

# FACT SHEET

## Description

### CPT Code J2778 (Injection, ranibizumab, 0.1 mg)

Ranibizumab is indicated for the treatment of patients with:

- Exudative senile macular degeneration
- Macular edema following retinal vein occlusion
- Diabetic macular edema
- Neovascular age-related macular degeneration in patients without ocular or periocular infections

## Accepted Dosage and Administration

For ophthalmic intravitreal injection only

Condition	Dosage
Neovascular (Wet) Age-Related Macular Degeneration (AMD) (2.2)	Administer 0.5 mg (0.05 mL) by intravitreal injection once a month (approximately 28 days)
Macular Edema Following Retinal Vein Occlusion (RVO) (2.3)	Administer 0.5 mg (0.05 mL) by intravitreal injection once a month (approximately 28 days), for 6 months
Diabetic Macular Edema (DME) and Diabetic Retinopathy (DR) (2.4)	Administer 0.3 mg (0.05 mL) by intravitreal injection once a month (approximately 28 days)
Myopic Choroidal Neovascularization (mCNV) (2.5)	Administer 0.5 mg (0.05 mL) by intravitreal injection once a month (approximately 28 days) for up to three months  Patients may be retreated if needed

## Medical Necessity

Documentation must support compliance with Medicare rules and regulations such as: diagnoses; appropriate orders and signatures; administration/frequency/deliverance of the service; as well as correct coding and billing of the drug, per medical necessity.

Medical records should support one of the above listed conditions.

Are the correct modifiers present? Note: Bilateral services must be reported on separate lines using an RT and LT modifier (bilateral modifier (50) should not be used.

- Medicare requires the JZ modifier on all claims for single-dose containers where there are no discarded amounts.

Relevant history if needed to support medical necessity of administration and amount of drug used in administration, including:

- Statement of Medical Necessity
- List of treatments tried without success

## Supporting Documentation

Documentation of frequency, as noted above, must support accepted prescribing guidelines.

A signed order must be present for the drug by the approved specialty provider or intent to order within the progress note.

In addition, a purchase order with the name of the drug and information of the vial should be included.

If applicable, an Advance Beneficiary Notice (ABN) should be included in the record.

## Documentation of Administration

The following administration details must be documented within the record

- Name of the drug
- Date of Service
- Patient consent
- Documentation to support drug was administered to the correct beneficiary
- Amount of the drug administered per the order
- Documentation to support route drug was administered
- Amount of the drug wasted, signature of person wasting, and appropriate modifier (JW) if applicable

This Fact Sheet is for informational purposes only and is not intended to guarantee payment for services, all services submitted to Medicare must meet Medical Necessity guidelines. The definition of "medically necessary" for Medicare purposes can be found in Section 1862(a)(1)(A) of the Social Security Act – Medical Necessity ([http://www.ssa.gov/OP\\_Home/ssact/title18/1862.htm](http://www.ssa.gov/OP_Home/ssact/title18/1862.htm)).

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- Plan of care establishing frequency and dosing schedule.
- Health care provider's chart notes
- Hospital admission/emergency department notes
- List of current medications, with dose and frequency
- Test and lab results

## Appropriate Signatures

- Signature and credentials of person performing the service must meet CMS requirements
- Amendments/corrections/delayed entries are properly identified

For more information regarding signature requirements, please view the following resources:

- CGS Administrators, LLC, J15 Part B Medical Review
  - <https://www.cgsmedicare.com/partb/mr/signatures.html>
  - <https://www.cgsmedicare.com/partb/cert/signatures.pdf>
- CMS MLN Fact Sheet, *Complying with Medicare Signature Requirements*. [https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/signature\\_requirements\\_fact\\_sheet\\_icn905364.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/signature_requirements_fact_sheet_icn905364.pdf)
- CMS IOM Pub. 100-08, Medicare Program Integrity Manual, Chapter 3, Section 3.3.2.4, *Signature Requirements*. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c03.pdf>

## References

- IOM 100-02, Chapter 15 – Covered Medical and Other Health Services  
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf>
- IOM 100-04, Chapter 17 – Drugs and Biologicals  
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c17.pdf>
- IOM 100-08, Chapter 3 – Verifying Potential Errors and Taking Corrective Actions  
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c03.pdf>
- Lucentis Prescribing Information  
[https://www.gene.com/download/pdf/lucentis\\_prescribing.pdf](https://www.gene.com/download/pdf/lucentis_prescribing.pdf)
- Federal Drug Administration Medication Guide  
[https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2014/125156s105lbl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2014/125156s105lbl.pdf)