


**iDose<sup>®</sup> TR**   
(travoprost intracameral  
implant) 75 mcg



# A STEP-BY-STEP GUIDE TO COVERAGE AND REIMBURSEMENT

## INDICATIONS AND USAGE

iDose<sup>®</sup> TR (travoprost intracameral implant) is indicated for the reduction of intraocular pressure (IOP) in patients with open-angle glaucoma (OAG) or ocular hypertension (OHT).

Please see Important Safety Information on page 16 and full [Prescribing Information](#).

**GLAUKOS**  
TRANSFORMING VISION

# iDose<sup>®</sup>TR

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**This guide provides step-by-step guidance on claim submissions, billing and product coding, appeal processes, and Glaukos patient support.**

Glaukos provides this coding guide for informational purposes only and it is subject to change without notice. This guide is not an affirmative instruction as to which codes and modifiers to use for a particular service, supply, procedure, or treatment and does not constitute advice regarding coding, coverage, or payment for Glaukos products. It is the responsibility of providers, physicians, and suppliers to determine and submit appropriate codes, charges, and modifiers for products, services, supplies, procedures, or treatment furnished or rendered. Providers, physicians, and suppliers should contact their third-party payers for specific and current information on their coding, coverage, and payment policies. For further detailed product information, including indications for use, contraindications, effects, precautions, and warnings, please consult the product’s Instructions for Use (IFU) or prescribing information (PI) prior to use. The information provided herein is without any other warranty or guarantee of any kind, expressed or implied, as to completeness, accuracy, or otherwise. This information is intended only to help estimate Medicare payment rates and product costs in the hospital outpatient department setting. Glaukos makes no guarantee of coverage or reimbursement.

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# iDose<sup>®</sup> TR coverage

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**iDose TR is a standalone implantation procedure-based treatment that is administered by a healthcare provider in an outpatient setting.<sup>1,2</sup>**

Outpatient settings may include ambulatory surgical centers (ASCs), hospital outpatient departments (HOPDs), and office-based settings.<sup>2</sup>

## iDose TR



Available for patients with Medicare Advantage (MA) plans



Covered for most Medicare Fee-for-Service (FFS) patients



Available for patients with certain commercial payers

### Cost and coverage for MA plans and commercial payers may vary<sup>3-6</sup>

Prior authorization (PA) may be required before covering iDose TR. Conducting a benefits verification can determine if individual plans require a PA or step therapy.

### Medicare Part B covers 80% of iDose TR cost<sup>3</sup>

The majority (89%) of FFS beneficiaries have some type of supplemental coverage that can help cover copays, while 41% have a Medigap plan that may help with Part B coinsurance (20%).<sup>3,7</sup>

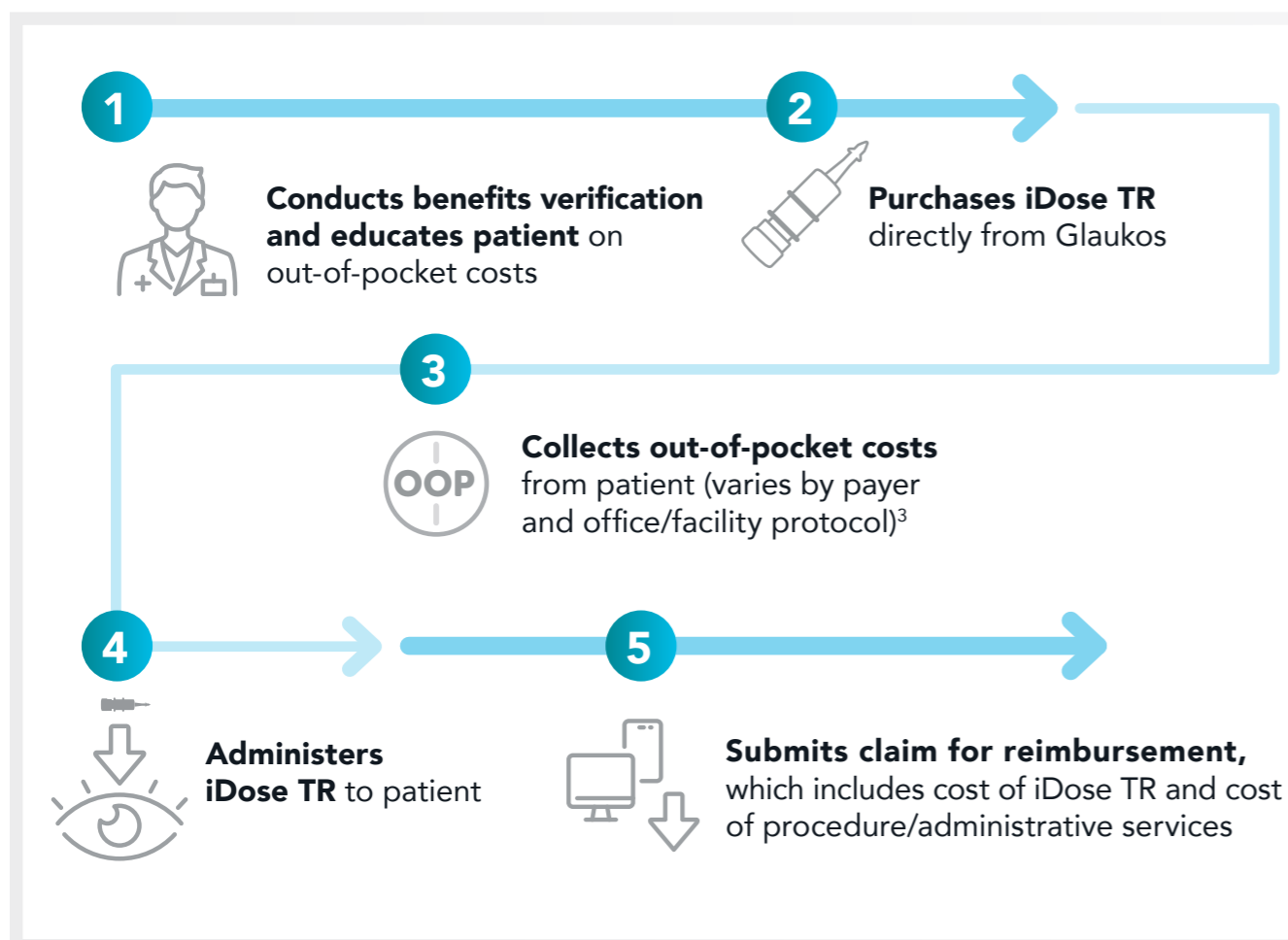
**Always check with the patient's payer to determine coverage rules.**

# Acquiring iDose<sup>®</sup> TR through buy and bill

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Many payers may allow iDose TR acquisition through the buy and bill process, where the provider purchases, stores, and then administers iDose TR to a patient.<sup>8</sup>

In the buy and bill process, the healthcare provider<sup>8</sup>:



## Purchasing iDose TR

**iDose TR can only be purchased directly from Glaukos. To place an order, contact Glaukos Customer Service:**


Call: 949-367-9600 | Fax: 949-367-9838

Email: [CustomerService@glaukos.com](mailto:CustomerService@glaukos.com)

For more information,  
go to [www.idosetrhcp.com](http://www.idosetrhcp.com)



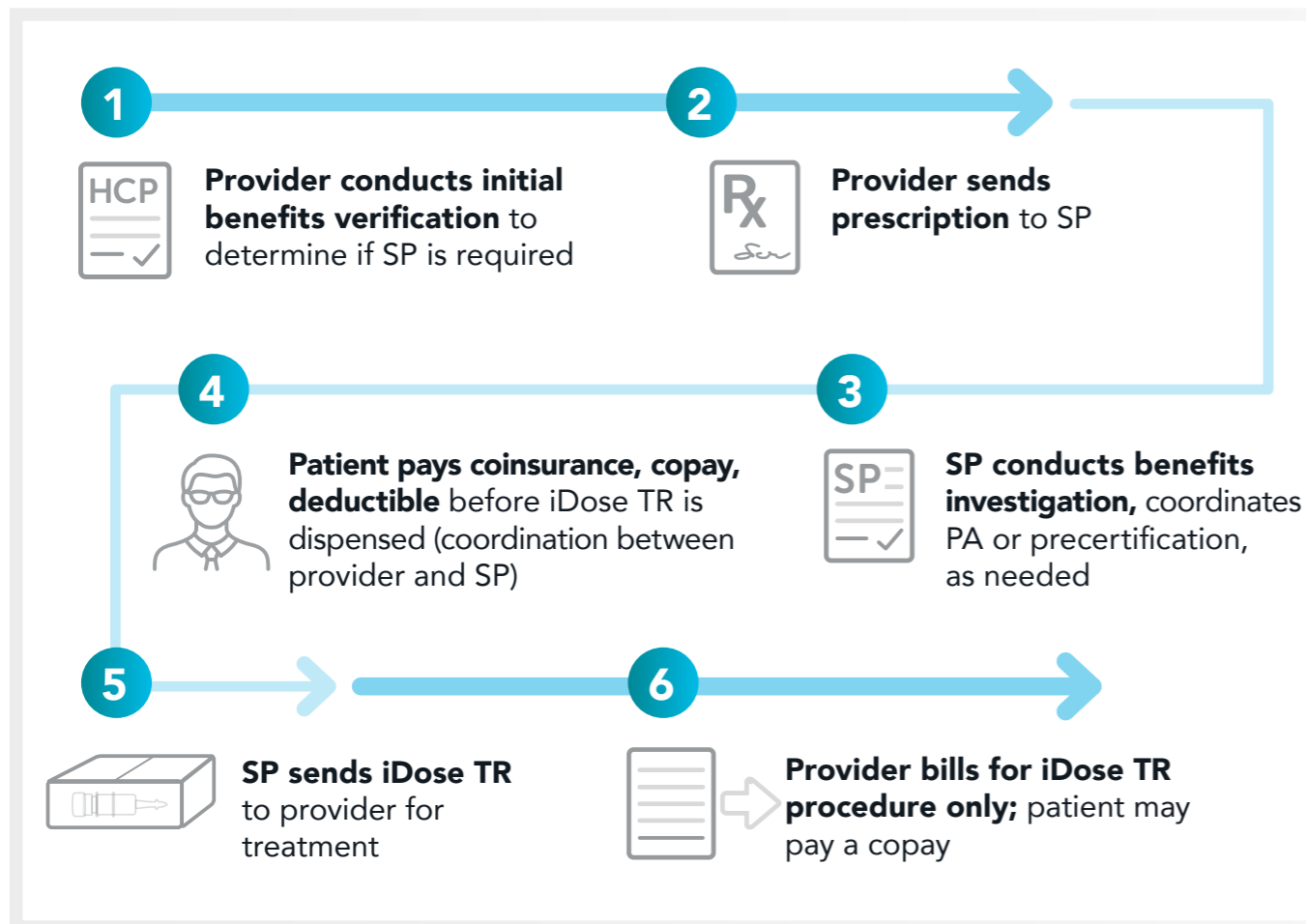
# Select commercial payers may require specialty pharmacy (SP) distribution

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## iDose<sup>®</sup> TR is available exclusively through Orsini Specialty Pharmacy

Acquiring iDose TR through an SP may be required by some payers.<sup>9</sup>

### In the SP distribution process<sup>9-12</sup>:



## Ordering iDose TR through SP

### Orsini Specialty Pharmacy

**For provider services and patient questions call:**  
1-847-378-5982

**Provider fax orders:** 1-847-378-5982

**Liaison email address:** [idoseliaison@orsinihc.com](mailto:idoseliaison@orsinihc.com)

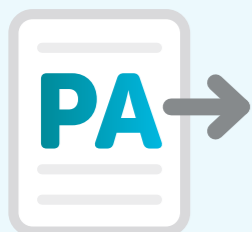
For more information,  
go to [www.orsinihealthcare.com](http://www.orsinihealthcare.com)



# Considerations for requesting a PA for iDose<sup>®</sup> TR

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Some MA plans and commercial payers may require a PA before covering iDose TR. Conducting a benefits investigation can determine individual plan requirements.<sup>4</sup>



## Tips for submitting PAs

Understand payer guidelines

Submit all required supporting documents with the PA request

Keep complete records, including a copy of everything you send to the patient's health insurance plan

## Commonly requested information for PAs

Use the checklist below to help you navigate the approval process in the event that iDose TR requires a PA. Your Reimbursement Liaison can help you understand specific payer policies.

### Complete and submit the PA form as required by the payer. Information required may include:

- ✓ Patient's name and date of birth
- ✓ Patient's health insurance policy number
- ✓ Patient's diagnosis/ICD-10-CM code(s)
- ✓ Provider details, specialty, contact information, and National Provider Identifier (NPI) number
- ✓ iDose TR National Drug Code (NDC)
- ✓ Medical documentation to support the treatment decision

### If not part of the PA form, consider including the following:

- ✓ iDose TR full Prescribing Information
- ✓ Peer-reviewed journal articles

### Payers may require a letter of medical necessity written on the provider's letterhead. If so, include the following:

- ✓ Patient's current symptoms or condition
- ✓ Rationale for treatment with iDose TR
- ✓ Patient-specific medical history related to the ICD-10-CM code(s)
- ✓ Diagnostic test results
- ✓ Previous treatment(s), duration and response, or reason for discontinuation
- ✓ Payer policy criteria

If your patient's request for a PA is not granted, your Reimbursement Liaison can work with you to determine your next steps.

# Coding for iDose<sup>®</sup> TR

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## HCPCS code

Claims for **drugs that are physician-administered** are submitted with a HCPCS code when billed to a payer.<sup>13</sup>

**Always confirm payer coding and billing guidance before submitting a claim.**

**Effective July 1, 2024, the following HCPCS code may be used on claims for iDose<sup>®</sup> TR<sup>14</sup>:**

HCPCS Code	Description
J7355	Injection, travoprost, intracameral implant, 1 microgram. <b>iDose<sup>®</sup> TR is billed in 75 units</b>

HCPCS = Healthcare Common Procedure Coding System.

## CPT<sup>®</sup> codes for drug administration services

CPT is the code set used to **describe procedures and services** performed by healthcare providers.<sup>15</sup>

CPT Code <sup>16,17</sup>	Description
0660T	Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach

CPT = Current Procedural Terminology.

CPT<sup>®</sup> 2023 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

## National Drug Code<sup>18,19</sup>

- Payers often require inclusion of the drug's NDC on the claim
- While the FDA provides NDCs as 10-digit codes, some payers may require an 11-digit format
- Converting the 10-digit NDC to an 11-digit NDC may be as simple as the payer requiring you to add a leading zero
- Contact each payer for specific requirements, as they vary by payer

	FDA-specified 10-Digit NDC (5-3-2 format) <sup>1</sup>	11-Digit NDC (5-4-2 format) <sup>1</sup>
iDose TR	25357-100-01	25357-0100-01

**Please see Important Safety Information on page 16 and full [Prescribing Information](#).**

## Diagnosis codes<sup>20</sup>

ICD-10-CM is the diagnosis code set used for all healthcare settings for medical claims reporting.<sup>21</sup>

ICD-10-CM Code	Description
<b>Open-angle glaucoma</b>	
H40.10X0	Unspecified open-angle glaucoma
H40.111X	Primary open-angle glaucoma, right eye
H40.112X	Primary open-angle glaucoma, left eye
H40.113X	Primary open-angle glaucoma, bilateral
H40.131X	Pigmentary glaucoma, right eye
H40.132X	Pigmentary glaucoma, left eye
H40.133X	Pigmentary glaucoma, bilateral
H40.141X	Capsular glaucoma with pseudoexfoliation of lens, right eye
H40.142X	Capsular glaucoma with pseudoexfoliation of lens, left eye
H40.143X	Capsular glaucoma with pseudoexfoliation of lens, bilateral
H40.149X	Capsular glaucoma with pseudoexfoliation of lens, unspecified eye
<b>Ocular hypertension</b>	
H40.051X	Ocular hypertension, right eye
H40.052X	Ocular hypertension, left eye
H40.053X	Ocular hypertension, bilateral

ICD-10-CM = International Classification of Diseases, Tenth Revision, Clinical Modification.

**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.**

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## Place of Service codes<sup>22</sup>

Place of Service (POS) codes are 2-digit numeric codes used to indicate the setting in which a healthcare service was provided and are generally used on professional claims.

POS Code	Location
24	Ambulatory surgical center
22	On campus - outpatient hospital
19	Off campus - outpatient hospital
11	Physician office

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## Modifiers

Modifiers are 2-digit codes that are added to a CPT or HCPCS code and used to provide additional information about an item or service provided.<sup>23</sup>

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)
JZ	For single-dose containers where there are no discarded amounts*


**\*Effective July 1, 2023, Medicare requires the JZ modifier on all claims for single-dose containers where there are no discarded amounts.<sup>24</sup>**

## Revenue codes<sup>25,26</sup>

Revenue codes are 4-digit numeric codes used only by hospital-based facilities to indicate through what department the procedure was performed or to identify supplies used in the procedure. Revenue codes are only used on institutional claims.

Revenue Code	Description
0636	Pharmacy, drugs requiring detailed coding
0360	General, operating room services

# Reimbursement for iDose<sup>®</sup> TR

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**Commercial payer and MA plan** reimbursement varies and is based on the contracted rate with the provider. Review your contracts to understand your specific reimbursement rates.<sup>27</sup>



## Medicare FFS

Reimbursement for ASCs, HOPDs, and physician offices is based on average sales price (ASP) + 6%.<sup>28-31†</sup>

<sup>†</sup>2% sequestration (Medicare payment adjustment) continues until further notice.



**Medicaid** reimbursement varies by state. Often, payment methodologies follow Medicare and may be based on wholesale acquisition cost (WAC) and average wholesale price (AWP).<sup>32</sup>

**Ambulatory Payment Classification (APC)** is the government's method for paying facilities for outpatient services through the Medicare program.<sup>33</sup>

## National unadjusted Medicare payments

CPT Code	Description
0660T	Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach

# Sample CMS-1500 claim form

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- The CMS-1500 claim form is typically used for implant and exchange procedures in ASC and provider office settings<sup>36,37</sup>
- The CMS-1500 claim form is shown here as an example. Check with individual payers for specific coding guidance and documentation requirements<sup>38</sup>

- Item 19** **Additional Claim Information:** Some payers may require additional information
- Item 21** **Diagnosis or Nature of Illness or Injury:** Enter the appropriate ICD-10-CM code
- Item 24B** **Place of Service:** Enter the appropriate POS code
- Item 24D** **Procedures, Services, or Supplies:** Enter the appropriate CPT and HCPCS codes and modifiers, if required. Document use of drug with the appropriate HCPCS code (eg, J-code) and the appropriate CPT administration code(s) on separate lines
- Item 24G** **Days or Units:** Include the number of units used for each line item. iDose<sup>®</sup> TR is billed in 75 units<sup>1</sup>

**HEALTH INSURANCE CLAIM FORM**  
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA OTHER  
(Medicare) (Medicaid) (DMEPOS) (Member ID) (ID#) (EM) (EM)

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. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED  
Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

8. RESERVED FOR NUCC USE

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:  
a. OTHER INSURED'S POLICY OR GROUP NUMBER  
b. AUTO ACCIDENT? YES NO PLACE (State)  
c. OTHER ACCIDENT? YES NO  
10d. CLAIM CODES (Designated by NUCC)

11. INSURED'S POLICY GROUP OR FECA NUMBER

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) QUAL. MM DD YY

15. OTHER DATE QUAL. MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. NPI 17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO \$ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD-10-CM  
A. L. B. L. C. L. D. L.  
E. L. F. L. G. L. H. L.  
I. L. J. L. K. L. L. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE EMG	C. PROCEDURE(S), SERVICE(S), OR SUPPLIES (CPT/HCPCS) MODIFIER	D. DIAGNOSIS POINTER	E. \$ CHARGES	F. G. DAYS OF SUPPLY	H. I. ID #	J. RENDERING PROVIDER ID #
1							NPI
2							NPI
3							NPI
4							NPI
5							NPI
6							NPI

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? YES NO

28. TOTAL CHARGE \$

29. AMOUNT PAID \$

30. Rcvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE(S) OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

32. SERVICE FACILITY LOCATION INFORMATION

33. BILLING PROVIDER INFO & PH # ( )

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

# Sample CMS-1450/837I claim form

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- The CMS-1450 (also known as the UB-04) claim form is used to bill for services provided in the HOPD and ASC<sup>39</sup>
- Check with individual payers for specific coding guidance and documentation requirements<sup>40</sup>

FL 42

**Revenue Code:** Enter the appropriate code based on the cost center and service provided. In the HOPD setting, CMS requires revenue code 0636 be used when billing for a drug or biologic<sup>1,26</sup>

FL 43

**Description:** Enter a narrative description or standard abbreviation for each revenue code listed in FL42

FL 44

**HCPCS and Procedure Codes:** Enter the appropriate CPT and HCPCS codes and modifiers, if required. Document use of drug with the appropriate HCPCS code (eg, J-code) and all appropriate CPT administration codes on separate lines

FL 46

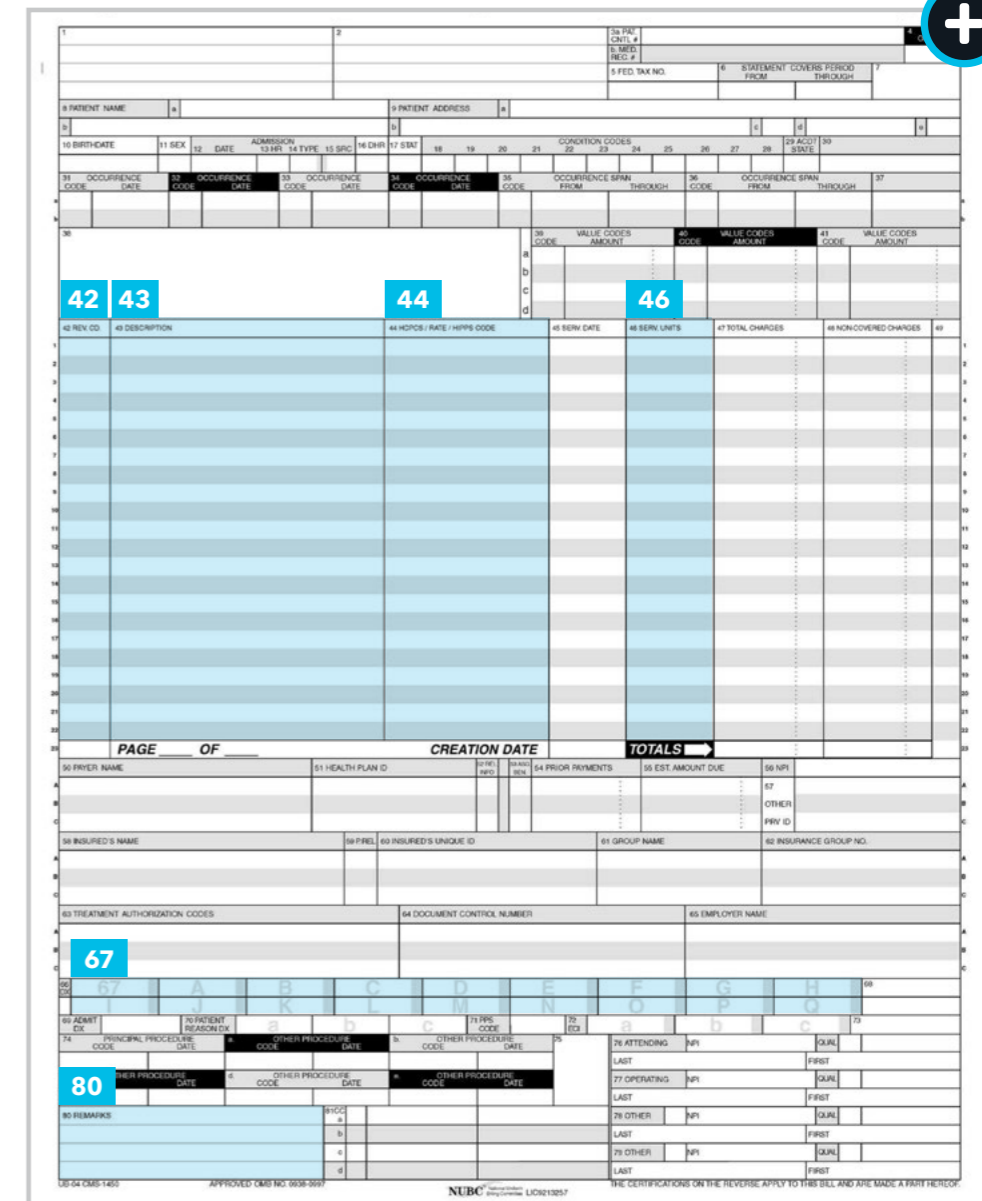
**Service Units:** Include the number of units used for each line item. iDose<sup>®</sup> TR is billed in 75 units<sup>1</sup>

FL 67

**Principal Diagnosis Code:** Indicate the appropriate ICD-10-CM diagnosis code. FL 67A-67Q are reserved for additional diagnosis codes, if necessary

FL 80

**Remarks:** Some payers may require additional information



The image shows a sample CMS-1450/837I claim form with several fields highlighted in blue and numbered. A magnifying glass icon is positioned over the top right corner of the form. The highlighted fields are:

- 42** and **43**: Revenue Code and Description columns in the procedure list.
- 44**: HCPCS and Procedure Codes column in the procedure list.
- 46**: Service Units column in the procedure list.
- 67**: Principal Diagnosis Code field.
- 80**: Remarks field.

The form includes various sections for patient information, insurance details, and provider information. The bottom of the form contains the NUBC logo and the text "THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF".

FL = form locator.

# Understanding denials and appeals

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## Why claims are denied

Common reasons for denials include<sup>41-43</sup>:

- Coding inaccuracies and missing or incorrect information, including unit dosing
- PA or precertification not submitted

- Failure to fulfill payer requirement to include letter of medical necessity
- Change in insurance
- Failure to follow policy requirements (eg, intolerance or an insufficient response to other ophthalmic prostaglandin analogs)
- For Medicare FFS, failure to respond to a Medicare additional documentation request (ADR)

## Appealing a denial<sup>44</sup>

If a patient is denied coverage for iDose<sup>®</sup> TR, the decision can be appealed.

	MA Plan <sup>45</sup>	Medicare FFS <sup>44,46</sup>	Commercial <sup>47,48</sup>
<b>1 REVIEW</b>	the reason for the denial		
<b>2 FILE</b>	an internal appeal		
	<p><b>Level 1: REQUEST for reconsideration</b> Standard requests must be made in writing, unless the enrollee's plan accepts verbal requests</p> <ul style="list-style-type: none"> <li>• Requests must be made within 60 days of denial notification by the MA plan</li> </ul>	<p><b>Level 1: REQUEST a redetermination</b> Complete a Medicare Redetermination Request Form (CMS-20027) or draft a letter that includes the patient's name, Medicare number, specific date(s) of service, the service in question, the reason for appeal, and any supporting documentation</p>	<p><b>SUBMIT a written appeal to the health plan requesting they reconsider the denial</b></p> <ul style="list-style-type: none"> <li>• Typically allowed 180 days from receiving the denial to file an internal appeal</li> </ul>
<b>3 SEND</b>	completed form or letter, along with supporting documents, to the health plan or for FFS, the Medicare Administrative Contractor (MAC) that processed the claim		
<b>!</b>	The insurer must respond within specific timeframes		
	<ul style="list-style-type: none"> <li>• 30 calendar days for standard pre-service requests</li> <li>• No later than 72 hours for expedited pre-service benefit or Part B drug requests</li> <li>• 7 calendar days for standard Part B drug requests</li> <li>• 60 calendar days for payment requests</li> </ul>	<ul style="list-style-type: none"> <li>• Within 60 days</li> </ul>	<ul style="list-style-type: none"> <li>• 30 days for standard appeals</li> <li>• 72 hours for expedited claims</li> </ul>
<b>!</b>	If the appeal is unsuccessful, it moves to the next level		
	<p><b>Automatic Level 2 Appeal: Independent Review Entity (IRE)</b></p> <ul style="list-style-type: none"> <li>• If the plan denies the Level 1 appeal, the case will automatically be forwarded to an IRE for a Level 2 appeal</li> <li>• No action is required for this step</li> </ul>	<p><b>Appeal moves to a second level</b></p> <ul style="list-style-type: none"> <li>• Submit a request to a Qualified Independent Contractor (QIC) within 180 days of the redetermination decision</li> </ul>	<p><b>Appeal moves to an external review by an independent third party</b></p> <ul style="list-style-type: none"> <li>• 4 months to file for external review after the internal appeal decision</li> <li>• For urgent medical situations, request expedited internal and external appeals to get faster decisions</li> </ul>

Please see Important Safety Information on page 16 and full [Prescribing Information](#).

# Managing additional documentation requests (ADRs) for Medicare claims

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## ADR



### What is an ADR?

An ADR is generated when documentation is necessary to support a Medicare claim. **An ADR is not a denial**, but an interim step for Medicare to ensure that payment is made only for services that meet all Medicare coverage, coding, billing, and medical necessity requirements.<sup>49</sup>

**A timely response to ADRs is important. The claim will automatically be denied if a response has not been received by the specified date on the ADR.<sup>50</sup>**

### How to respond to an ADR<sup>49,50</sup>

- ✓ **Prepare the requested documentation** and use a copy of the ADR letter as the first page/cover sheet to ensure the documentation is matched to the appropriate patient and claim
- ✓ **Providers should submit the necessary documentation** to support the services for the billing period being reviewed. This may include documentation that is prior to the review period
- ✓ **Documentation may be received by** the MAC either via US Mail; esMD; the MAC-designated provider portal; fax; or on CD, DVD, or USB
- ✓ **You have a set number of days from the date of the letter to provide documentation.** For example, 30 days from the date on the ADR letter. Refer to the request letter for the specific time frame


### Avoid these common mistakes<sup>50</sup>

- ✗ **Never use your own cover sheet instead of the ADR letter.** Forms you create to use as a cover sheet are not recognized by our system
  - If you are missing the ADR letter and cannot provide it as the cover sheet, indicate “ADR Response” and include the following critical information on your cover sheet: Medicare number, claim number, and dates of service on the claim
- ✗ **Never omit requested information.** All information requested must be returned, otherwise the response may be incomplete and result in a denial
- ✗ **Never combine multiple requests into a single response.** Combining documents for multiple requests delays the review and may result in a denial
- ✗ **Never send original documents.** Always send a clear copy of the requested information. Medicare contractors will not return your documents following review of your information
- ✗ **Do not send your response to the attention of a person or department** as you might not have the most up-to-date information, and delays could occur
- ✗ **Never miss your deadline.** Claims will be automatically denied if a timely response is not received. Medicare contractors may decide to reopen your claim, but are not required to

CD = compact disc; DVD = digital video disc; esMD = Electronic Submission of Medical Documentation; MAC = Medicare Administrative Contractor; USB = Universal Serial Bus.

**Please see Important Safety Information on page 16 and full [Prescribing Information](#).**

# Glaukos supports patient access

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**Glaukos provides a wide array of services to help remove treatment barriers for patients so that you can focus on delivering exceptional patient care.**



## Overcome complex insurance coverage and reimbursement challenges

The Glaukos Reimbursement Liaison will review payer policies and help you understand coverage, documentation, and claim submission requirements.



## Offer coding and billing guidance

The Glaukos Reimbursement Liaison will support your staff with education, guidance, and recommendations for the appropriate submission of claims.



## Provide options for appeals support

The Glaukos Reimbursement Liaison will partner with your staff to support efficient reconciliation of claims for Glaukos products.

## iDose<sup>®</sup> TR Patient Savings Program (for commercially insured patients)<sup>‡</sup>

- Patients may pay as little as \$0 for one (1) iDose TR implant per eye. Subject to eligibility requirements.

<sup>‡</sup>This offer applies to the iDose TR implant only and does not apply to costs for any other medication, procedure, or diagnostic service provided in conjunction with or supportive to the iDose TR treatment.

[Review program eligibility and restrictions here or contact Glaukos directly.](#)



[Patients can complete an online application here.](#)



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For additional support, speak to your Glaukos Reimbursement Liaison or email [marketaccess@glaukos.com](mailto:marketaccess@glaukos.com).

## IMPORTANT SAFETY INFORMATION

### Dosage and administration

For ophthalmic intracameral administration. The intracameral administration should be carried out under standard aseptic conditions.

### Contraindications

iDose TR is contraindicated in patients with active or suspected ocular or periocular infections, patients with corneal endothelial cell dystrophy (e.g., Fuch’s Dystrophy, corneal guttatae), patients with prior corneal transplantation, or endothelial cell transplants (e.g., Descemet’s Stripping Automated Endothelial Keratoplasty [DSAEK]), patients with hypersensitivity to travoprost or to any other components of the product.

### Warnings and precautions

iDose TR should be used with caution in patients with narrow angles or other angle abnormalities. Monitor patients routinely to confirm the location of the iDose TR at the site of administration. Increased pigmentation of the iris can occur. Iris pigmentation is likely to be permanent.

### Adverse reactions

In controlled studies, the most common ocular adverse reactions reported in 2% to 6% of patients were increases in intraocular pressure, iritis, dry eye, visual field defects, eye pain, ocular hyperaemia, and reduced visual acuity.

**For more information,  
please visit [www.glaukos.com](http://www.glaukos.com).**

## INDICATIONS AND USAGE

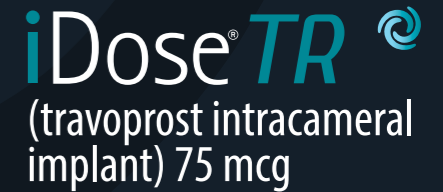
iDose TR (travoprost intracameral implant) is indicated for the reduction of intraocular pressure (IOP) in patients with open-angle glaucoma (OAG) or ocular hypertension (OHT).

You are encouraged to report all side effects to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch), or call 1-800-FDA-1088. You may also call Glaukos at 1-888-404-1644.

### Please see full [Prescribing Information](#).

Glaukos provides this coding guide for informational purposes only and it is subject to change without notice. This guide is not an affirmative instruction as to which codes and modifiers to use for a particular service, supply, procedure, or treatment and does not constitute advice regarding coding, coverage, or payment for Glaukos products. It is the responsibility of providers, physicians, and suppliers to determine and submit appropriate codes, charges, and modifiers for products, services, supplies, procedures, or treatment furnished or rendered. Providers, physicians, and suppliers should contact their third-party payers for specific and current information on their coding, coverage, and payment policies. For further detailed product information, including indications for use, contraindications, effects, precautions, and warnings, please consult the product’s Instructions for Use (IFU) or prescribing information (PI) prior to use. The information provided herein is without any other warranty or guarantee of any kind, expressed or implied, as to completeness, accuracy, or otherwise. This information is intended only to help estimate Medicare payment rates and product costs in the hospital outpatient department setting. All rates shown are national average Medicare rates and have not been adjusted for geographic variations in payment or other factors, such as sequestration.

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# Sample CMS-1500

- The CMS-1500 claim form for procedures in ASC and
- The CMS-1500 claim form for payers for specific coding

Item 19

Additional Claim Information  
When billing with a description of the drug

Item 21

Diagnosis or Nature of Illness or Injury

Item 24B

Place of Service

Item 24D

Procedures, Services, or Supplies  
modifiers if required code and the appropriate

Item 24G

Days or Units: Include with a miscellaneous

## HEALTH INSURANCE CLAIM FORM

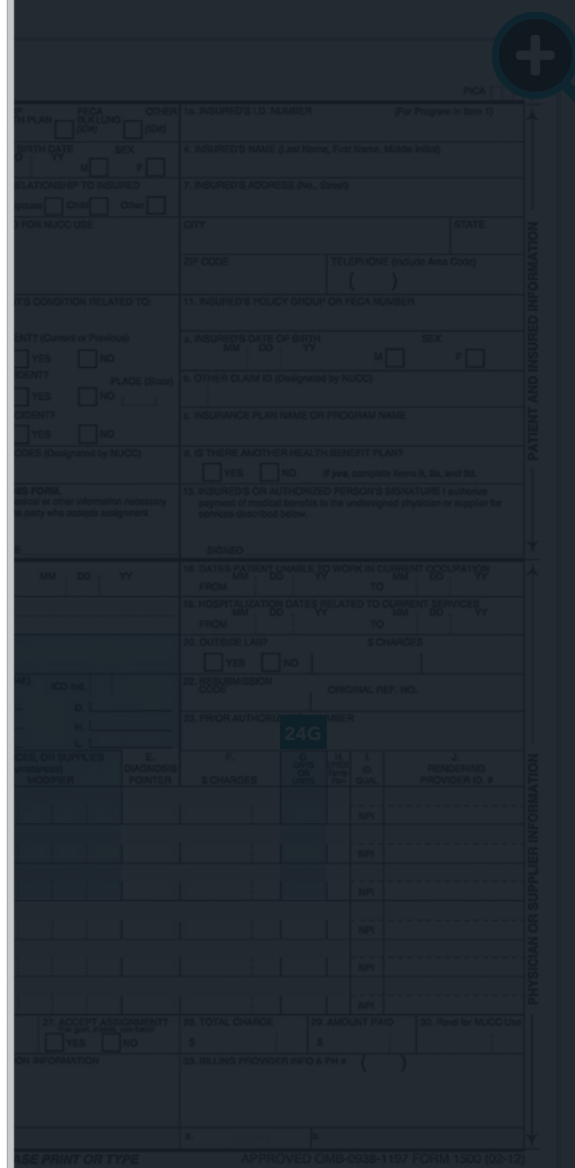
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

1. MEDICARE (Medicare#)		MEDICAID (Medicaid#)		TRICARE (ID#/DoD#)		CHAMPVA (Member ID#)		GROUP HEALTH PLAN (ID#)		FECA BLK LUNG (ID#)		OTHER (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 <input type="checkbox"/> F <input type="checkbox"/>			4. INSURED'S NAME (Last Name, First Name, Middle Initial)					
5. PATIENT'S ADDRESS (No., Street)						6. PATIENT RELATIONSHIP TO INSURED (Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>						7. INSURED'S ADDRESS (No., Street)					
CITY				STATE		8. RESERVED FOR NUCC USE						CITY				STATE	
ZIP CODE				TELEPHONE (Include Area Code)								ZIP CODE				TELEPHONE (Include Area Code)	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)						10. IS PATIENT'S CONDITION RELATED TO:						11. INSURED'S POLICY GROUP OR FECA NUMBER					
a. OTHER INSURED'S POLICY OR GROUP NUMBER						a. EMPLOYMENT? (Current or Previous) YES <input type="checkbox"/> NO <input type="checkbox"/>						a. INSURED'S DATE OF BIRTH (MM DD YY) SEX (M <input type="checkbox"/> F <input type="checkbox"/>					
b. RESERVED FOR NUCC USE						b. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> PLACE (State) _____						b. OTHER CLAIM ID (Designated by NUCC)					
c. RESERVED FOR NUCC USE						c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/>						c. INSURANCE PLAN NAME OR PROGRAM NAME					
d. INSURANCE PLAN NAME OR PROGRAM NAME						10d. CLAIM CODES (Designated by NUCC)						d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, complete items 9, 9a, and 9d.					
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.												13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.					
SIGNED _____						DATE _____						SIGNED _____					
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) (MM DD YY)						15. OTHER DATE (MM DD YY)						16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION (FROM MM DD YY TO MM DD YY)					
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE						17a. _____						18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM MM DD YY TO MM DD YY)					
17b. NPI _____												19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)					
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. _____												22. RESUBMISSION CODE _____ ORIGINAL REF. NO. _____					
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY												23. PRIOR AUTHORIZATION NUMBER _____					
B. PLACE OF SERVICE _____												24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY					
C. EMG _____												B. PLACE OF SERVICE _____					
D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS _____ MODIFIER _____												C. EMG _____					
E. DIAGNOSIS POINTER _____												D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS _____ MODIFIER _____					
F. \$ CHARGES _____												E. DIAGNOSIS POINTER _____					
G. DAYS OR UNITS _____												F. \$ CHARGES _____					
H. EPSON Family Plan _____												G. DAYS OR UNITS _____					
I. ID. QUAL. _____												H. EPSON Family Plan _____					
J. RENDERING PROVIDER ID. # _____												I. ID. QUAL. _____					
1												J. RENDERING PROVIDER ID. # _____					
2												25. FEDERAL TAX I.D. NUMBER _____ SSN EIN <input type="checkbox"/> <input type="checkbox"/>					
3												26. PATIENT'S ACCOUNT NO. _____					
4												27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES <input type="checkbox"/> NO <input type="checkbox"/>					
5												28. TOTAL CHARGE \$ _____					
6												29. AMOUNT PAID \$ _____					
30. Rsvd for NUCC Use _____												31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)					
SIGNED _____						DATE _____						32. SERVICE FACILITY LOCATION INFORMATION					
a. NPI _____						b. _____						33. BILLING PROVIDER INFO & PH # ( )					

NUCC Instruction Manual available at: [www.nucc.org](http://www.nucc.org)

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)



# Sample CMS-1450

- The CMS-1450 (also known as the Superbill) is used for services provided in the office.
- Check with individual payer for documentation requirements.

FL 42

**Revenue Code:** Enter the code for the service provided. In the HOPD, use the code for a drug or biologic<sup>16</sup>.

FL 43

**Description:** Enter a name and code listed in FL42.

FL 44

**HCPCS and Procedure Code:** Enter the code and all appropriate modifiers if required. Do not use the code and all appropriate modifiers if required.

FL 46

**Service Units:** Include units with a miscellaneous HCPCS code.

FL 67

**Principal Diagnosis Code:** FL 67A-67Q are reserved for use with a miscellaneous HCPCS code.

FL 80

**Remarks:** Some payers require a miscellaneous HCPCS code with a miscellaneous HCPCS code, including NDC.

FL = form locator.

1		2		3a PAT. CNTRL. #		4 TYPE OF BILL	
				b. MED. REC. #			
				5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM	
						7 THROUGH	
8 PATIENT NAME a				9 PATIENT ADDRESS a			
b				c			
d				e			
10 BIRTHDATE		11 SEX		12 DATE		13 ADMISSION HR	
				14 TYPE		15 SRC	
				16 DHR		17 STAT	
						18	
						19	
						20	
						21	
						22	
						23	
						24	
						25	
						26	
						27	
						28	
						29 ACCT STATE	
						30	
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE	
35 OCCURRENCE SPAN FROM		35 OCCURRENCE SPAN THROUGH		36 OCCURRENCE SPAN FROM		36 OCCURRENCE SPAN THROUGH	
37		37		37		37	
38		38		38		38	
39 CODE		39 VALUE CODES AMOUNT		40 CODE		40 VALUE CODES AMOUNT	
a		a		a		a	
b		b		b		b	
c		c		c		c	
d		d		d		d	
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE	
46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49	
PAGE		OF		CREATION DATE		TOTALS	
50 PAYER NAME				51 HEALTH PLAN ID		52 REL. INFO	
						53 AGG. BEN.	
						54 PRIOR PAYMENTS	
						55 EST. AMOUNT DUE	
						56 NPI	
						57 OTHER PRV ID	
58 INSURED'S NAME				59 P. REL.		60 INSURED'S UNIQUE ID	
						61 GROUP NAME	
						62 INSURANCE GROUP NO.	
63 TREATMENT AUTHORIZATION CODES				64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME	
67							
66 DX		67		67		68	
69 ADMIT DATE		70 PATIENT REASON DX		71 PPS CODE		72 ECI	
74 PRINCIPAL PROCEDURE DATE		a OTHER PROCEDURE DATE		b OTHER PROCEDURE DATE		75	
74 OTHER PROCEDURE DATE		d OTHER PROCEDURE DATE		e OTHER PROCEDURE DATE			
80 REMARKS				81 CC		76 ATTENDING NPI	
				a		LAST	
				b		FIRST	
				c		QUAL	
				d			
						77 OPERATING NPI	
						LAST	
						FIRST	
						QUAL	
						78 OTHER NPI	
						LAST	
						FIRST	
						QUAL	
						79 OTHER NPI	
						LAST	
						FIRST	
						QUAL	



iDose TR<sup>®</sup>  
(travoprost intracameral implant) 75 mcg

