

# Annotated claim submission form for DURYSTA® (bimatoprost intracameral implant) 10 mcg

This is for informational purposes only and is not intended to provide reimbursement or legal advice. The information presented here does not guarantee payment or coverage.

## Important to note:

Beginning July 1, 2023, CMS requires the use of the JZ modifier to indicate there were no units of a drug discarded.

- For more information on the JZ modifier, visit [CMS.gov](https://www.cms.gov).
- Modifier requirements for payers other than Medicare may vary—providers should check with their specific plans about policies.



## HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA SICKLEAVE OTHER (Medicare#) (Medicaid#) (ID#/DoD#) (Member ID#) (ID#) (ID#)												1a. INSURED'S I.D. NUMBER (For Program in Item 1)																							
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)												3. PATIENT'S BIRTH DATE MM DD YY SEX M F												4. INSURED'S NAME (Last Name, First Name, Middle Initial)											
5. STREET												6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other												7. INSURED'S ADDRESS (No., Street)											
8. RESERVED FOR NUCC USE												CITY												STATE											
TELEPHONE (Include Area Code) ( )												ZIP CODE												TELEPHONE (Include Area Code) ( )											
9. REFERRING PROVIDER'S NAME (Last Name, First Name, Middle Initial)												10. PROVIDER OR FECA NUMBER												11. SEX M F											
10a. CLM CODE												b. YES NO												b. OTHER CLAIM ID (Designated by NUCC)											
b. RESERVED FOR NUCC USE												b. ACCIDENT? PLACE (State)												c. INSURANCE PLAN NAME OR PROGRAM NAME											
c. RES												c. OTHER ACCIDENT? YES NO																							
d. INS												10d. CLM CODE																							
12. PA TO BE RELEASED TO MYSELF OR TO THE PATIENT												DATE																							
14. MK												OTHER DATE MM DD YY												16. DATES PATIENT UNABLE TO WORK FROM MM DD YY TO MM DD YY											
17. NPI												18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY												20. OUTSIDE LAB? YES NO											
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) NDC 00023-XXXX-XX												21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. A. B. C. D. E. F. G. H. I. J. K. L.												22. RESUBMISSION CODE											
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS												24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS												24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS											
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**Box 17: Name of referring provider or other source**  
Enter the provider code on the left side of the dotted line:  
DK: Ordering provider  
DQ: Supervising provider  
DN: Referring provider

**Box 17b: National Provider Identifier (NPI)**  
Enter the referring provider's NPI number.

**Box 21: Diagnosis code(s)**  
Enter ICD-10-CM diagnosis code(s) that reflect(s) the particular patient's condition. Both principal and secondary diagnoses may be entered in boxes A through L. Do not insert a period in the ICD-10-CM code.

**Box 21: ICD indicator**  
Enter the ICD indicator as a single digit between the vertical, dotted lines: 0 – ICD-10-CM diagnosis.

**Box 24E:**  
Enter the diagnosis code reference letter as shown in item 21 to relate the date of service and the procedures performed to the primary diagnosis. Enter only one reference letter per line item.

**Box 24D: Modifier (if applicable)**  
Enter a modifier to indicate how the service has been altered.  
• For example, enter "RT" modifier to report that the procedure will be performed on the right eye.

**Box 24A: Enter NDC in the shaded portion of item 24 in position 01 through 13**  
DURYSTA® NDC:  
NDC 00023965201  
Accurate NDC coding typically requires the following components:  
• Report the NDC with 11 digits; this may require converting a 10-digit NDC to an 11-digit NDC with an additional zero added to the beginning of the 10-digit NDC.  
• Report the correct NDC unit of measure (eg, UN, ML).  
• Report the number of NDC units dispensed.  
• Report the qualifier, N4, in front of the NDC.  
• Confirm NDC reporting guidelines with the payer.

**Box 24B: Place of service**  
Enter the site service code:  
11: Physician Office  
22: On Campus—Outpatient Hospital  
24: Ambulatory Surgical Center

**Box 24D: CPT® or HCPCS codes**  
Product  
Bill for DURYSTA® with HCPCS code J7351.  
Administration procedure  
Enter the CPT® code that accurately describes the administration service performed.

**Box 24G: Days or service units**  
Product  
Report the amount of DURYSTA® administered (and if applicable, unavoidable waste) by reporting J7351 per unit.  
Procedure  
Enter the appropriate unit(s) for the CPT® code.

Please see accompanying full Prescribing Information or visit [https://www.rxabbvie.com/pdf/durysta\\_pi.pdf](https://www.rxabbvie.com/pdf/durysta_pi.pdf)



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