany billing with miscellaneous codes

Prior authorization	Specific claim filing requirements	A request for medical documentation justifying medical necessity and detailed procedure report	A copy of the purchase invoice

- Generally, when billing a procedure with a miscellaneous code[3]:
  - Operative report is required
  - Claim processing delays should be expected

Different Sites of Care Use Different Claims Forms

- Medicare, Medicaid, and other government claims
  - Use of the CMS-1500 form may be appropriate in the physician office and non-institutional ambulatory surgery center (ASC) setting
  - Use of the UB-04 form may be appropriate in the hospital outpatient department and institutional ASC setting
- Commercial claims
  - Consult with third-party payers about their preferred forms
- Payers may require use of electronic versions of these forms:

Paper Forms	Electronic Forms
CMS-1500	837P (Professional)
UB-04	837I (Institutional)

References: 1. Synovec MS, Jagmin CL, Hochstetler Z, et al, eds. CPT 2021 Professional Edition. American Medical Association; 2020. **2.** MB&CC website. *Medical Billing and Coding Certification*. Accessed August 20, 2021. http://www.billing-coding.com/pdf/mbacc_ebook_full_pages.pdf **3.** Simon K, Smith K, Romano T, Nagle J. American College of Surgeons website. Unlisted procedures: strategies for successful reimbursement. Accessed August 19, 2021. https://www.facs.org/-/media/files/advocacy/bulletin-articles/2017_08_unlisted.ashx **4.** HCPCS Level II Professional 2021. Elsevier; 2021. **5.** Centers for Medicare & Medicaid Services website. Healthcare Common Procedure Coding System (HCPCS) level II coding procedures. Revised April 20, 2021. Accessed August 19, 2021. https://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/Downloads/2018-11-30-HCPCS-Level2-Coding-Procedure.pdf **6.** Centers for Medicare & Medicaid Services website. Medicare Claims Processing Manual: Chapter 26 - Completing and Processing Form CMS-1500 Data Set. Accessed August 19, 2021. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c26pdf.pdf **7.** Xcenda website. Prelaunch Coding, Analysis, and Strategy. Accessed August 20, 2021. https://www.xcenda.com/-/media/assets/xcenda/english/content-assets/case-studies/pre-launch-coding-analysis-and-strategy_rebranded-final.pdf?la=en&hash=DA2B01AE1BB2C615D96C3ECB086A1895E258686B **8.** Centers for Medicare & Medicaid Services website. Final Policy, Payment, and Quality Provisions Changes to the Medicare Physician Fee Schedule for Calendar Year 2019. Accessed August 19, 2021. https://www.cms.gov/newsroom/fact-sheets/final-policy-payment-and-quality-provisions-changes-medicare-physician-fee-schedule-calendar-year **9.** Horizon New Jersey Health website. How to Correctly Submit Claims with Drug-Related (J or Q) Codes. Accessed August 22, 2021. https://www.horizonnjhealth.com/securecms-documents/428/Submit_Claims_with_%20J_or_Q_Codes.pdf

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