

iDose[®] TR 
(travoprost intracameral
implant) 75 mcg



A STEP-BY-STEP GUIDE TO COVERAGE AND REIMBURSEMENT

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).

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

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TRANSFORMING VISION

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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[®] TR coverage

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iDose TR is an implantation procedure-based treatment that is administered by a healthcare provider in an outpatient setting.^{1,2}

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

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 vary³⁻⁶

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 cost³

The majority (87%) of FFS beneficiaries have some type of supplemental coverage that can help cover copays, while 43% have a Medigap plan that may help with Part B coinsurance (20%).^{3,7}

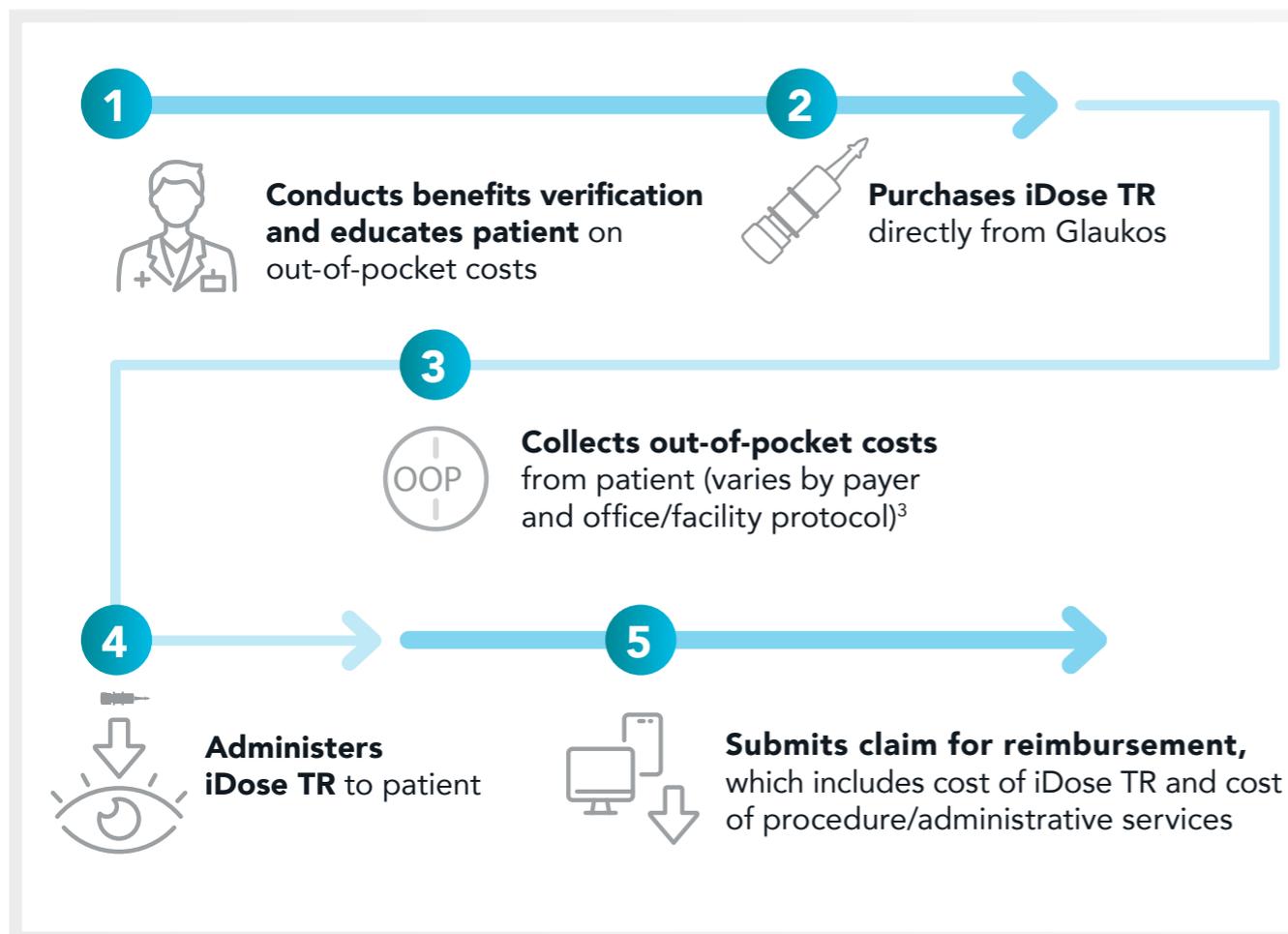
Always check with the patient's payer to determine coverage rules.

Acquiring iDose[®] 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.⁸

In the buy and bill process, the healthcare provider⁸:



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

For more information,
go to www.idosetrhcp.com



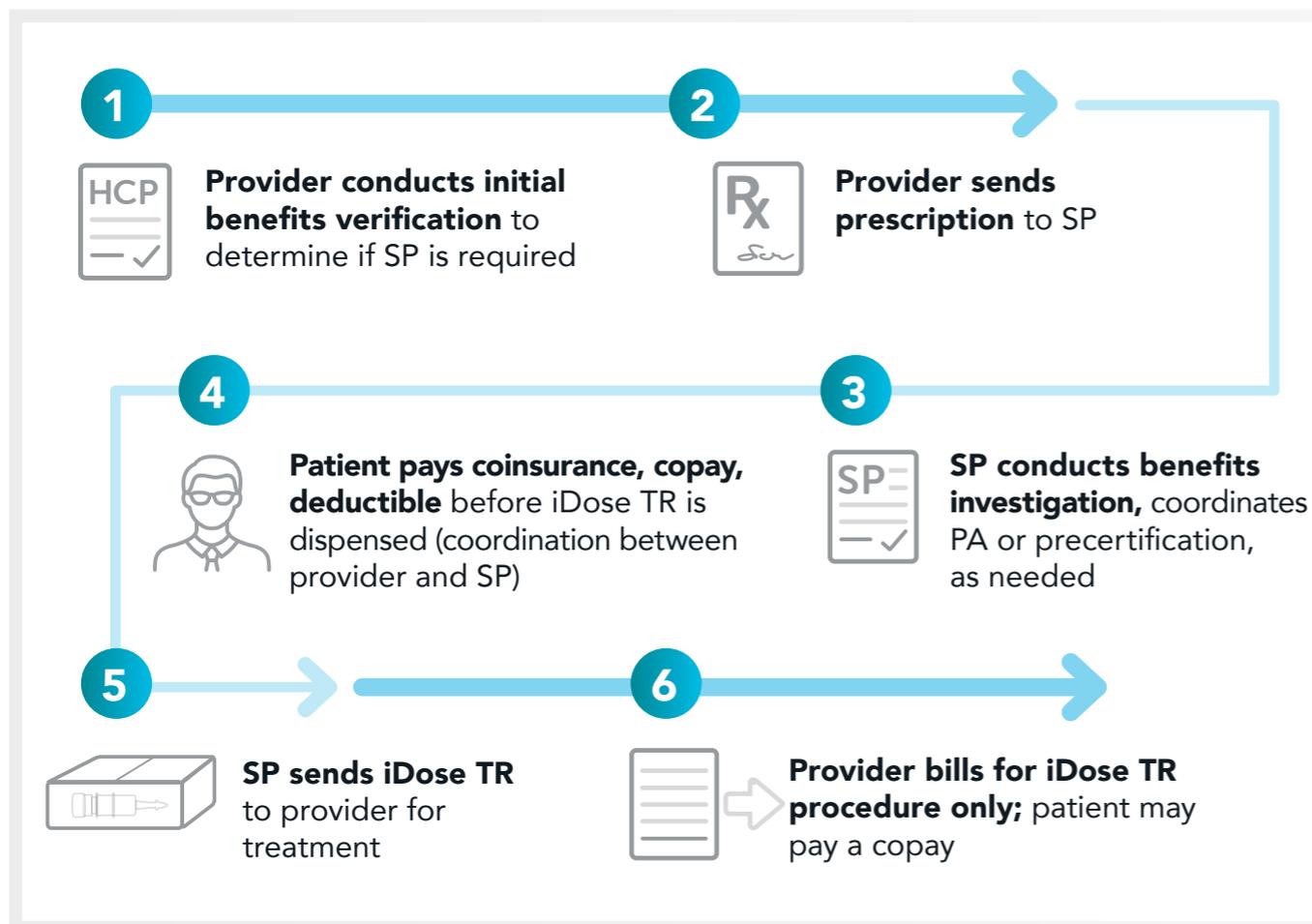
Select commercial payers may allow specialty pharmacy (SP) distribution

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iDose[®] TR is available exclusively through Orsini Specialty Pharmacy

Acquiring iDose TR through an SP may be allowed by some payers.⁹

In the SP distribution process⁹⁻¹²:



Ordering iDose TR through SP

Orsini Specialty Pharmacy

For provider services and patient questions call: 1-800-550-7207

Provider fax orders: 1-877-277-3139

For more information, go to www.orsinihealthcare.com



Considerations for requesting a PA for iDose® 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.⁴



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[®] 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.¹³

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[®] TR¹⁴:

HCPCS Code	Description
J7355	Injection, travoprost, intracameral implant, 1 microgram. iDose[®] TR is billed in 75 units

HCPCS = Healthcare Common Procedure Coding System.

CPT[®] codes for drug administration services

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

CPT Code ^{16,17}	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

CPT = Current Procedural Terminology.

CPT[®] 2026 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

National Drug Code^{18,19}

- 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) ¹	11-Digit NDC (5-4-2 format) ¹
iDose TR	25357-100-01	25357-0100-01

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

Diagnosis codes²⁰

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

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.

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Place of Service codes²²

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.²³

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.²⁴**

Revenue codes^{25,26}

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[®] TR

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Commercial and Medicare Advantage plan reimbursement varies and is based on the contracted rate with the provider. Review your contracts to understand your specific reimbursement rates.²⁷



Medicare FFS

Reimbursement for ASCs, HOPDs, and physician offices is based on average sales price (ASP) + 6%.^{28-31†}

[†]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).³²

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

National unadjusted Medicare payments

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

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.^{36,37}
- The CMS-1500 claim form is shown here as an example. Check with individual payers for specific coding guidance and documentation requirements.³⁸

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[®] TR is billed in 75 units¹

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#) (ID#(DoD#)) (Member ID#) (ID#) (ID#) (ID#)

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. EMPLOYMENT? (Current or Previous)
b. AUTO ACCIDENT?
c. OTHER ACCIDENT?

11. INSURED'S POLICY GROUP OR FECA NUMBER
a. INSURED'S DATE OF BIRTH MM DD YY SEX M F
b. OTHER CLAIM ID (Designated by NUCC)
c. INSURANCE PLAN NAME OR PROGRAM NAME
d. IS THERE ANOTHER HEALTH BENEFIT PLAN?
YES NO 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.
SIGNED DATE

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

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL. 15. OTHER DATE MM DD YY QUAL.

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? \$ CHARGES YES NO

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

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER 24G

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE EMG C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. ID QUAL I. ID QUAL J. RENDERING PROVIDER ID. #

25. FEDERAL TAX I.D. NUMBER SSN EIN 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? (For gov. claims, see back) YES NO 28. TOTAL CHARGE \$ 29. AMOUNT PAID \$ 30. Rsvd 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 # ()

SIGNED DATE a. NPI b. NPI

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.³⁹
- Check with individual payers for specific coding guidance and documentation requirements.⁴⁰

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^{1,26}

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

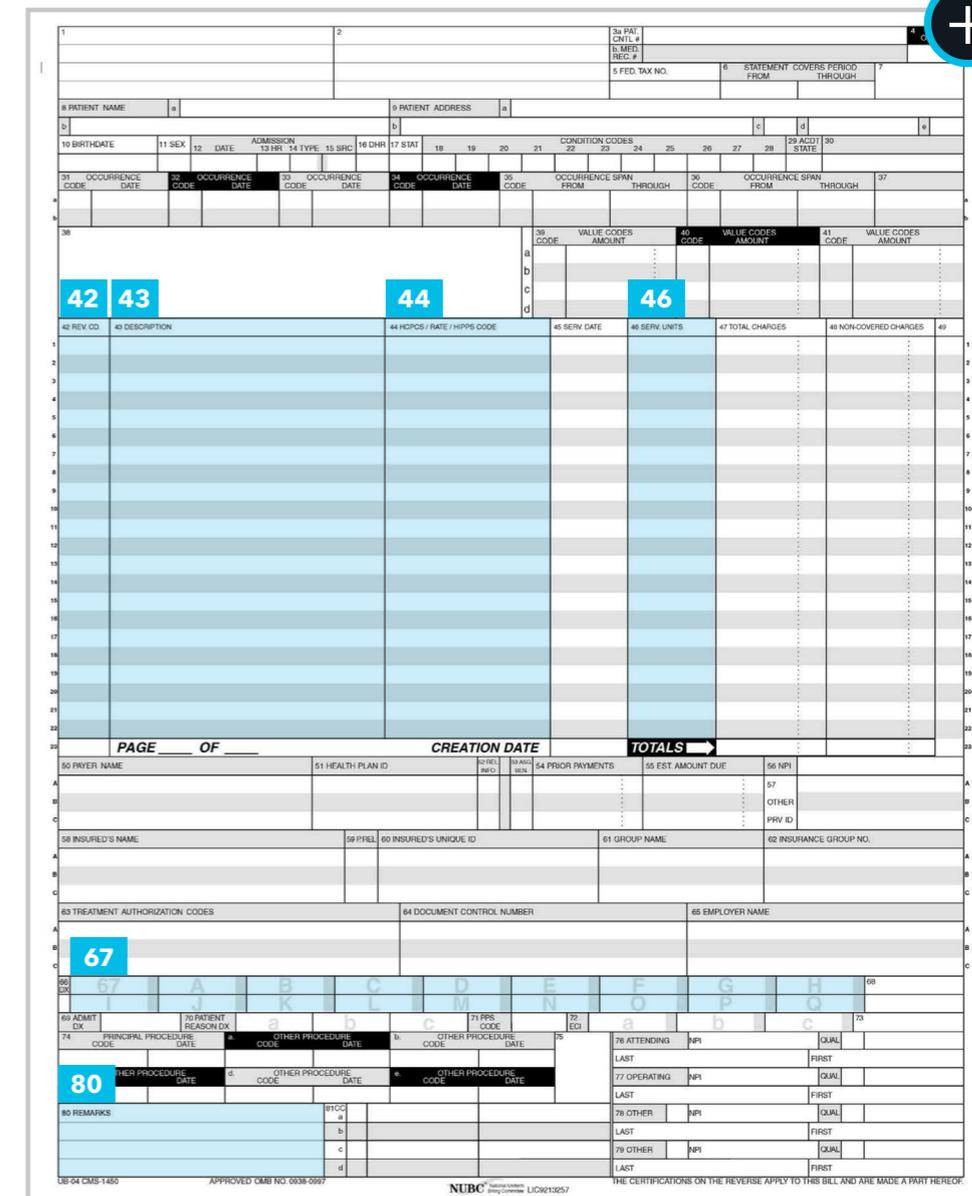
Service Units: Include the number of units used for each line item. iDose[®] TR is billed in 75 units¹

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. 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 main table.
- 44**: HCPCS/Rate/Units column in the main table.
- 46**: Service Units column in the main table.
- 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 include⁴¹⁻⁴³:

- 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 denial⁴⁴

If a patient is denied coverage for iDose[®] TR, the decision can be appealed.

Medicare Advantage Plan⁴⁵

Medicare FFS^{44,46}

Commercial^{47,48}

1 REVIEW the reason for the denial

2 FILE an internal appeal

Level 1: REQUEST for reconsideration

Standard requests must be made in writing, unless the enrollee's plan accepts verbal requests

- Requests must be made within 60 days of denial notification by the MA plan

Level 1: REQUEST a redetermination

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

SUBMIT a written appeal to the health plan requesting they reconsider the denial

- Typically allowed 180 days from receiving the denial to file an internal appeal

3 SEND completed form or letter, along with supporting documents, to the health plan or for FFS, the Medicare Administrative Contractor (MAC) that processed the claim

! The insurer must respond within specific timeframes

- 30 calendar days for standard pre-service requests
- No later than 72 hours for expedited pre-service benefit or Part B drug requests
- 7 calendar days for standard Part B drug requests
- 60 calendar days for payment requests

- Within 60 days

- 30 days for standard appeals
- 72 hours for expedited claims

! If the appeal is unsuccessful, it moves to the next level

Automatic Level 2 Appeal: Independent Review Entity (IRE)

- If the plan denies the Level 1 appeal, the case will automatically be forwarded to an IRE for a Level 2 appeal
- No action is required for this step

Appeal moves to a second level

- Submit a request to a Qualified Independent Contractor (QIC) within 180 days of the redetermination decision

Appeal moves to an external review by an independent third party

- 4 months to file for external review after the internal appeal decision
- For urgent medical situations, request expedited internal and external appeals to get faster decisions

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.⁴⁹

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.⁵⁰

How to respond to an ADR^{49,50}

- ✓ **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 mistakes⁵⁰

- ✗ **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](#).



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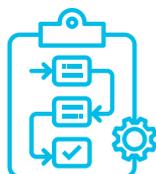
How will iDoseCareConnect™ support your practice and patients?

iDoseCareConnect provides centralized support services for practices and patients, as well as in-person, field-based reimbursement support from your dedicated Reimbursement Liaison (RL).



Coverage & Cost Visibility

iDoseCareConnect can perform a benefits investigation, provide estimated patient out-of-pocket (OOP) costs, and determine financial assistance eligibility.



Authorization & Appeals Support

iDoseCareConnect can also offer support through prior authorizations, pre-determinations, appeals, and peer-to-peer review requirements.



The **iDose TR Payer Policy Library** is a great resource to quickly access plan-specific coverage information for iDose TR.

[Click here to access](#)

Enroll your patient in iDoseCareConnect by visiting www.iDoseCareConnect.com.

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[®] TR Patient Savings Program

Eligible, commercially insured patients may pay as little as \$0 out of pocket for the cost of iDose TR*

*Valid for only commercially insured patients with a plan covering iDose TR; patient out-of-pocket expenses may vary. 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. Offer

For questions or support, patients can contact iDose TR Patient Services at **888-441-2519** or **iDoseTRpatientservices@glaukos.com**



For additional support, speak to your Glaukos Reimbursement Liaison or email marketaccess@glaukos.com.

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

PICA <input type="checkbox"/>		PICA <input type="checkbox"/>	
1. MEDICARE <input type="checkbox"/> (Medicare#)		MEDICAID <input type="checkbox"/> (Medicaid#)	
TRICARE <input type="checkbox"/> (ID#/DoD#)		CHAMPVA <input type="checkbox"/> (Member ID#)	
GROUP HEALTH PLAN <input type="checkbox"/> (ID#)		FECA BLK LUNG <input type="checkbox"/> (ID#)	
OTHER <input type="checkbox"/> (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"/>	
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"/>	
CITY STATE		7. INSURED'S ADDRESS (No., Street)	
ZIP CODE TELEPHONE (Include Area Code)		CITY STATE	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) YES <input type="checkbox"/> NO <input type="checkbox"/> b. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> PLACE (State) _____ c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> d. INSURANCE PLAN NAME OR PROGRAM NAME	
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. SIGNED _____ DATE _____		11. INSURED'S POLICY GROUP OR FECA NUMBER a. INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/> b. OTHER CLAIM ID (Designated by NUCC) c. INSURANCE PLAN NAME OR PROGRAM NAME d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, complete items 9, 9a, and 9d.	
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL _____		15. OTHER DATE MM DD YY QUAL _____	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		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 <input type="checkbox"/> NO <input type="checkbox"/> \$ CHARGES _____	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. _____ A. _____ B. _____ C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____		22. RESUBMISSION CODE _____ ORIGINAL REF. NO. _____	
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPSONI Family Plan I. ID. QUAL J. RENDERING PROVIDER ID. #		23. PRIOR AUTHORIZATION NUMBER _____	
25. FEDERAL TAX I.D. NUMBER SSN EIN <input type="checkbox"/> <input type="checkbox"/>		26. PATIENT'S ACCOUNT NO.	
27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES <input type="checkbox"/> NO <input type="checkbox"/>		28. TOTAL CHARGE \$ _____	
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 # ()		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)



iDose TR

(travoprost intracameral implant) 75 mcg

PHYSICIAN OR SUPPLIER INFORMATION

1. NAME OF PHYSICIAN OR SUPPLIER (Last Name, First Name, Middle Initial)

2. ADDRESS (No., Street)

CITY STATE

ZIP CODE TELEPHONE (Include Area Code)

3. DATE OF SERVICE (MM DD YY)

4. PLACE OF SERVICE

5. EMG

6. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER

7. DIAGNOSIS POINTER

8. \$ CHARGES

9. DAYS OR UNITS

10. EPSONI Family Plan

11. ID. QUAL

12. RENDERING PROVIDER ID. #

13. 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 _____

14. NPI _____

15. SERVICE FACILITY LOCATION INFORMATION
a. NPI _____ b. _____

16. BILLING PROVIDER INFO & PH # ()

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 biologic¹⁶.

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 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		35 OCCURRENCE DATE		36 OCCURRENCE SPAN FROM THROUGH		37 OCCURRENCE SPAN FROM THROUGH	
38		39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT	
a		b		c		d	
42		43		44		46	
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE	
46		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49	
1		2		3		4	
5		6		7		8	
9		10		11		12	
13		14		15		16	
17		18		19		20	
21		22		23		24	
25		26		27		28	
29		30		31		32	
33		34		35		36	
37		38		39		40	
41		42		43		44	
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97		98		99		00	



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