



Billing and Coding Guide



New
NDC codes
10-Digit: 24208-560-15
11-Digit: 24208-0560-15

Please see Indication and Important Safety Information on last page. See full Prescribing Information online or enclosed in the pocket.

**CPT® code: 67221
J code: J3396**

VISUDYNE® (verteporfin for injection)

BILLING AND CODING GUIDE

In this guide, you'll find information on billing and coding for VISUDYNE in the Physician Office or Ambulatory Surgery Center (ASC) and the Hospital Outpatient Department (HOPD).

For Medicare, Medicaid, and government payers, use of the CMS-1500 claim form (electronic version 837P) may be appropriate for treatment with VISUDYNE in a non-institutional 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™.

Please see Indication and Important Safety Information on last page. See full Prescribing Information online or enclosed in the pocket.

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.

§ CPT® modifier 50 is used to identify bilateral procedures performed at the same session.

|| Use in conjunction with 67221.

¶ 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 VISUDYNE (verteporfin for injection)

Physician Office or ASC and HOPD

The tables below provide an overview of potential codes that may be appropriate when billing for VISUDYNE in the physician office or ASC and HOPD.

ICD-10-CM Codes¹

DESCRIPTOR	RIGHT EYE	LEFT EYE	BILATERAL	UNSPECIFIED EYE
Exudative age-related macular degeneration with active choroidal neovascularization	H35.3211	H35.3221	H35.3231	H35.3291
Degenerative myopia	H44.21	H44.22	H44.23	H44.20

DESCRIPTOR	CODE	NOTES
Histoplasmosis capsulati, unspecified (American histoplasmosis)	B39.4	These codes must be used in conjunction with H32 and listed first ¹
Histoplasmosis duboisii (African histoplasmosis)	B39.5	
Histoplasmosis, unspecified	B39.9	
Chorioretinal disorders in diseases classified elsewhere	H32	H32 must be listed following B39.4, B39.5, or B39.9 ¹

Drug and Drug Administration/CPT® Codes

TYPE OF CODE	CODE	DESCRIPTOR
NDC ^{2*}	24208-560-15 (10-digit) 24208-0560-15 (11-digit)	VISUDYNE (verteporfin for injection) for intravenous use
HCPCS ^{3†}	J3396	Injection, verteporfin, 0.1 mg
CPT ^{4‡§}	67221	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy (includes intravenous infusion)
	67225	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy, second eye, at single session (list separately in addition to code for primary eye treatment)
	99211-99215 ^{¶#}	Evaluation and Management (E/M) Services

Billing Units for VISUDYNE⁵

HCPCS CODE	HCPCS DOSAGE	BILLING UNIT	BILLING UNIT/PKG	BILLING UNITS DISCARDED
J3396	0.1 mg	0.1 mg = 1 unit	150 (1 vial = 15 mg)	J3396-JW (Waste variable based on patient weight)

Note: It is required to bill VISUDYNE on two separate lines. The first line requires the HCPCS code (J3396), and the second line requires the JW modifier (J3396-JW) with the amount of wastage. Please note that the JZ modifier should never be entered for VISUDYNE.

Based on the patient's weight, if dosage volume of reconstituted VISUDYNE is greater than 7.5 mL, two vials may be needed.

Scan to use dosing calculator



Institutional ASC and HOPD ONLY Cost Center Codes⁶

TYPE OF CODE	CODE	DESCRIPTOR
AHA Revenue Codes**	0636	Drugs requiring detailed coding
	0250	General pharmacy or biological
	0260	General intravenous therapy

Indication

VISUDYNE® (verteporfin for injection) therapy is a photoenhancer indicated for the treatment of patients with predominantly classic subfoveal choroidal neovascularization (CNV) due to age-related macular degeneration, pathologic myopia or presumed ocular histoplasmosis. There is insufficient evidence to indicate VISUDYNE for the treatment of predominantly occult subfoveal CNV.

Important Safety Information

- VISUDYNE® (verteporfin for injection) is contraindicated for patients with porphyria or known hypersensitivity to any component of this preparation.
- Standard precautions should be taken during infusion of VISUDYNE to avoid extravasation, including but not limited to:
 - A free-flowing intravenous (IV) line should be established before starting VISUDYNE infusion and the line should be carefully monitored.
 - Due to the possible fragility of vein walls of some elderly patients, it is strongly recommended that the largest arm vein possible, preferably the antecubital, be used for injection.
 - Small veins in the back of the hand should be avoided.
- Extravasation of VISUDYNE, especially if the affected area is exposed to light, can cause severe pain, inflammation, swelling or discoloration at the injection site. Necrosis at the injection site following extravasation has been reported. If extravasation does occur, the infusion should be stopped immediately. The extravasation area must be thoroughly protected from direct light until swelling and discoloration have faded in order to prevent the occurrence of local burn, which could be severe. Cold compresses should be applied to the injection site. Oral medication for pain relief may be administered.
- Following injection with VISUDYNE, care should be taken to avoid exposure of skin or eyes to direct sunlight or bright indoor light for 5 days. If emergency surgery is necessary within 48 hours after treatment, as much of the internal tissue as possible should be protected from intense light.
- Patients who experience severe decrease of vision of 4 lines or more within 1 week after treatment should not be retreated, at least until their vision completely recovers to pretreatment levels and potential benefits and risks of subsequent treatment are carefully considered by the treating physician.
- Cases of anaphylactic reactions have been reported. Immediately discontinue VISUDYNE and initiate appropriate therapy if anaphylactic or other serious allergic reactions occur during or following therapy.
- The most frequently reported adverse events (occurring in approximately 10%-30% of patients) were injection site reactions (including pain, edema, inflammation, extravasation, rashes, hemorrhage, and discoloration), and visual disturbances (including blurred vision, flashes of light, decreased visual acuity, and visual field defects, including scotoma).

You are encouraged to report negative side effects of prescription drugs to the FDA.

Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

See [full Prescribing Information](#) online or enclosed in the pocket.

References: **1.** American Medical Association. ICD-10-CM Expert 2025. American Medical Association; 2024. **2.** VISUDYNE® Prescribing Information. Bausch + Lomb Inc. **3.** American Medical Association. HCPCS Level II Expert 2025. American Medical Association; 2024. **4.** American Medical Association. CPT 2025 Professional Edition. American Medical Association; 2024. **5.** CMS.gov. October 2025 ASP NDC- HCPCS Crosswalk. <https://www.cms.gov/medicare/payment/part-b-drugs/asp-pricing-files> **6.** National Uniform Billing Committee (NUBC). Official UB-04 Data Specifications Manual 2020. Chicago, IL: American Hospital Association; 2020.

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