

What to know about DEXTENZA coding

Dextenza[®]
(dexamethasone ophthalmic insert) 0.4 mg
for intracanalicular use

DEXTENZA can be coded for both the product and procedure.

| Product and Procedure Codes | Description |
|---|---|
| J1096 J-code ^{1*} | Dexamethasone, lacrimal ophthalmic insert, 0.1 mg [§] |
| 0356T CPT [†] code ^{2‡} | Insertion of drug-eluting implant (including punctal dilation and implant removal when performed) into lacrimal canaliculus, each |

HCPCS (Healthcare Common Procedure Coding System) is a standardized coding system used to report procedures to Medicare, Medicaid, and third-party payers. It was developed for reporting procedures performed, equipment used, and amount of product prescribed, injected, or delivered to the patient.¹

INDICATION

DEXTENZA is a corticosteroid indicated for the treatment of ocular inflammation and pain following ophthalmic surgery.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

DEXTENZA is contraindicated in patients with active corneal, conjunctival or canalicular infections, including epithelial herpes simplex keratitis (dendritic keratitis), vaccinia, varicella; mycobacterial infections; fungal diseases of the eye, and dacryocystitis.



Find more information about HCPCS codes at
cms.gov/Medicare/Coding/MedHCPCSGenInfo/index.html

^{*}A permanent code used to report non-orally administered drugs that cannot be self-administered. May be accompanied by a procedure-based CPT code.

[†]CPT[®] is a registered trademark of the American Medical Association.

[‡]Current Procedural Terminology (CPT[®]), an alphanumeric coding system maintained by the American Medical Association to identify medical services and procedures provided by physicians and other healthcare professionals.

[§]When submitting a claim, enter a unit of 4 for the DEXTENZA HCPCS code (J1096). The HCPCS descriptor for DEXTENZA is 0.1 mg.

Dextenza 360[™]
Patient Access and Reimbursement Services

J1096 is most reliably reimbursed with Medicare Part B in the ASC/HOPD

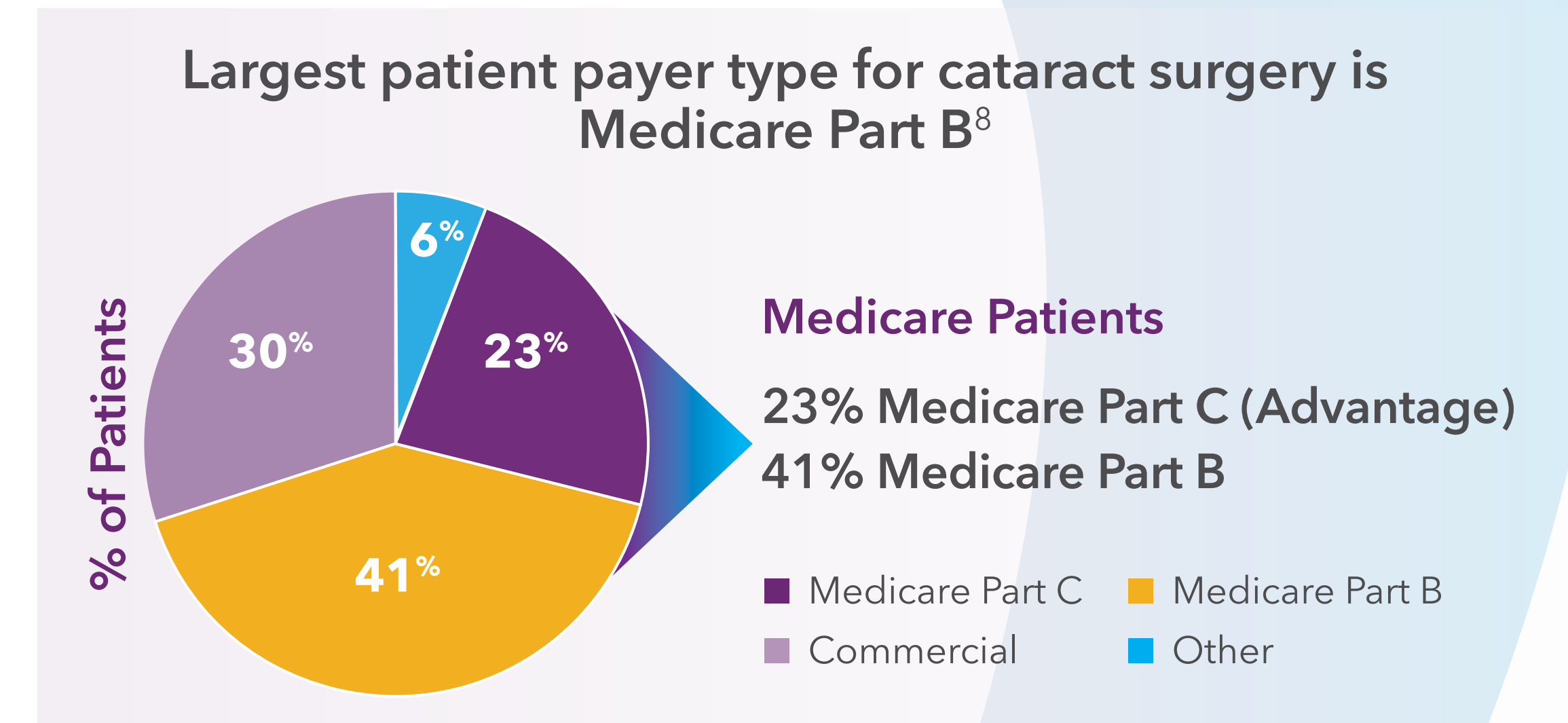
Pass-through payment status is granted to select products that qualify as new and innovative technologies.^{3,4} Medicare reimbursement is paid in addition to (separately from) ASC or HOPD facility fees.⁵ There are varying levels of coverage across channels:

Medicare Part B⁶

- Physician fees are not affected and are reimbursed separately
- Patient fees may have a coinsurance amount up to 20% of the payment amount
 - Approximately 81% of Medicare Part B patients have some form of supplemental insurance, which covers copays⁷

Commercial and Medicare Advantage (Part C)*

- These plans may have different billing and coding requirements from Medicare Part B
- Payers may (but are not required to) follow Medicare recommendations in making coverage decisions
- Coverage and payment rates may vary among existing facility contracts



Contact DEXTENZA360™ or your Field Reimbursement Manager for additional guidance on each plan's unique policies and payment methodologies.

IMPORTANT SAFETY INFORMATION WARNINGS AND PRECAUTIONS

Prolonged use of corticosteroids may result in glaucoma with damage to the optic nerve, defects in visual acuity and fields of vision. Steroids should be used with caution in the presence of glaucoma. Intraocular pressure should be monitored during treatment.

Corticosteroids may suppress the host response and thus increase the hazard for secondary ocular infections. In acute purulent conditions, steroids may mask infection and enhance existing infection.

Use of ocular steroids may prolong the course and may exacerbate the severity of many viral infections of the eye (including herpes simplex).

Fungus invasion must be considered in any persistent corneal ulceration where a steroid has been used or is in use. Fungal culture should be taken when appropriate.

Use of steroids after cataract surgery may delay healing and increase the incidence of bleb formation.

ADVERSE REACTIONS

The most common ocular adverse reactions that occurred in patients treated with DEXTENZA were: anterior chamber inflammation including iritis and iridocyclitis (10%); intraocular pressure increased (6%); visual acuity reduced (2%); cystoid macular edema (1%); corneal edema (1%); eye pain (1%) and conjunctival hyperemia (1%).

The most common non-ocular adverse reaction that occurred in patients treated with DEXTENZA was headache (1%).

[Please see full Prescribing Information.](#)

*For Medicare Advantage (Part C) or commercial patients, we recommend contacting your Ocular Therapeutix Field Reimbursement Manager or DEXTENZA360 beforehand.
ASC = ambulatory surgical center; HOPD = hospital outpatient department.

References: **1.** MedicalBillingAndCoding.org. Everything You Need to Get Started in Medical Billing & Coding. <https://medicalbillingandcoding.org/hcpcs-codes/>. Accessed September 20, 2019. **2.** MedicalBillingAndCoding.org. Intro to CPT Coding. <https://medicalbillingandcoding.org/intro-to-cpt/>. Accessed September 20, 2019. **3.** HR Rep No. 106-436, pt 1 (1999). <http://bit.ly/2p6WlBa>. Accessed September 20, 2019. **4.** Department of Health and Human Services. Medicare Program Prospective Payment System for Hospital Outpatient Services: Final Rule. *Fed Regist.* 2000;65(68):18434-18820. <http://bit.ly/2pyVNHh>. Accessed September 20, 2019. **5.** Centers for Medicare and Medicaid Services. Process and Information Required to Determine Eligibility of Drugs, Biologicals, and Radiopharmaceuticals for Transitional Pass-Through Status Under the Hospital Outpatient Prospective Payment System (OPPS). <http://go.cms.gov/2mdO8gV>. Accessed September 20, 2019. **6.** Centers for Medicare and Medicaid Services. Your Medicare Coverage. <https://www.medicare.gov/coverage/outpatient-hospital-services>. Accessed September 20, 2019. **7.** Henry J. Kaiser Family Foundation. Sources of Supplemental Coverage Among Medicare Beneficiaries in 2016. <http://bit.ly/2ZNxvZJT>. Accessed September 30, 2019. **8.** Market Research 2016-2018, ref. 00645. Ocular Therapeutix, Inc.

