Visudyne® verteporfin for injection

Sample CMS-1500 and UB-04 Claim Forms

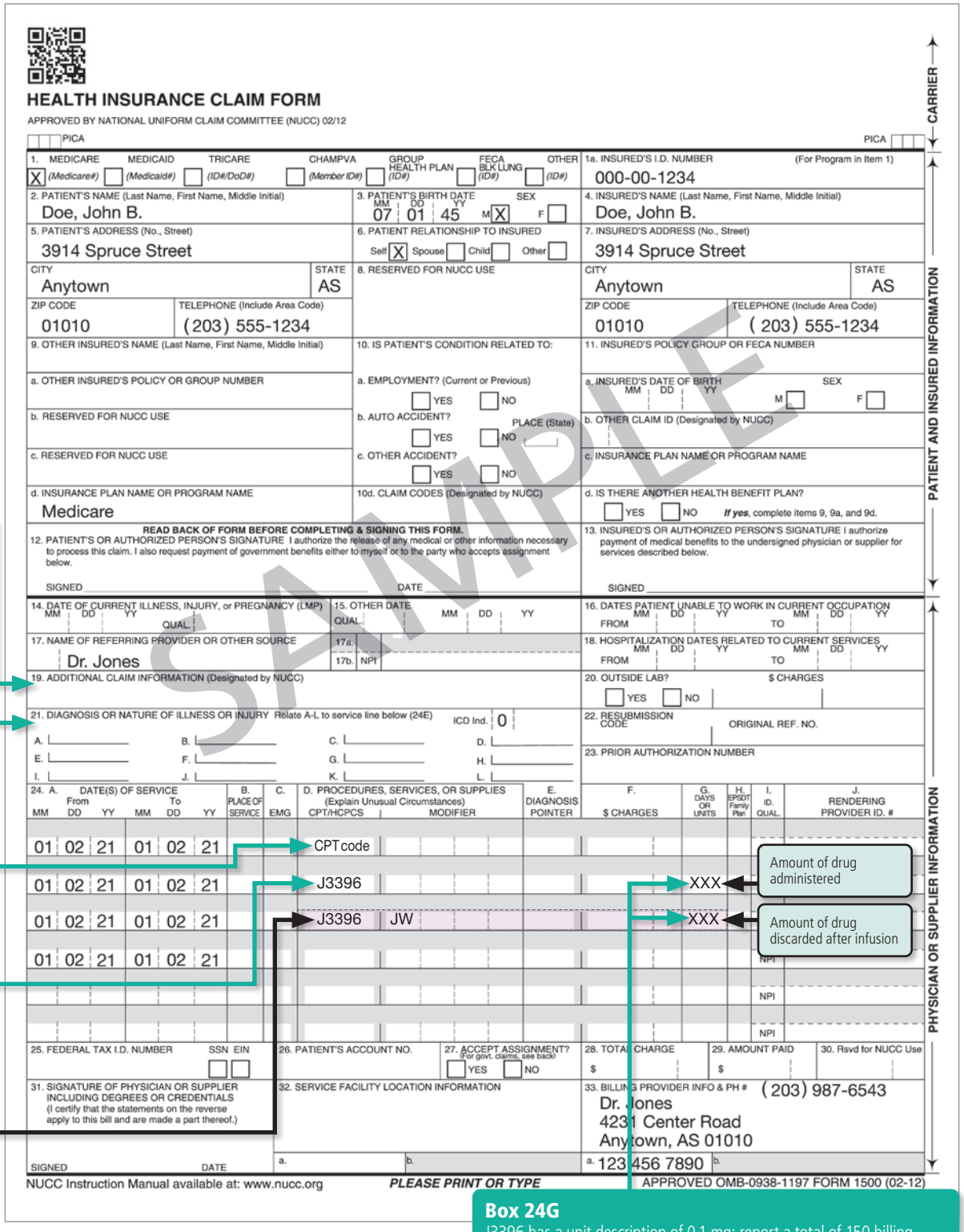
The codes listed are for general information, are subject to change, and may not apply to all patients or all insurers. The information provided is not intended to suggest any manner in which you can increase or maximize reimbursement from any payer or efficacy of the product. Bausch + Lomb does not 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.

NOTE:
For Medicare, Medicaid, and government payers, use of the CMS-1500 claim form may be appropriate for treatment with VISUDYNE in a non-institutional ASC. For commercial claims, please consult with the applicable third-party payer.

Payers may require use of the electronic version of the CMS-1500 (837P).

Sample CMS-1500 Claim Form for Billing in the Physician Office and Non-institutional Ambulatory Surgery Center (ASC)



Box 19
Some payers may ask providers to specify the NDC code in addition to product brand and generic name, dose, and route of administration

Box 21
Enter the appropriate ICD-10-CM code(s) for the patient's diagnosis/condition. If using B39.4, B39.5, or B39.9, these codes must be listed first and followed by H32. H32 may not be listed alone[1]

Box 24D
Enter the appropriate CPT® code. Enter CPT® modifiers for left side, right side, or bilateral, as appropriate[2]

Box 24D
Use HCPCS code J3396 to represent VISUDYNE

IMPORTANT:
If modifier JW is required in Box 24D, include amount of drug administered on the same line in Box 24G. On a separate line, include HCPCS code in Box 24D and the amount discarded in Box 24G[3] if there is drug waste

Amount of drug administered

Amount of drug discarded after infusion

Box 24G
J3396 has a unit description of 0.1 mg; report a total of 150 billing units for a 15 mg injection of VISUDYNE.[4,5] For example, if you administered 110 billing units, also enter 40 billing units on a separate line to indicate amount of drug discarded, for a total of 150 billing units

For full Prescribing Information, click here or see accompanying full Prescribing Information. See reverse for Sample UB-04 Claim Form.

References: 1. ICD-10 H32 Code Mapping. HIPAA Space website. Accessed February 10, 2022. http://www.hipaaspace.com/medical_billing/crosswalk.services/icd-10.to.icd-9.mapping **2.** American Medical Association. CPT® 2022 Professional Edition. United States; American Medical Association; 2021. **3.** HCPCS Level II 2022 Expert. United States; Optum360, LLC; 2021. **4.** VISUDYNE® Prescribing Information. Bausch & Lomb Incorporated; 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

Visudyne® verteporfin for injection

Sample CMS-1500 and UB-04 Claim Forms

NOTE:
For Medicare, Medicaid, and government payers, use of the UB-04 claim form may be appropriate for treatment with VISUDYNE in an institutional ASC. For commercial claims, please consult with the applicable third-party payer.

Payers may require use of the electronic version of the UB-04 (837I).

Sample UB-04 Claim Form for Billing in the Hospital Outpatient Department (HOPD) and Institutional Ambulatory Surgery Center (ASC)

Boxes 42 & 43
Enter the appropriate AHA Revenue Code, along with description

Box 44
Enter the appropriate CPT® code. Enter CPT® modifiers for left side, right side, or bilateral, as appropriate[2]

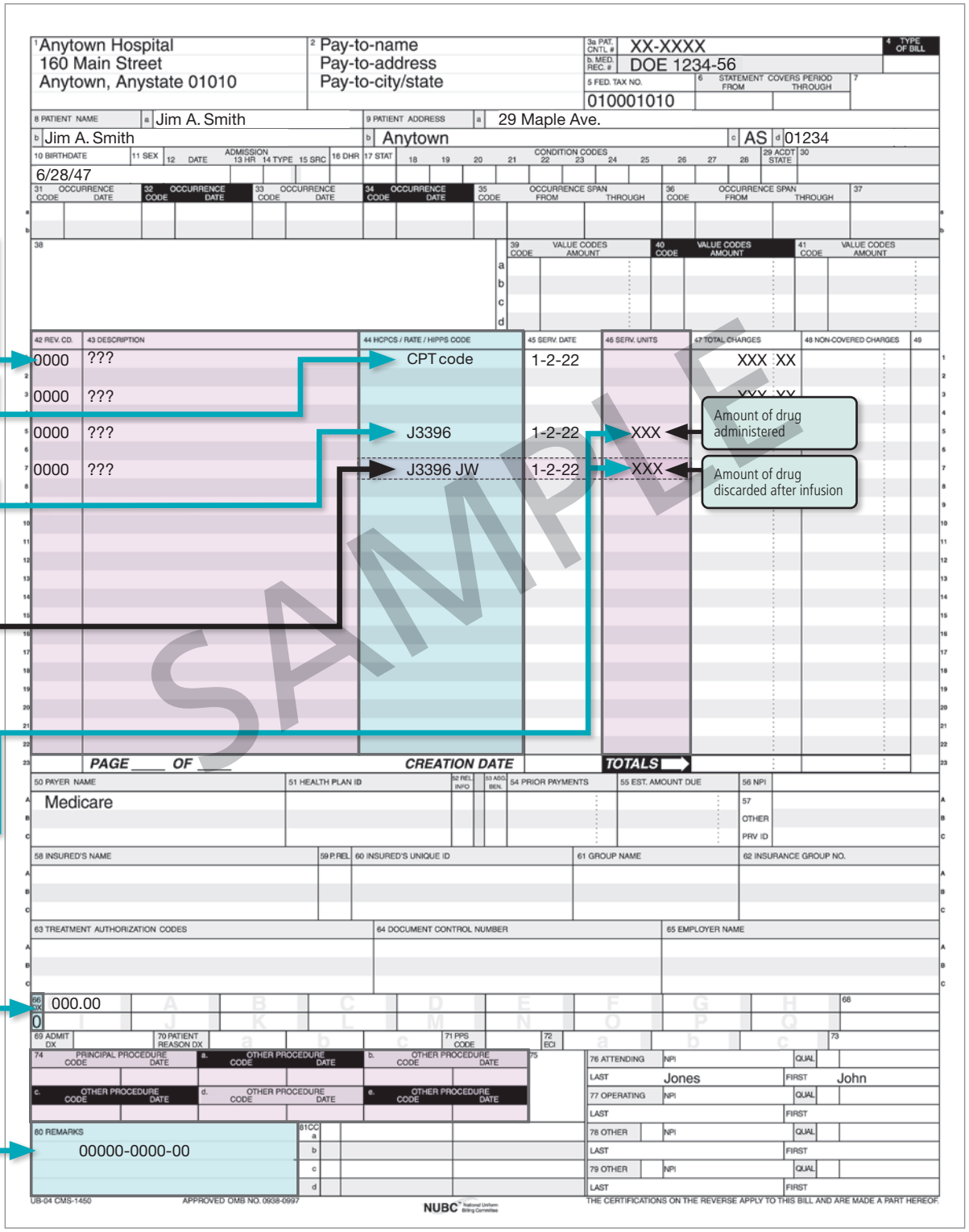
Box 44
Use HCPCS code J3396 to represent VISUDYNE

IMPORTANT:
If modifier JW is required in Box 44, include amount of drug administered on the same line in Box 46. On a separate line, include HCPCS code in Box 44 and the amount discarded in Box 46[3] if there is drug waste

Box 46
J3396 has a unit description of 0.1 mg; report a total of 150 billing units for a 15 mg injection of VISUDYNE.[4,5] For example, if you administered 110 billing units, also enter 40 billing units on a separate line to indicate amount of drug discarded, for a total of 150 billing units

Box 66
Enter the appropriate ICD-10-CM code(s) for the patient's diagnosis/condition. If using B39.4, B39.5, or B39.9, these codes must be listed first and followed by H32. H32 may not be listed alone[1]

Box 80
Some payers may ask providers to specify the NDC code in addition to product brand and generic name, dose, and route of administration



For full Prescribing Information, click here or see accompanying full Prescribing Information.
See reverse for Sample CMS-1500 Claim Form.

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