

# Coding & Billing Guide

## Principle Care Management Services by Clinical Staff for Ocular Surface Stem Cell Transplantation

*The Holland Foundation for Sight Restoration is the only foundation created to address the significant unmet medical need of corneal transplantation for patients who have severe ocular surface disease while enabling surgeons the resources to provide the treatment across the country.*

*To learn more about the Holland Foundation visit,  
<https://www.hollandfoundationforsight.org>*



# Clinical Information

Ocular Surface Stem Cell Transplantation (OSSCT) may be required for patients who have experienced an ocular surface injury or medical condition that resulted in a scar to the surface of the eye. In the most severe circumstances, the patient's condition may result in the loss of the skin producing stem cells, which results in corneal scarring and then potential blindness. To treat patients, transplantation of specialized surface cells from a donor is needed.

When a patient needs treatment for an ocular surface disease with OSSCT, it requires time consuming activities by the clinical staff. When providing this type of care, the clinical staff can report Principal Care Management Services (PCMS) for activities that require monitoring, as directed by the physician who designed the care plan. Some of the activities may include:



Coordination of care with other medical specialties to include Laboratory, Pathology, Nephrology and Primary Care, when necessary

Cell procurement

Donor coordination

Management and adjustments of the medication regimen, when necessary

Frequent follow-up with the patient to monitor medication compliance

**To report PCMS with Current Procedural Terminology (CPT®)\* codes 99426 and 99427, the following elements are required:**



One complex chronic condition expected to last 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death



The condition requires development, monitoring, or revision of disease-specific care plan



The condition requires frequent adjustments in the medication regimen and/or the management of the condition is usually complex due to comorbidities



Ongoing communication and care coordination between relevant practitioners furnishing care



# Principle Care Management Services (PCMS) Coding

In 2022, two CPT® codes 99426 and 99427 were released, which are used to report care management by clinical staff, directed by a physician, for patients who are experiencing a single chronic condition. These codes may be appropriate when managing patients who have lost the ability to regenerate ocular surface cells and will be undergoing OSSCT, both pre- and post-procedure.

Following are the CPT code descriptions and associated Medicare payment rates:

CPT Code	Code Description	Physician Payment*
99426	Principal Care Management services for a single high-risk disease, first 30 minutes of clinical staff time directed by physician or other qualified health care professional, per calendar month	\$60.90
99427	Each additional 30 minutes of clinical staff time directed by physician or other qualified health care professional, per calendar month	\$46.50

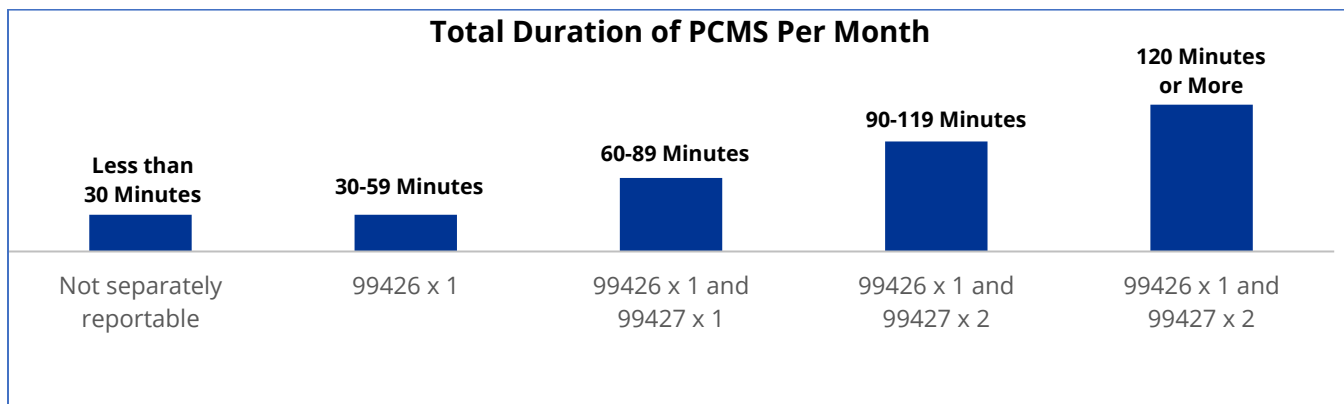
\*2024 Medicare Unadjusted National Payment Rates. Payment will vary by geographic area.

## Coding Guidelines for PCMS

These codes cannot be reported in the following circumstances:

- In addition to an evaluation and management service within the same month
- When the duration of clinical staff time and activities is less than 30 minutes per calendar month
- Greater than 1.5 hours billed per calendar month

## Reporting Principal Care Management Services



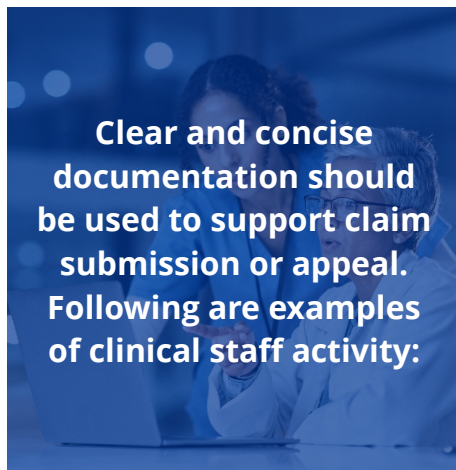


# Diagnosis Coding

Diagnosis coding is determined by the patient's condition. The International Classification of Diseases, 10<sup>th</sup> Revision (ICD-10-CM) codes listed below are commonly associated with patients receiving PCMS before and after OSSCT. This is not an inclusive list of all diagnosis codes. Common diagnosis codes include:

ICD-10-CM	Description
H18.89 -	Other specified disorders of cornea
H18.9	Other unspecified disorders of cornea
Z48.810	Encounter for surgical aftercare following surgery on the sense organs

## Documentation Guidelines



Telephone calls

Medication review

Work with coordinating physicians and their care teams

Modification of care plan

Communication and correspondence with patient and others (i.e., letters and emails)

**It's important to also document the amount of time devoted to each clinical activity.**

## Payer Reimbursement

The Centers for Medicare and Medicaid Services (CMS) has established national payment rates. Commercial and Medicare Advantage health plan reimbursement will be contingent upon individual Provider contracts and health plan coverage policies.

Providers should contact Commercial or Medicare Advantage health plans to verify coverage and payment for CPT<sup>®</sup> codes 99426-99427.