DURYSTA™
(bimatoprost implant) 10 mcg
For intracameral administration

BILLING & REIMBURSEMENT

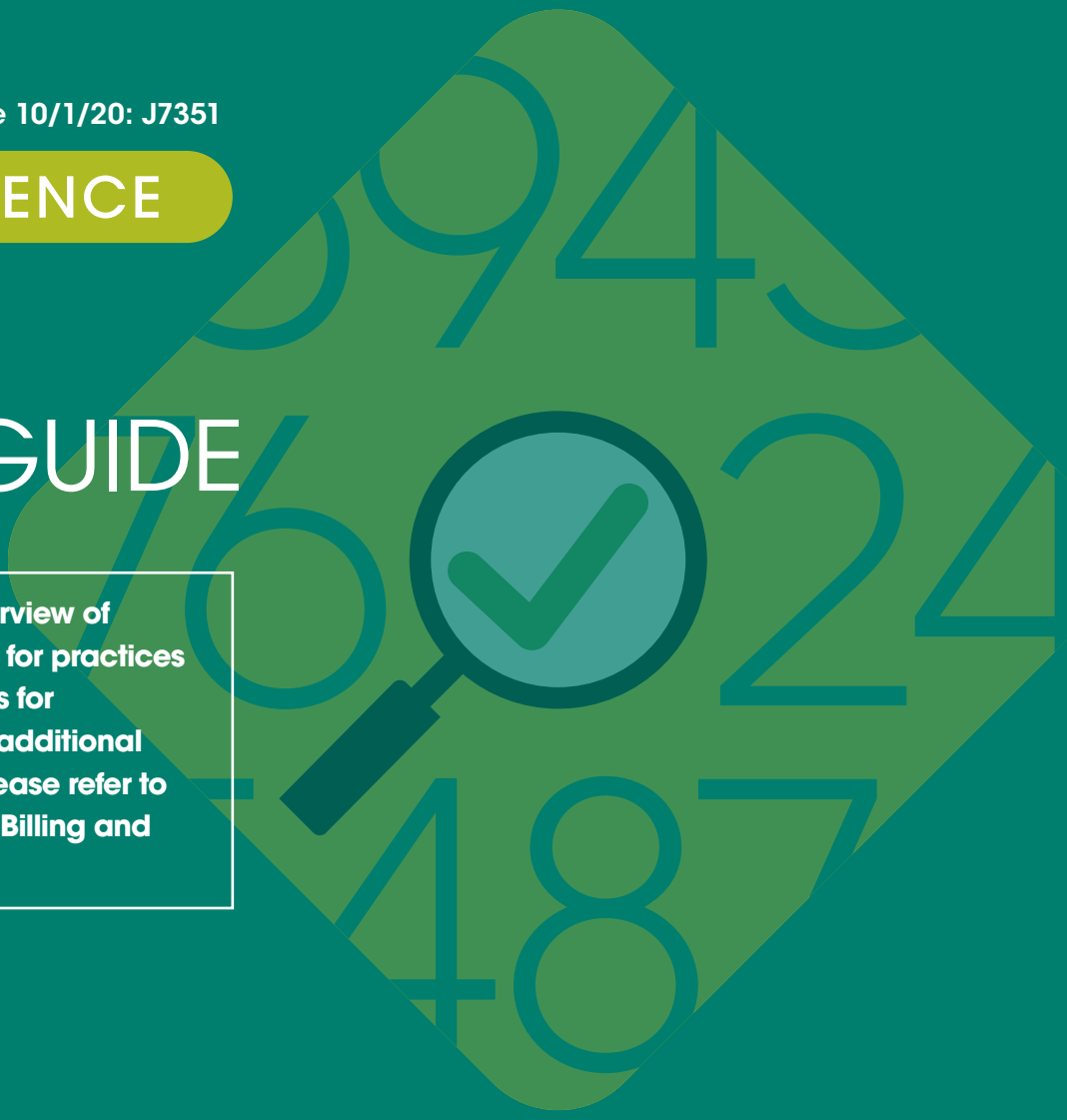
Product-specific J-code effective 10/1/20: J7351

QUICK REFERENCE

BILLING & CODING GUIDE

(Rev: 09/2020)

This guide provides a brief overview of billing and coding information for practices and facilities submitting claims for DURYSTA™ administrations. For additional reimbursement information, please refer to the DURYSTA™ Comprehensive Billing and Coding Guide.



Indications and Usage
DURYSTA™ (bimatoprost implant) is indicated for the reduction of intraocular pressure (IOP) in patients with open angle glaucoma (OAG) or ocular hypertension (OHT).

Important Safety Information
Contraindications
DURYSTA™ is contraindicated in patients with: active or suspected ocular or periocular infections; corneal endothelial cell dystrophy (e.g., Fuchs' Dystrophy); prior corneal transplantation or endothelial cell transplants (e.g., Descemet's Stripping Automated Endothelial Keratoplasty [DSAEK]); absent or ruptured posterior lens capsule, due to the risk of implant migration into the posterior segment; hypersensitivity to bimatoprost or to any other components of the product.

Warnings and Precautions
The presence of DURYSTA™ implants has been associated with corneal adverse reactions and increased risk of corneal endothelial cell loss. Administration of DURYSTA™ should be limited to a single implant per eye without retreatment. Caution should be used when prescribing DURYSTA™ in patients with limited corneal endothelial cell reserve.

DURYSTA™ should be used with caution in patients with narrow iridocorneal angles (Shaffer grade < 3) or anatomical obstruction (e.g., scarring) that may prohibit settling in the inferior angle.

Macular edema, including cystoid macular edema, has been reported during treatment with ophthalmic bimatoprost, including DURYSTA™ intracameral implant. DURYSTA™ should be used with caution in aphakic patients, in pseudophakic patients with a torn posterior lens capsule, or in patients with known risk factors for macular edema.

Please see additional Important Safety Information on the following pages.

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DURYSTA™ BILLING AND CODING

HCPCS CODE

Claims for drugs purchased by the provider's office and administered by the physician must be submitted with a HCPCS code when billed to a payer.

- Each DURYSTA™ implant is 10 mcg and should be billed as 10 units using J7351 (date of service on or after October 1, 2020)

NOTE: Always check payer contracts regarding J7351.

The following HCPCS code may be used:

HCPCS Code	Description	Billing Units	Place of Service	Date of Service
J7351	Injection, bimatoprost, intracameral implant, 1 microgram	10	Physician office setting, ASC, HOPD	On or after October 1, 2020

Discontinue using miscellaneous HCPCS code J3490 or C9399 (as may be applicable) for dates of service on or after October 1, 2020.

NATIONAL DRUG CODE

Payers often require inclusion of the drug's National Drug Code (NDC) in the claim.

- While the FDA provides NDCs as 10-digit codes, payers frequently require 11-digit formats
  - — Converting the 10-digit FDA NDC to an 11-digit NDC may be as simple as the payer requiring you to add a leading zero
  - — It's important you contact each payer for its specific requirements, as they vary by payer

	Strength	FDA-Specified 10-Digit NDC (4-4-2 format)	11-Digit NDC (5-4-2 format)
DURYSTA™	10 mcg	0023-9652-01	00023-9652-01

DRUG ADMINISTRATION SERVICES

***CPT*® code for DURYSTA™ administration procedure:**

CPT® Code	Description
66030	Injection, anterior chamber of eye (separate procedure); medication

NOTE: 10-day global period applies.

ASC = ambulatory surgical center. HCPCS = Healthcare Common Procedure Coding System. HOPD = hospital outpatient department.

Important Safety Information (continued)
Warnings and Precautions (continued)

Prostaglandin analogs, including DURYSTA™ (bimatoprost implant), have been reported to cause intraocular inflammation. DURYSTA™ should be used with caution in patients with active intraocular inflammation (e.g., uveitis) because the inflammation may be exacerbated.

Ophthalmic bimatoprost, including DURYSTA™ intracameral implant, has been reported to cause changes to pigmented tissues, such as increased pigmentation of the iris. Pigmentation of the iris is likely to be permanent.

Please see additional Important Safety Information on the following pages.

DURYSTA™ BILLING AND CODING (CONTINUED)

DIAGNOSIS CODES

ICD-10-CM	Description
Open-angle glaucoma	
H40.10X-	Unspecified open-angle glaucoma
H40.111-	Primary open-angle glaucoma, right eye
H40.112-	Primary open-angle glaucoma, left eye
H40.113-	Primary open-angle glaucoma, bilateral
H40.119-	Primary open-angle glaucoma, unspecified eye
H40.131-	Pigmentary glaucoma, right eye
H40.132-	Pigmentary glaucoma, left eye
H40.133-	Pigmentary glaucoma, bilateral
H40.139-	Pigmentary glaucoma, unspecified eye
H40.141-	Capsular glaucoma with pseudoexfoliation of lens, right eye
H40.142-	Capsular glaucoma with pseudoexfoliation of lens, left eye
H40.143-	Capsular glaucoma with pseudoexfoliation of lens, bilateral
H40.149-	Capsular glaucoma with pseudoexfoliation of lens, unspecified eye
Ocular hypertension	
H40.051	Ocular hypertension, right eye
H40.052	Ocular hypertension, left eye
H40.053	Ocular hypertension, bilateral
H40.059	Ocular hypertension, unspecified eye

For open-angle glaucoma codes, please add the appropriate seventh character to reflect the stage of the patient's condition: 0 = stage unspecified, 1 = mild stage, 2 = moderate stage, 3 = severe stage, 4 = indeterminate stage. Please consult the *ICD-10* codebook for more information.

Important Safety Information (continued)
Warnings and Precautions (continued)
Patients who receive treatment should be informed of the possibility of increased pigmentation. While treatment with DURYSTA™ (bimatoprost implant) can be continued in patients who develop noticeably increased iris pigmentation, these patients should be examined regularly.

Please see additional Important Safety Information on the following page.

DURYSTA™ BILLING AND CODING (CONTINUED)

PLACE-OF-SERVICE CODES

Location	Code
Physician office	11
Ambulatory surgical center	24
Hospital outpatient department	22

MODIFIERS

Right/Left Modifiers

Modifier	Description
-RT	Right side (used to identify procedures performed on the right side of the body)
-LT	Left side (used to identify procedures performed on the left side of the body)

For more information

Website: DurystaHCP.com

Phone: 1-833-DURYSTA (1-833-387-9782)
(select option 2 for reimbursement support) Monday-Friday 9 AM-8 PM ET

Important Safety Information (continued)
Warnings and Precautions (continued)
Intraocular surgical procedures and injections have been associated with endophthalmitis. Proper aseptic technique must always be used with administering DURYSTA™ (bimatoprost implant), and patients should be monitored following the administration.

Adverse Reactions
In controlled studies, the most common ocular adverse reaction reported by 27% of patients was conjunctival hyperemia. Other common adverse reactions reported in 5%-10% of patients were foreign body sensation, eye pain, photophobia, conjunctival hemorrhage, dry eye, eye irritation, intraocular pressure increased, corneal endothelial cell loss, vision blurred, iritis, and headache.

Please click here for full Prescribing Information.

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