DURYSTA®
(bimatoprost intracameral implant) 10 mcg

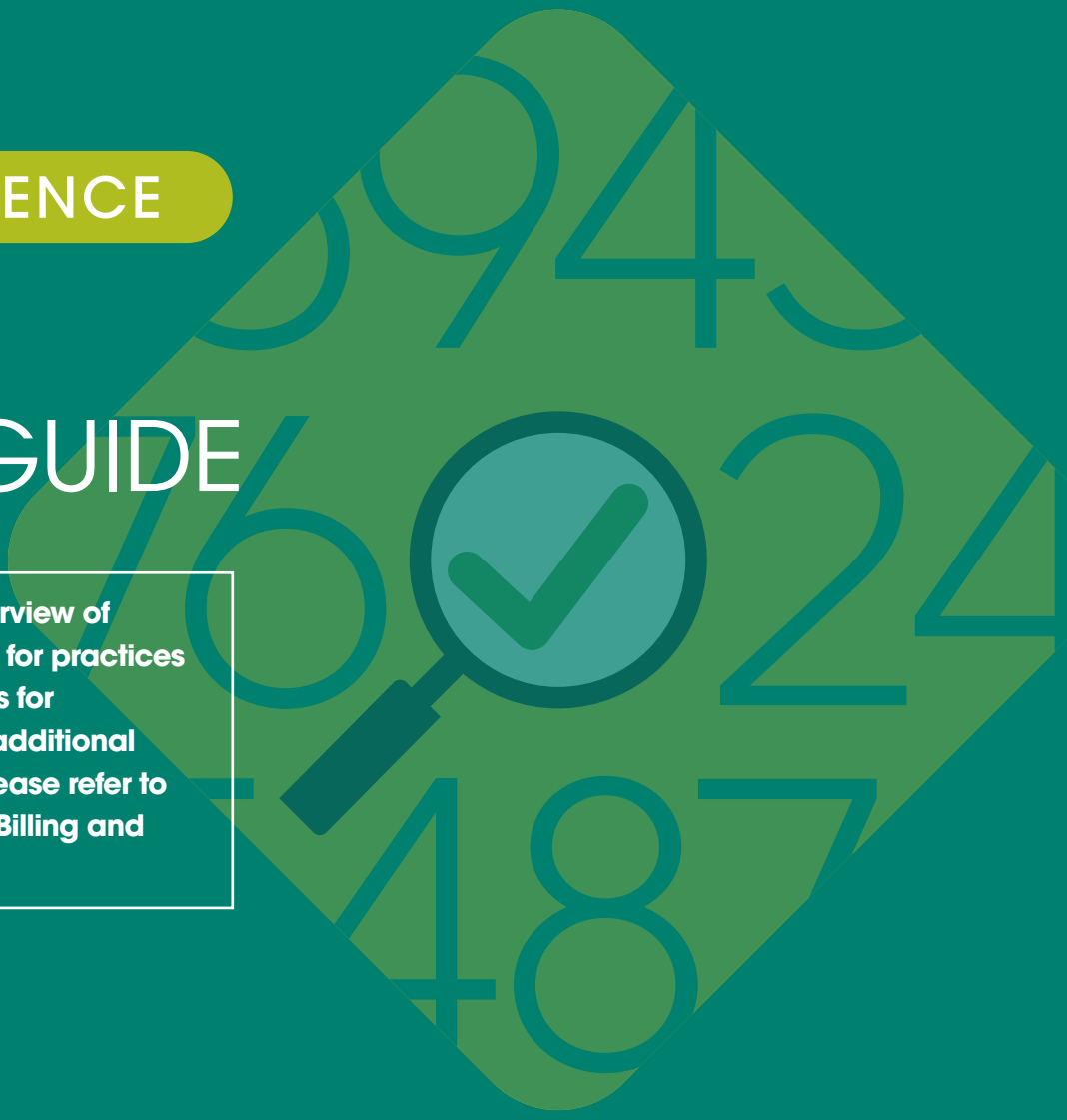
BILLING & REIMBURSEMENT

QUICK REFERENCE

# BILLING & CODING GUIDE

**(Rev: 01/2022)**

**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 intracameral 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 full Important Safety Information throughout.**

# 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

**NOTE:** Always check payer contracts regarding J7351.

**The following HCPCS code may be used:**

| HCPCS code | Description | Billing units | Place of service |
|---|---|---|---|
| J7351 | Injection, bimatoprost, intracameral implant, 1 microgram | 10 | Physician office setting, ASC, HOPD |

## 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 intracameral 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 full Important Safety Information throughout.**

# 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 intracameral implant) can be continued in patients who develop noticeably increased iris pigmentation, these patients should be examined regularly.

**Please see full Important Safety Information throughout.**

# 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 intracameral 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 see accompanying full Prescribing Information or visit https://www.rxabbvie.com/pdf/durysta_pi.pdf**

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