Talking Points for Eye Banks Regarding Separate Payment for Corneal Tissue Acquisition

There may be instances where as an Eye Bank; you will need to educate your providers – hospital outpatient departments and ambulatory surgical centers – regarding the reimbursement policies for corneal tissue acquisition. The purpose of these talking points is to help you in those conversations and in answering their questions.

* Medicare Advantage plans are mandated to follow the benefit categories and coverage rules of the Medicare program. If a procedure, service or item is covered for a Medicare fee for service patient it would be covered for a patient whose Medicare is provided by a Medicare Advantage plan. Many Medicare Advantage plans seem like a private, commercial plan because they operate under a banner such as Blue Cross such and such. Make sure to the provider verifies the type of insurance plan the patient has, if they say there was not separate payment for the corneal tissue.
* Remind your hospital outpatient departments and ASC customers to review their 2015 Professional Edition HCPCS Level II Book by American Medical Association for the billing instructions listed under **V2785 - Processing, preserving and transporting corneal tissue.**
* Every time you work with a provider to provide them with corneal tissue for a surgical procedure, remind them that there is a HCPCS code that they need to bill for the acquisition of the corneal tissue. Tell them the code is **V2785 - Processing, preserving and transporting corneal tissue,**  and then depending on the site of service, tell them the following:
* **If they are a hospital outpatient department**, ask if they have V2785 as an active code in their chargemaster system to allow for billing of the corneal tissue acquisition. Share with them the following Medicare billing rules:

*Corneal Tissue will be paid on a cost basis, not under OPPS. To receive cost based reimbursement hospitals must bill charges for corneal tissue using HCPCS code V2785.*   
[Medicare Claims Processing Manual - Chapter 4, Section 200.1](https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1445CP.pdf)

* Let them know that if they do not bill V2785 on the patient’s claim with a charge, the hospital outpatient department will not be reimbursed for the cost of the corneal tissue acquisition.

* **If they are an Ambulatory Surgical Center (ASC),** remind them to check with the patient’s Medicare contractor or Medicare Advantage plan regarding whether they need to submit a paper claim for the invoice for the corneal tissue acquisition attached, with **V2785 - Processing, preserving and transporting corneal tissue,** listed on the invoice.
* Share with them, the ASC, the following billing rules for corneal tissue:
  + *“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.”*[Medicare Claims Processing Manual - Chapter 14, Section 40](http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c14.pdf)
* CMS has confirmed that, effective April 1, 2015, corneal tissue that is used for glaucoma shunt grafts will receive separate payment when it is billed using V2785. This policy only applies to procedures performed in ASCs. Follow the same instructions for billing listed above.