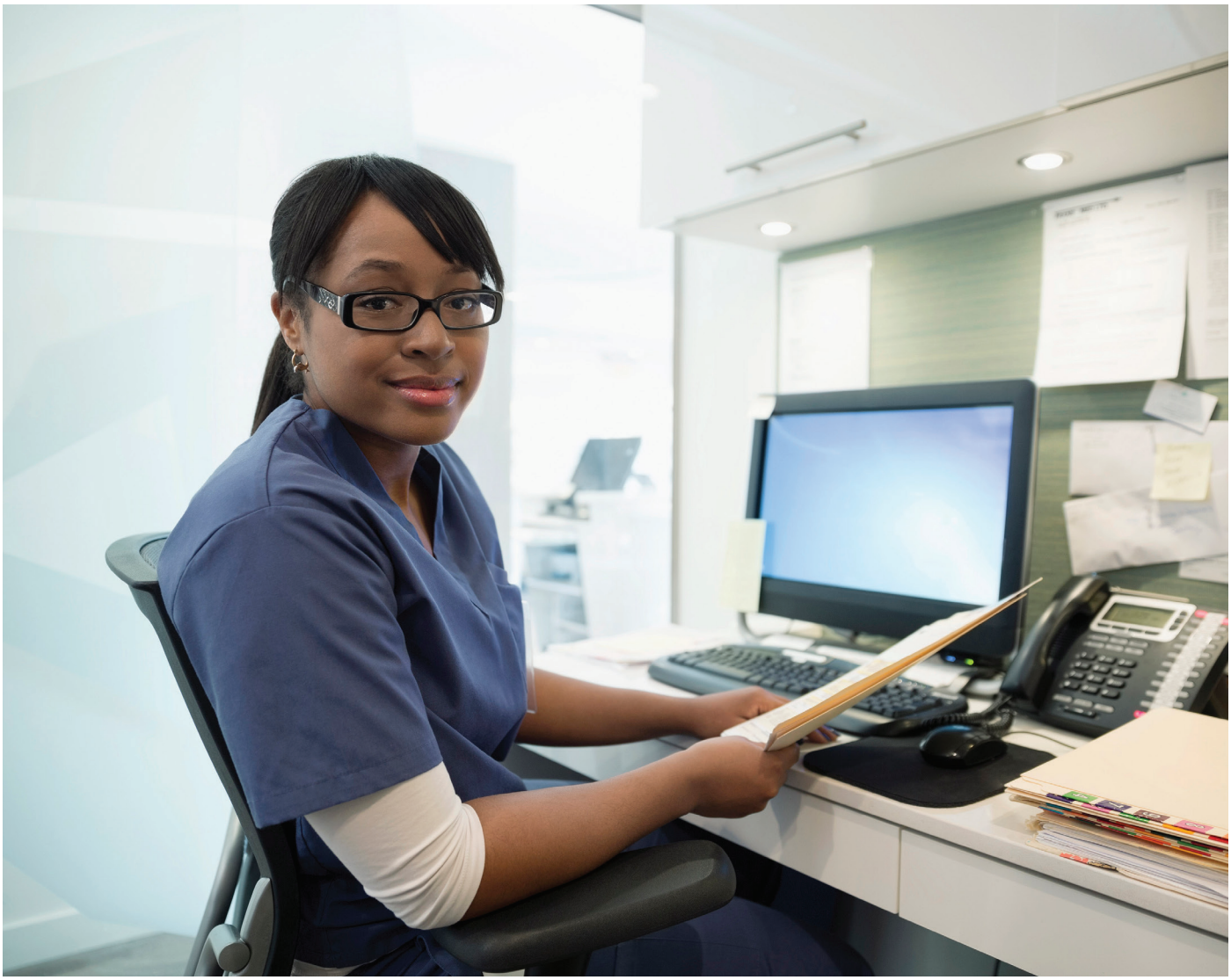
Retisert®
(fluocinolone acetonide intravitreal implant) 0.59 mg

Coding and Billing Information with Sample CMS-1500 and UB-04 Claim Forms



Please see Indication and Important Safety Information on last page. For full Prescribing Information, click here or see enclosed full Prescribing Information located in the pocket.

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RETISERT® (fluocinolone acetonide intravitreal implant) 0.59 mg
CODING AND BILLING GUIDE

In this guide, you'll find information on coding and billing for RETISERT. Sample CMS-1500 and UB-04 claim forms are included in the pocket. These forms are provided for illustration only.

For Medicare, Medicaid, and government payers, use of the CMS-1500 claim form (electronic version 837P) may be appropriate for treatment with RETISERT in a non-institutional Ambulatory Surgery Center (ASC). Use of the UB-04 claim form (electronic version 837I) may be appropriate in an institutional ASC. For commercial claims, please consult with the applicable third-party payer.

The codes listed are for general information, are subject to change, and may not apply to all patients or all insurers. The information provided is not intended to suggest any manner in which you can increase or maximize reimbursement from any payer or efficacy of the product or to encourage or suggest use of any drug that is inconsistent with its FDA-approved use.

Bausch + Lomb does not guarantee that the use of these codes will result in reimbursement. Providers should use their clinical judgment when selecting codes and submitting claims to accurately reflect the services and products provided to a specific patient. ICD-10-CM codes submitted to the payer must accurately describe the diagnosis for which the patient receives treatment, represent codes at the highest level of specificity and reflect the prescriber's clinical diagnosis and records.

For questions and additional information, please call FOCUS ON ACCESS™ at (866) 272-8838, Monday through Friday, 9 AM to 5 PM EST. To verify codes and special billing requirements, check with the appropriate third-party payer.

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AHA=American Hospital Association; CPT®=Current Procedural Terminology; HCPCS=Healthcare Common Procedure Coding System; ICD-10-CM=International Classification of Diseases, 10th Revision, Clinical Modification; NDC= National Drug Code

* Payer requirements regarding use of a 10-digit or 11-digit NDC may vary.
† HCPCS modifier JW is used to document drug amount discarded/not administered to any patient.
‡ CPT® modifiers to document affected eye: LT–left eye; RT–right eye.
§ When E/M codes are used, documentation of medically appropriate services performed on the same day is required.
‖ CPT® modifier 25, "Significant, Separately Identifiable E/M Service by the Same Physician or Other Qualified HCP on the Same Day of the Procedure/Other Service" may be required.
¶ See payer-specific guidelines to determine which revenue code should be used.

Coding Information for RETISERT (fluocinolone acetonide intravitreal implant) 0.59 mg

ASC and Hospital Outpatient Department (HOPD)

The tables below provide an overview of potential codes that may be appropriate when billing for RETISERT in an ASC and HOPD.

ICD-10-CM Codes for Noninfectious Posterior Segment Uveitis[1]

DESCRIPTOR	RIGHT EYE	LEFT EYE	BILATERAL	UNSPECIFIED EYE
Unspecified focal chorioretinal inflammation	H30.001	H30.002	H30.003	H30.009
Focal chorioretinal inflammation, juxtapapillary	H30.011	H30.012	H30.013	H30.019
Focal chorioretinal inflammation of posterior pole	H30.021	H30.022	H30.023	H30.029
Focal chorioretinal inflammation, peripheral	H30.031	H30.032	H30.033	H30.039
Focal chorioretinal inflammation, macular or paramacular	H30.041	H30.042	H30.043	H30.049
Unspecified disseminated chorioretinal inflammation	H30.101	H30.102	H30.103	H30.109
Disseminated chorioretinal inflammation of posterior pole	H30.111	H30.112	H30.113	H30.119
Disseminated chorioretinal inflammation, peripheral	H30.121	H30.122	H30.123	H30.129
Disseminated chorioretinal inflammation, generalized	H30.131	H30.132	H30.133	H30.139
Acute posterior multifocal placoid pigment epitheliopathy	H30.141	H30.142	H30.143	H30.149
Unspecified chorioretinal inflammation	H30.91	H30.92	H30.93	H30.90

Drug and Drug Administration/CPT® Codes

TYPE OF CODE	CODE	DESCRIPTOR
NDC[2*]	24208-416-01 (10-digit) 24208-0416-01 (11-digit)	RETISERT (fluocinolone acetonide intravitreal implant) 0.59 mg
HCPCS[3†]	J7311	Fluocinolone acetonide, intravitreal implant
CPT®[4‡]	67027	Implantation of intravitreal drug delivery system (eg, ganciclovir implant), includes concomitant removal of vitreous
	99211-99215[§‖]	Evaluation and Management (E/M) Services

Billing Units for RETISERT[5]

HCPCS CODE	HCPCS DOSAGE	BILLING UNIT	BILLING UNIT/PKG
J7311	0.01 mg	1	59

Institutional ASC and HOPD ONLY Cost Center Codes[6]

TYPE OF CODE	CODE	DESCRIPTOR
AHA Revenue Codes[¶]	0636	Drugs requiring detailed coding
	0250	General pharmacy or biological

Indication and Usage

RETISERT (fluocinolone acetonide intravitreal implant) 0.59 mg is a corticosteroid indicated for the treatment of chronic noninfectious uveitis affecting the posterior segment of the eye.

Important Safety Information

- Surgical placement of RETISERT (fluocinolone acetonide intravitreal implant) 0.59 mg is contraindicated in active viral, bacterial, mycobacterial or fungal infections of the eye.
- Based on clinical trials with RETISERT, during the 3-year post-implantation period, nearly all phakic eyes are expected to develop cataracts and require cataract surgery.
- As with any surgical procedure, there is risk involved. Potential complications accompanying intraocular surgery to place RETISERT into the vitreous cavity may include, but are not limited to, the following: cataract formation, choroidal detachment, endophthalmitis, hypotony, increased intraocular pressure, exacerbation of intraocular inflammation, retinal detachment, vitreous hemorrhage, vitreous loss, and wound dehiscence.
- Following implantation of RETISERT, nearly all patients will experience an immediate and temporary decrease in visual acuity in the implanted eye which lasts for approximately one to four weeks post-operatively.
- Use of corticosteroids may result in elevated IOP and/or glaucoma. Based on clinical trials with RETISERT, within 3 years post-implantation, approximately 77% of patients will require IOP lowering medications to control intraocular pressure and 37% of patients will require filtering procedures to control intraocular pressure.
- Patients should be advised to have ophthalmologic follow-up examinations of both eyes at appropriate intervals following implantation of RETISERT. Physicians should periodically monitor the integrity of the implant by visual inspection.
- Ocular administration of corticosteroids has been associated with delayed wound healing and perforation of the globe where there is thinning of the sclera.
- The most frequently reported ocular adverse events in clinical trials with RETISERT occurring in 50-90% of patients included: cataract, increased intraocular pressure, procedural complications and eye pain. The most common non-ocular event reported was headache (33%).

For full Prescribing Information, click here or see enclosed full Prescribing Information located in the pocket.

References: 1. ICD-10-CM Expert for Physicians: the complete official code set 2022. United States; Optum360, LLC; 2021. **2.** RETISERT® Prescribing Information. Bausch & Lomb Inc.; 2021. **3.** HCPCS Level II 2022 Expert. United States; Optum360, LLC; 2021. **4.** American Medical Association. CPT® 2022 Professional Edition. United States; American Medical Association; 2021. **5.** January 2022 ASP NDC-HCPCS Crosswalk for Medicare Part B Drugs. Effective January 1, 2022 through March 31, 2022. CMS website. Accessed February 10, 2022. https://www.cms.gov. **6.** Understanding hospital revenue codes. Value Healthcare Services website. Accessed February 10, 2022. valuehealthcareservices.com/education/understanding-hospital-revenue-codes

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