Box 17: Name of provider or other source
Enter the appropriate qualifier to the left side of the dotted line:
DK – Ordering provider
DQ – Supervising provider
DN – Referring provider

Box 19: May include:
• Drug name
• Number of units administered
• Route of administration (SQ, IV, IM, IC)
• NDC number
• Strength
Please check with local Medicare Administrative Contractor (MAC) for specific instructions

Box 21: ICD indicator
Enter the ICD indicator between the vertical, dotted lines:
0 - ICD-10-CM diagnosis

Box 24B: Place of service
Box the appropriate place-of-service code:
11 – Office
22 – On-campus outpatient hospital
24 – Ambulatory Surgical Center

Box 24C: Procedure Code
Enter the procedure code.
The intracameral administration of DURYSTA™ may be reported using Current Procedural Terminology (CPT®) code 66030.

Box 24D: Medication Information
Enter the HCPCS code for DURYSTA™ (bimatoprost implant) on a separate line from the line in which the CPT® code 66030 is reported in Box 24D.
DURYSTA™ may be reported using HCPCS code J3490 “Unclassified drugs”.

Box 24E: Diagnosis Pointer
Enter the appropriate diagnosis “pointer” that relates to the service rendered (A – L) and corresponds to the diagnosis from field locator 21.

Box 24F: Charge
Enter the charge for each service listed in Box 24D.

Box 24G: Units Administered
Report the number of billing units.
The descriptor for HCPCS code J3490 is “Unclassified drugs.” When using J3490 for DURYSTA™, bill 1 unit (always check with the payer about which unclassified HCPCS code and how many units will be accepted for DURYSTA™ claims).

Sample Physician Medicare CMS-1500 paper claim form (version 02-12) for use of DURYSTA™ (bimatoprost implant)