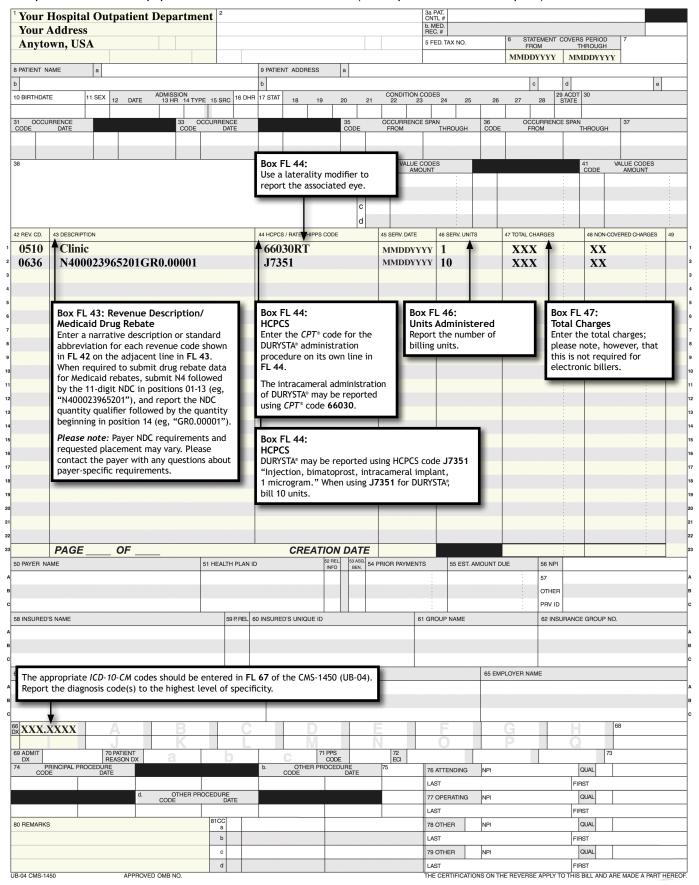
Sample Medicare UB-04 paper claim form for use of DURYSTA® (bimatoprost intracameral implant)



ICD-10-CM codes submitted to the payer must accurately describe the diagnosis for which the patient receives DURYSTA® treatment, represent codes at the highest level of specificity, reflect the contents of any clinical notes and/or chart documentation, and be included in a Letter of Medical Necessity (LOMN) or prior authorization (PA) (where required). CPT® codes submitted to the payer must accurately describe the service(s) performed.

The coding information contained herein is gathered from various resources and is subject to change. This document is intended for reference only. Nothing in this document is intended to serve as reimbursement advice, a guarantee of coverage, or a guarantee of payment for DURYSTA®. Third-party payment for medical products and services is affected by numerous factors. The decision about which code to report must be made by the provider/physician considering the clinical facts, circumstances, and applicable coding rules, including the requirement to code to the highest level of specificity. Please refer to your Medicare policy/other payer policies for specific guidance.