

ILUVIEN CODING: PHYSICIAN OFFICE (POS 11)

The following table provides an overview of potential codes that may be used when billing for ILUVIEN in the physician office setting.

ILUVIEN Coding – Physician Office (POS 11 – Office)				
	Type of Code	Code + Laterality (1-right, 2-left, 3-bilateral)	Descriptor	Notes
Patient Diagnosis	ICD-10-CM <i>Effective January 1, 2017</i>	E08.311_, E08.321_, E08.331_, E08.341_, E08.351_ E09.311_, E09.321_, E09.331_, E09.341_, E09.351_ E10.311_, E10.321_, E10.331_, E10.341_, E10.351_ E11.311_, E11.321_, E11.331_, E11.341_, E11.351_ E13.311_, E13.321_, E13.331_, E13.341_, E13.351_	Diabetes mellitus + ophthalmic complications + diabetic retinopathy + diabetic macular edema	In ICD-10-CM, a single code describes diabetic macular edema.
Injection Procedure	CPT	67028	Intravitreal injection of pharmacologic agent, separate procedure	Use modifiers -RT and -LT to indicate which eye was injected.
ILUVIEN	HCPCS	J7313	Injection, fluocinolone acetonide intravitreal implant, 0.01 mg	Each ILUVIEN implant contains a fixed dose of 0.19 mg and should be billed as 19 units using J7313 (the HCPCS billing unit for J7313 is 0.01 mg). Use modifier JZ to report zero drug wasted. See payer-specific guidelines to determine drug code requirements.
	NDC	68611-190-02 (10 - digit) 68611-0190-02 (11- digit)	Fluocinolone acetonide intravitreal implant, 0.19 mg	See payer-specific guidelines for submitting 11- digit NDC.

Note: Providers should use clinical judgment when selecting codes and should use the codes that most accurately represent the services delivered. The coding information presented here should not be construed as legal advice or a guarantee of payment.

HCPCS Coding in the Physician Office – Additional Considerations

Effective January 1, 2016, ILUVIEN was assigned a unique HCPCS J-code, J7313. The descriptor of J7313 is “Injection, fluocinolone acetonide intravitreal implant, 0.01 mg.”

It is important to note that the HCPCS billing unit for J7313 is 0.01 mg. Each ILUVIEN implant contains a fixed dose of 0.19 mg and should be billed as 19 units using J7313 for appropriate reimbursement.

While it is not required to include additional information in Box 19, you may also include the product description as a source of additional information for the payer: “Injection, fluocinolone acetonide intravitreal implant, unit descriptor UN 0.01 mg”.

See payer-specific guidelines or consult the ILUVIEN AccessPlus Program for additional billing and coding information.

Commonly requested information includes:

- Drug name: ILUVIEN
- National Drug Code (NDC): Required in box 24A
 - 10-digit format: 68611-190-02
 - 11-digit format: 68611-0190-02 (most commonly used)
- Route of administration: Intravitreal injection (IVT)

Please note: Providers who acquire drugs through a specialty pharmacy provider will bill only for the drug administration on the claim form. However, some payers may require the provider to include the HCPCS drug code on the claim form. To do so, enter “0” in box 24G, “Days or Units” (or electronic equivalent, Loop 2400), and “\$0.00” in box 24F, “\$ Charges” (or electronic equivalent, Loop 2400). The SPP will need to confirm with the payer to ensure the appropriate information is included in the claim form.

Check with the patient’s payer (or the **ILUVIEN AccessPlus Program**) to determine billing procedures for drugs obtained from the specialty pharmacy provider.



SAMPLE CMS-1500 CLAIM FORM (PHYSICIAN OFFICE BILLING)

HEALTH INSURANCE CLAIM FORM											
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12											
PICA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>											
1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA BLK LUNG OTHER (Medicare#) (Medicaid#) (ID#/DoD#) (Member ID#) (ID#) (ID#) (ID#)				1a. INSURED'S I.D. NUMBER (For Program in Item 1)							
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Doe, John D				3. PATIENT'S BIRTH DATE MM DD YY XX XX XX M F				4. INSURED'S NAME (Last Name, First Name, Middle Initial) Doe, John D			
5. PATIENT'S ADDRESS (No., Street) 1234 Anystreet				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 Anytown				STATE AS				CITY			
ZIP CODE 12345				TELEPHONE (Include Area Code) (xxx) xxx-xxxx				ZIP CODE			
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)				10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO				11. INSURED'S POLICY GROUP OR FECA NUMBER			
a. OTHER INSURED'S POLICY OR GROUP NUMBER				a. INSURED'S DATE OF BIRTH MM DD YY M F				b. OTHER CLAIM ID (Designated by NUCC)			
b. RESERVED FOR NUCC USE				b. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, complete items 9, 9a, and 9d.				c. INSURANCE PLAN NAME OR PROGRAM NAME			
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL. XX XX XX XX				15. OTHER DATE MM DD YY QUAL. XX XX XX XX				16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY TO MM DD YY			
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE				17a. NDC (Box 24A) Include product NDC for ILUVIEN: N4 qualifier, as required by payer. UN or ME qualifier as required by payer.				17b. MEDICALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY TO MM DD YY			
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) ILUVIEN (fluocinolone acetonide) 0.19 mg, IVT, one implant				21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service A. E11.3411				DE LAB? YES <input type="checkbox"/> NO <input type="checkbox"/> CHARGES \$			
24. A. DATE(S) OF SERVICE From To MM DD YY MM DD YY N4 68611-0190-02				B. PLACE OF SERVICE EMG 11				C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER J7313 JZ			
E. DIAGNOSIS POINTER A				F. \$ CHARGES XXX XX				G. DAYS OR UNITS 19			
1				2				3			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
3				4				5			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
5				6				7			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
6				7				8			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
8				9				10			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
10				11				12			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
12				13				14			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
14				15				16			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
16				17				18			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
18				19				20			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
20				21				22			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
22				23				24			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
24				25				26			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
26				27				28			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
28				29				30			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
30				31				32			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
32				33				34			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
34				35				36			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
36				37				38			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
38				39				40			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
40				41				42			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
42				43				44			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
44				45				46			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
46				47				48			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
48				49				50			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
50				51				52			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
52				53				54			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
54				55				56			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
56				57				58			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
58				59				60			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
60				61				62			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
62				63				64			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
64				65				66			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
66				67				68			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
68				69				70			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
70				71				72			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
72				73				74			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
74				75				76			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
76				77				78			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
78				79				80			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
80				81				82			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
82				83				84			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
84				85				86			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
86				87				88			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
88				89				90			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
90				91				92			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
92				93				94			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
94				95				96			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
96				97				98			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
98				99				100			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
100				101				102			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
102				103				104			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
104				105				106			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
106				107				108			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
108				109				110			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
110				111				112			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
112				113				114			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
114				115				116			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
116				117				118			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
118				119				120			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
120				121				122			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
122				123				124			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
124				125				126			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
126				127				128			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
128				129				130			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
130				131				132			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
132				133				134			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
134				135				136			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
136				137				138			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
138				139				140			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
140				141				142			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
142				143				144			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
144				145				146			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
146				147				148			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
148				149				150			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
150				151				152			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
152				153				154			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
154				155				156			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
156				157				158			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
158				159				160			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
160				161				162			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
162				163				164			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
164				165				166			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
166				167				168			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
168				169				170			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
170				171				172			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
172				173				174			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
174				175				176			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
176				177				178			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
178				179				180			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
180				181				182			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
182				183				184			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
184				185				186			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
186				187				188			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
188				189				190			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
190				191				192			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
192				193				194			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
194				195				196			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
196				197				198			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
198				199				200			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
200				201				202			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
202				203				204			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
204				205				206			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
206				207				208			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
208				209				210			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
210				211				212			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
212				213				214			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
214				215				216			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
216				217				218			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
218				219				220			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
220				221				222			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
222				223				224			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
224				225				226			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
226				227				228			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
228				229				230			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
230				231				232			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
232				233				234			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
234				235				236			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
236				237				238			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
238				239				240			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
240				241				242			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
242				243				244			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
244				245				246			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
246				247				248			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
248				249				250			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
250				251				252			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
252				253				254			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
254				255				256			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			
256				257				258			
XX XX XX XX XX XX 11				67028 RT				A XXX XX 1			