
QUICK REFERENCE

Billing & Coding Guide

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HCPCS Code¹

Each iDose® TR implant is 75 micrograms and should be billed as 75 units using J7355.

HCPCS CODE	DESCRIPTION	BILLING UNITS
J7355	Injection, travoprost, intracameral implant, 1 microgram	75

National Drug Code (NDC)²

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)	11-DIGIT NDC (5-4-2 FORMAT)
iDose TR	25357-100-01	25357-0100-01

CPT® Codes For Drug Administration Services³

CPT® code for iDose TR procedure:

CPT CODE	DESCRIPTION
0660T	Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach
0661T	Removal and reimplantation of anterior segment intraocular nonbiodegradable drug-eluting implant

Modifiers⁴

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.

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 amounts⁵

Diagnosis Codes⁶

ICD-10-CM CODE	DESCRIPTION
Open-angle glaucoma	
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
Ocular hypertension	
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.

Disclaimer

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.

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).

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 hyperemia, and reduced visual acuity.

Please see full [Prescribing Information](#).

References

1. Centers for Medicare & Medicare Services. HCPCS. Accessed May 13, 2024. <https://www.cms.gov/medicare/coding/medhcpcsgeninfo/downloads/2018-11-30-hcpcs-level2-coding-procedure.pdf>
2. US Food and Drug Administration. Format of the National Drug Code. Updated September 28, 2023. Accessed February 19, 2026.
3. American Academy of Ophthalmology. Two new Category III codes impacting glaucoma surgeons effective July 1, 2021. Accessed February 19, 2026. <https://www.aao.org/practice-management/news-detail/new-category-iii-codes-effective-july-1-2021>.
4. Noridian Healthcare Solutions. Modifiers. Updated February 3, 2025. February 19, 2026. <https://med.noridianmedicare.com/web/jeb/topics/modifiers>.
5. Centers for Medicare & Medicare Services. Billing and coding: JW and JZ modifier billing guidelines. Revised September 25, 2025. Accessed February 19, 2026. www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=55932.
6. American Academy of Ophthalmology. ICD-10 Glaucoma Reference Guide. Accessed February 19, 2026. www.aao.org/Assets/5adb14a6-7e5d-42ea-af51-3db772c4b0c2/636713219263270000/bc-2568-update-icd-10-quick-reference-guides-glaucoma-final-v2-color-pdf?inline=1