Dextenza 360™

Patient Access and Reimbursement Services

REIMBURSEMENT GUIDE

Your guide to billing and coding for DEXTENZA

This guide provides billing and coding information for DEXTENZA, including sample claim forms and how DEXTENZA360 can provide seamless support throughout the reimbursement process for DEXTENZA.

Click, Call, or Connect with **DEXTENZA360** with any questions and to receive more information.

Please see Indication and Important Safety Information on back cover and full Prescribing Information in pocket.

Dextenza®

(dexamethasone ophthalmic insert) 0.4 mg

for intracanalicular use

Proper coding for DEXTENZA

How is a pass-through product coded and billed?

- A unique J-code (J1096) allows ASCs and HOPDs to bill Medicare and other payers for DEXTENZA
- The payment is in addition to facility fees paid to ASCs or HOPDs for cataract surgery

No effect on physician fees

- Payment to surgeons for cataract surgery under Medicare's Physician Fee Schedule will not be affected by the pass-through payment status of DEXTENZA

No effect on the healthcare system

- Pass-through regulation is budget-neutral to the healthcare system
- If surgeons and/or facilities do not access pass-through payments, the allotted funds will be used by other specialties and any remaining amounts will be lost

Additional codes needed to ensure proper billing for DEXTENZA

J-code	J1096	DEXTENZA
CPT Code	0356T	DEXTENZA Administration
CPT Modifiers	RT/LT	Right Eye/Left Eye
NDC Number*	70382-0204-01, 70382-0204-10	1-insert carton, 10-insert carton

DEXTENZA360 provides comprehensive support for obtaining benefits verification and determining the appropriate codes preferred by the payer.

Coverage and reimbursement may vary by payer, contractual agreements, and site of service. **Work with your DEXTENZA Field Reimbursement Manager to determine billable status for your payers and identify which plans allow for separate payment of drugs, new technologies, and pass-through drugs.**

Click, Call, or Connect with **DEXTENZA360** with any questions and to receive more information.

*For billing, certain payers may require the 10-digit NDC to be converted to 11 digits.

ASC = ambulatory surgical center; CMS = Centers for Medicare and Medicaid Services; CPT = Current Procedural Terminology;

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DEXTENZA distribution

Contact one of our authorized distributors listed below to order DEXTENZA and receive it by the next business day.

Distributor	Phone	Fax	Website
ASD Healthcare	1-800-746-6273	1-800-547-9413	asdhealthcare.com
Besse Medical	1-800-543-2111	1-800-543-8695	besse.com
Cardinal Specialty Pharma Distribution	1-855-855-0708	1-614-553-6301	cardinalhealth.com
FFF Enterprises	1-800-843-7477	1-800-418-4333	fffenterprises.com
Henry Schein Medical	1-800-772-4346	1-800-329-9109	henryschein.com/medical
Metro Medical	1-800-768-2002	1-615-256-4194	metromedicalorder.com
McKesson Medical-Surgical	1-855-571-2100	1-800-311-3408	mms.mckesson.com
McKesson Plasma and Biologics for Hospitals	1-877-625-2566	1-888-752-7626	connect.mckesson.com
McKesson Specialty Health	1-855-477-9800	1-800-800-5673	mscs.mckesson.com

Ocular Therapeutix does not recommend the use of any particular distributor.

Product	Active Ingredient	Quantity	NDC Number
DEXTENZA (dexamethasone ophthalmic insert) 0.4 mg	(dexamethasone USP)	1's	70382-0204-01
DEXTENZA (dexamethasone ophthalmic insert) 0.4 mg	(dexamethasone USP)	10's	70382-0204-10

Connect with DEXTENZA360, your dedicated resource and support team

Click

DEXTENZA360.com
for 24/7 online access to interactive tools designed to help you throughout the access and reimbursement process.

Call

800-339-8369
(800-DEXTENZA) for your dedicated Case Manager Monday–Friday 8:00 AM–8:00 PM ET (fax: 855-518-7564).

Connect

directly with your Ocular Therapeutix Field Reimbursement Manager or DEXTENZA360 Case Manager.

We recognize that every office is unique and work to suit your specific needs.

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How to complete a CMS-1500 form for DEXTENZA

Follow the guide below on how to fill out a CMS-1500 form for DEXTENZA reimbursement. Ensure that you enter all applicable patient information.

Sample Physician Claim Form

Box 21
Enter the appropriate ICD-10 code(s).

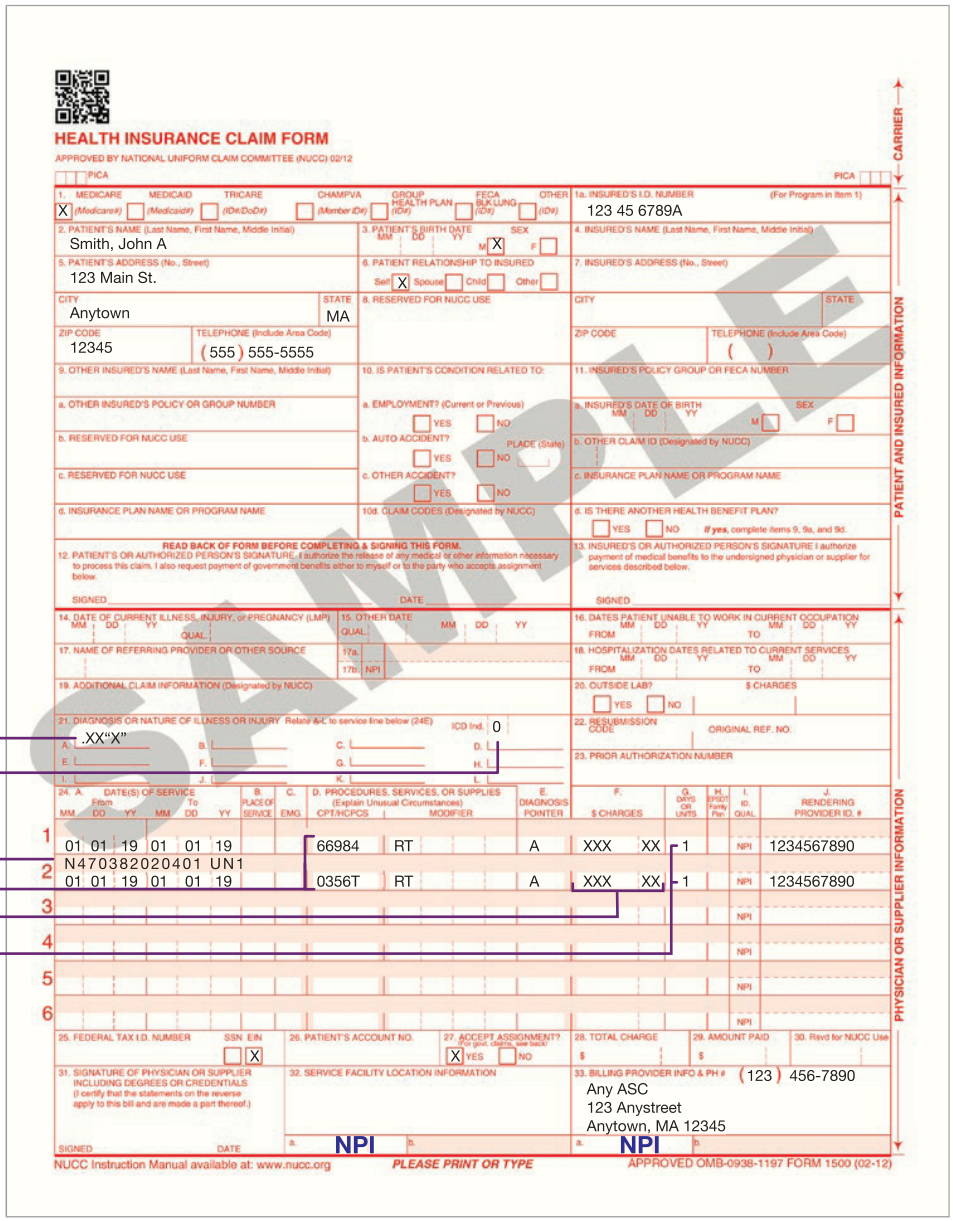
Box 21
Enter "0" for ICD-10-CM.

Box 24 Service Lines (red-shaded lines) Using a unique product code for DEXTENZA (J1096), use the following NDC (N470382020401* UN1).†

Box 24D
Enter the CPT‡ code for the surgical procedure (e.g., 66984). Enter the HCPCS code to represent DEXTENZA (J-code) and the CPT code for DEXTENZA insertion.

Box 24F
Enter price of DEXTENZA from price schedule.

Box 24G
Enter a unit of 1 for the procedure codes (66984 and 0356T).



*11-digit NDC, 70382-0204-01, may be required by certain payers.

†NDC is to be preceded with the qualifier N4 and followed immediately by the 11-digit NDC in positions 01 through 13. Quantity of NDC is to be preceded by the appropriate qualifier (UN = units) in positions 17 through 24.

HCPCS = Healthcare Common Procedure Coding System.

Note: The information presented is based on the paper claim format; **please adapt this information to electronic equivalent fields in your software systems.** The coding information discussed in this document and sample form is provided for informational purposes only, is subject to change, and should not be construed as legal advice. The codes listed below may not apply to all patients or to all health insurance plans; providers should exercise independent clinical judgment when selecting codes and submitting claims to accurately reflect the services and products furnished to a specific patient.

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Follow the guide below on how to fill out a CMS-1500 form for DEXTENZA reimbursement. Ensure that you enter all applicable patient information.

Box 21
Enter the appropriate ICD-10 code(s).

Box 21
Enter "0" for ICD-10-CM.

Box 24 Service Lines (red-shaded lines) Using a unique product code for DEXTENZA (J1096), use the following NDC (N470382020401* UN1).†

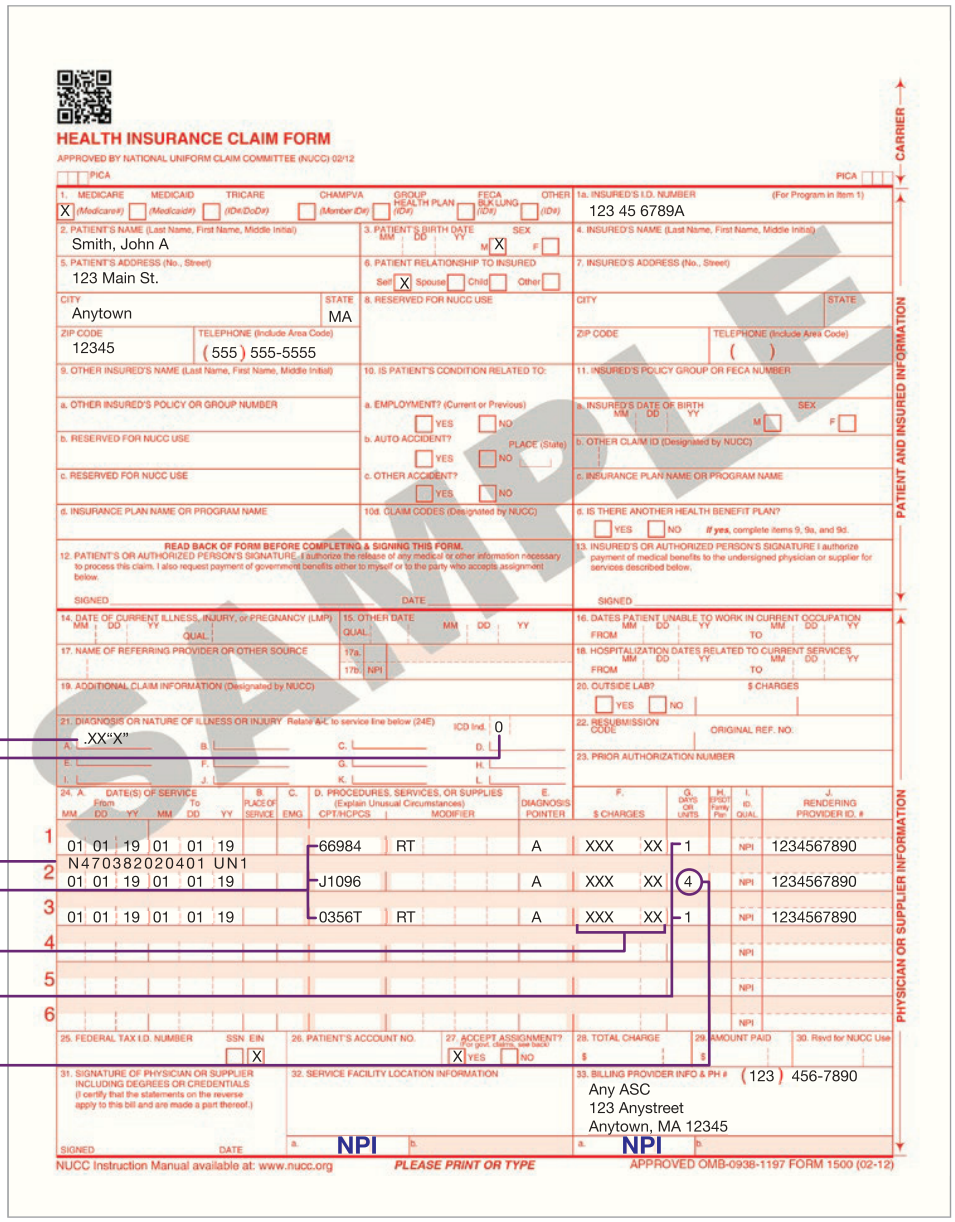
Box 24D
Enter the CPT‡ code for the surgical procedure (e.g., 66984). Enter the HCPCS code to represent DEXTENZA (C-code or J-code payer-dependent) and the CPT code for DEXTENZA insertion.

Box 24F
Enter price of DEXTENZA from price schedule.

Box 24G
Enter a unit of 1 for the procedure codes (66984 and 0356T).

Box 24G
Enter a unit of 4 for the DEXTENZA HCPCS code (J1096). The HCPCS descriptor for DEXTENZA is 0.1 mg.

Sample ASC Claim Form



*11-digit NDC, 70382-0204-01, may be required by certain payers.

†NDC is to be preceded with the qualifier N4 and followed immediately by the 11-digit NDC in positions 01 through 13. Quantity of NDC is to be preceded by the appropriate qualifier (UN = units) in positions 17 through 24.

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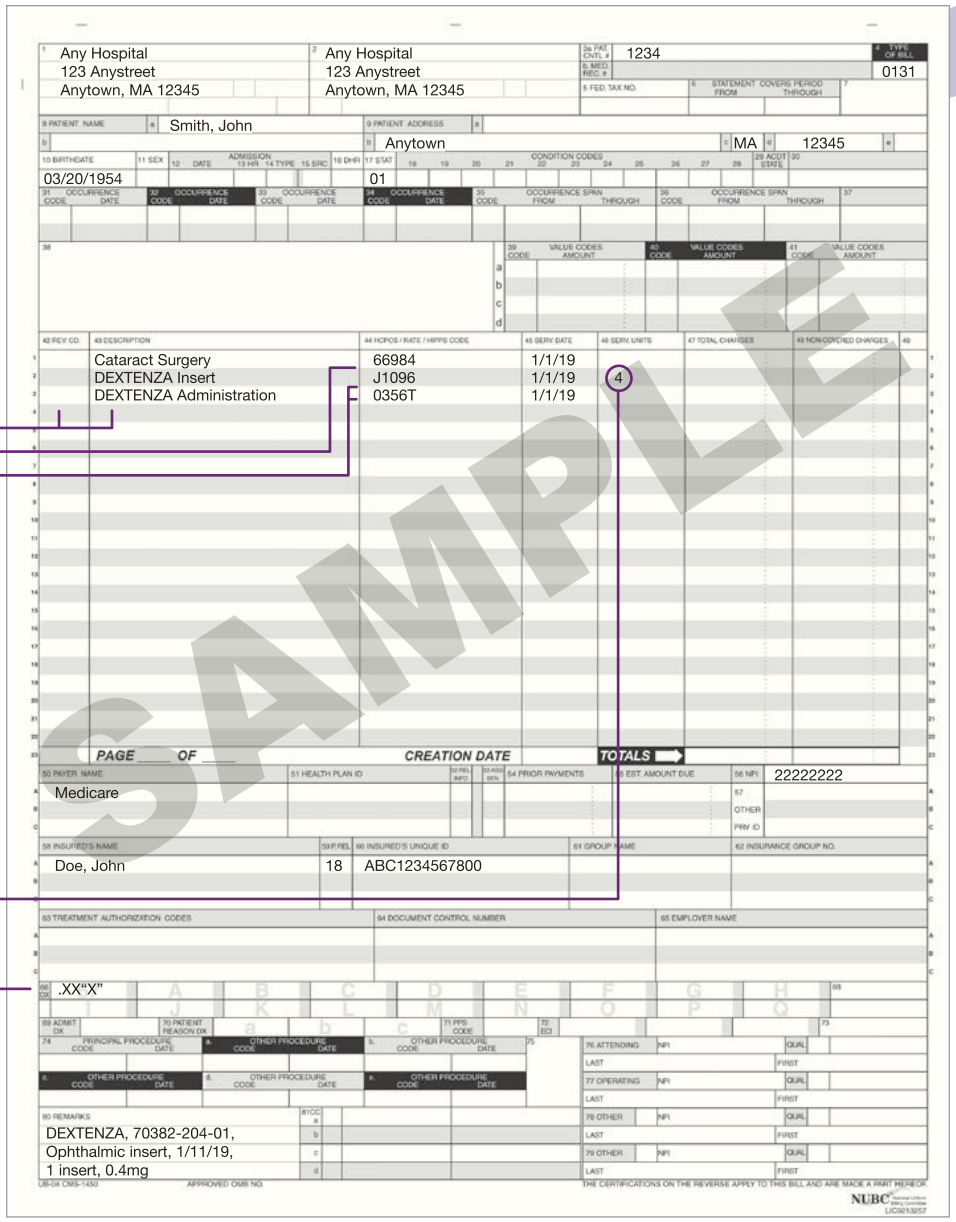
How to complete a CMS-1450 form for DEXTENZA

Follow the guide below on how to fill out a CMS-1450 form for DEXTENZA reimbursement. Ensure that you enter all applicable patient information.

Sample CMS-1450 Claim Form



Box 42, 43
Enter revenue code and revenue code description for the type of ophthalmic surgery (e.g., cataract, as shown here) and DEXTENZA.

Box 44
Enter procedure code to designate cataract surgery.

Box 44
Enter the CPT* code for the surgical procedure (e.g., 66984). Enter the HCPCS code to represent DEXTENZA (J-code) and the CPT code for DEXTENZA insertion.

Box 46
Enter a unit of 4 for the DEXTENZA HCPCS code (J1096). The HCPCS descriptor for DEXTENZA is 0.1 mg.

Box 67
Enter the appropriate ICD-10 code(s).

Note that row 1 provides cataract surgery coding in conjunction with DEXTENZA.

Please see Indication and Important Safety Information on back cover and full Prescribing Information in pocket.

Committed to you and your patients

Providing comprehensive support

Benefits investigation

A full report, including insurance coverage, within 2 business days.

Claim assistance

Helping address your questions up front. Receive coding and billing guidance before a claim is submitted, assistance with monitoring claims, clearly communicated results, and payment details.

Prior authorization (PA) assistance

If a PA is necessary, we provide access to helpful forms and assistance with payer requirements to facilitate approval.

Appeal assistance

Individualized guidance on appeal submission and assistance with documentation and forms. We track the status of appeals and clearly communicate results and next steps.

Financial assistance programs

Assistance for all qualifying patients. DEXTENZA360 will help determine patient eligibility and investigate options.

Click, Call, or Connect for any additional billing or coding questions.

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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.

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%).

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PP-US-DX-0091-V3

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