



Concept Name: Intravitreal Injections

Providers: Retina Associates NPI 1760408397, Piedmont Retina Specialists NPI 1477788297, Duke University NPI 1992703540

LOB: Medicare

Claim Type: Professional

CPT/HCPCS codes: 67028, J017, J2778, J7999

Purpose: Providers identified billing intravitreal injections without required diagnosis codes.

Background: Uptick in outlier billing of intravitreal injection codes. High reimbursement for procedure and drugs.

Time Period: 8/24/2023 - 8/13/2025

Estimated Financial Impact:

Billed amount: \$2,737,335

Paid amount: \$556,548

Unique Count of Members Impacted: 478

Claim Examples:

Health Service Code Set	Modifier 1 Set	Modifier 2 Set	Claim Diagnosis Codes	Claim Paid Amount
[67028, J2781]	[JZ, 50]	[TB]	[H353133, H3554, Z961, H353133]	\$1,032.95
[67028, J2781]	[JZ, 50]	[TB]	[H353134, H3554, I10, Z961, H353134]	\$1,032.95
[67028, J2781]	[JZ, 50]	[TB]	[H353133, H3554, Z961, H353133]	\$1,032.95



[J7312, 67028]	[JZ, 50]	[TB]	[H3093, H3500, H468, H3093]	\$1,736.85
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Supporting Documentation:

67028 - intravitreal injection of a pharmacologic agent into the vitreous of the eye. It is used for procedures on the posterior segment of the eye, such as injecting a medication into the vitreous chamber. Proper billing for this code requires including site modifiers like "-RT" or "-LT" for unilateral (one eye) or "-50" for bilateral (both eyes) services, along with the correct HCPCS code for the medication and a relevant ICD-10 diagnosis code.

Article - Billing and Coding: Information Regarding Uses, Including Off-Label Uses, of Anti-Vascular Endothelial Growth Factor (antiVEGF), for The Treatment of Ophthalmological Diseases (**A53121**)

Applied Exclusions: N/A

Investigation tips:

- Review documentation to see if sufficient to substantiate that service was rendered
- Review additional codes on claim to see if sufficient documentation to substantiate that services were rendered
- Verify drugs administered
- Verify if portion of medication is documented as wasted
- Pay special attention to providers billing E/M with every intravitreal injection to ensure documentation supports an E/M service that was significant and separately identifiable from the procedure was also rendered