

## Appropriate Coding and Reimbursement for Corneal Tissue Acquisition

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## Introductions

- Welcome
- Today's Speakers
  - Jill Rathbun - Galileo Consulting Group
  - Cherie McNett - American Academy of Ophthalmology
  - Kevin Corcoran - Eye Bank Association of America
- Issues we will be discussing / background information

## Agenda

- Learning Objectives
- Defining the Problem
- Educating Providers on Appropriate Coding and Billing
  - Hospital Outpatient Department
  - Ambulatory Surgical Center (ASC)
  - Medicare Advantage Patients
- Call to Action
  - Coming soon – Reimbursement Handout
- Questions

## Learning Objectives

- Completely understand the current situation regarding reimbursement for tissue acquisition, so you feel comfortable explaining it to someone else.
- Be able to differentiate the appropriate coding and billing for corneal tissue acquisition by site of service; hospital outpatient department versus ASCs.
- Gain ideas for educating hospital and ASC Administrators regarding how to bill this service and how to deal with Medicare Advantage plans.

## Defining the Problem

- Hospitals not billing V-code on UB-04 claim forms
- ASCs getting claims denied based on lack of invoice
- Medicare Advantage plans not following Medicare payment rules
- Possible pressure on corneal procedures due to financial issues with tissue
- Let's hear from you – please share examples of eye banks' reimbursement challenges

## V2785 – Processing, preserving and transporting corneal tissue

- New Instructions in 2015 Professional Edition HCPCS Level II Book by American Medical Association
- V2785 Processing, preserving and transporting corneal tissue
  - For ASC, bill on paper. Must attach eye bank invoice to claim
  - For Hospitals, bill charges for corneal tissue to receive cost-based reimbursement
  - IOM: 100-4, 4, 200.1

## ASC Billing

- Paper Claim – not electronic
  - If submitted electronically, claim will be denied and will have to be appealed with paper invoice
- Need eye bank invoice per procedure to go with claim
  - *“Under the revised ASC payment system effective January 1, 2008, Medicare makes separate payment to ASCs for corneal tissue acquisition (which is billed using V2785). Contractors pay for corneal tissue acquisition based on acquisition cost or invoice.”*

## Hospital Outpatient Department Billing

- Hospitals must bill V2785 on the CMS hospital outpatient department claims form – UB-04
  - Need to make sure department staff checks with billing that V2785 has been loaded into the hospital’s Chargemaster billing system
- This would be billed on its own line of the UB-04 form
- The CPT code for the corneal procedure would also be billed on its own line of the UB-04 claim form

## 200.1 – Billing for Corneal Tissue

- Hospital Outpatient Department Claims Processing Manual:
- 200.1 – Billing for Corneal Tissue
  - Corneal Tissue will be paid on a cost basis, not under OPSS. To receive cost based reimbursement hospitals must bill charges for corneal tissue using HCPCS code V2785.

## CMS Reminds Medicare Contractors

- January OPSS Transmittal:
- Billing for Corneal Tissue
  - We [CMS] remind hospitals that according to Pub. 100-04, Medicare Claims Processing Manual, Chapter 4, Section 200.1 – Billing for Corneal Tissue, Corneal Tissue will be paid on a cost basis, not under OPSS. To receive cost based reimbursement, hospitals must bill charges for corneal tissue using HCPCS code V2785.

## Medicare Advantage Plans

- Required to follow Medicare coverage rules
- Need for provider to call ahead – ASC in particular, regarding need for invoice
- Hospitals will need to have the V2785 on the claim in addition to the procedure code
- Need to make sure any denied claims are appealed

## Call to Action

- Educational tools coming
- How to get them where they need to be
- Standard process for getting ASCs and Hospitals the information
- Understanding the Reimbursement Handout to be able to communicate it to others

## Let's Talk About It

- Questions?
- Suggestions?
- How can we help?

Thank you!