

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



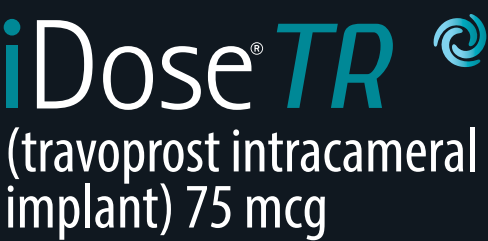
A STEP-BY-STEP GUIDE TO COVERAGE AND REIMBURSEMENT

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](#).

GLAUKOS 
TRANSFORMING VISION



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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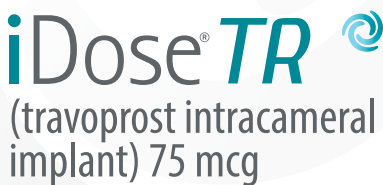
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iDose® TR coverage dynamics



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

Treatment settings may include²:

- Ambulatory surgical centers (ASCs)
- Hospital outpatient departments (HOPDs)
- Office-based settings



Covered for most Medicare Fee-for-Service (FFS) patients



Available for patients with Medicare Advantage (MA) plans



May also be available for patients with commercial payers

Some MA plans and commercial payers may require a prior authorization (PA) before covering iDose TR.³⁻⁶ If appropriate, conducting a benefits verification can determine if individual plans require a PA or step therapy.

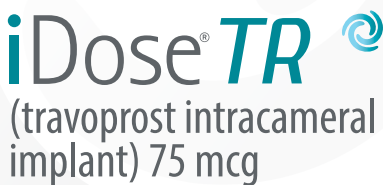
Medicare FFS Part B covers 80% of iDose TR cost³

The majority of FFS beneficiaries have some type of supplemental coverage^{3,7}:

- Approximately 89% of Medicare FFS beneficiaries have some form of additional insurance, which can help cover copays
-
- 41% of Medicare FFS beneficiaries have a Medigap plan that may help cover Part B coinsurance costs (20%)

Medical policies are developed after treatments such as iDose TR are FDA approved. Always check with the patient’s payer to determine coverage rules.⁸

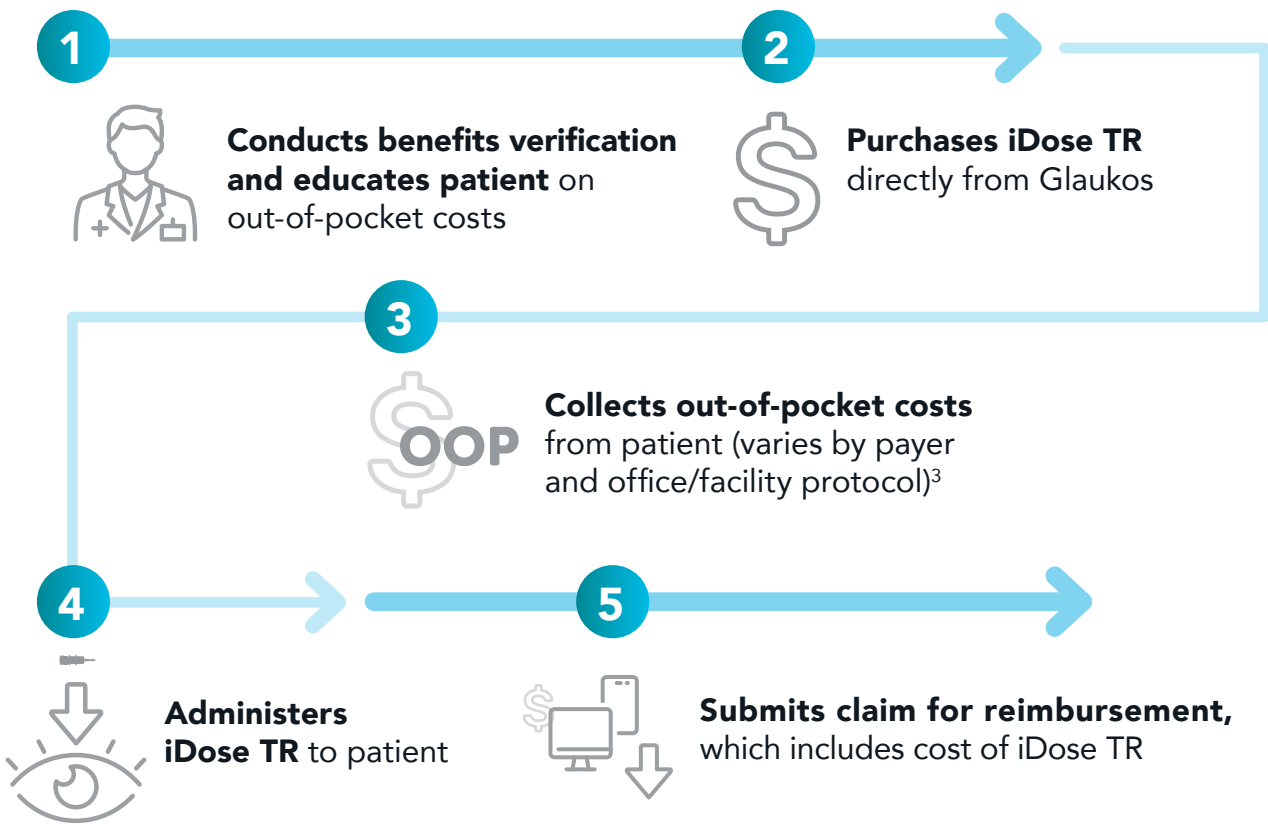
Acquiring iDose® TR through "buy and bill" options



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.⁹

Medicare FFS (Part B) *requires* iDose TR to be acquired through "buy and bill".¹⁰

In the "buy and bill" process, the healthcare provider⁹:



Purchasing iDose TR

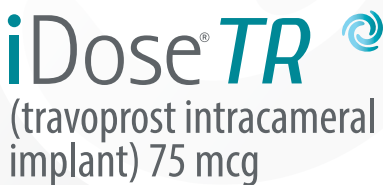
iDose TR can only be purchased directly from Glaukos. To place an order, contact Glaukos Customer Service:

Call: 949-367-9600 | Fax: 949-367-9838
Email: CustomerService@glaukos.com

For more information, go to www.idosetrhcp.com



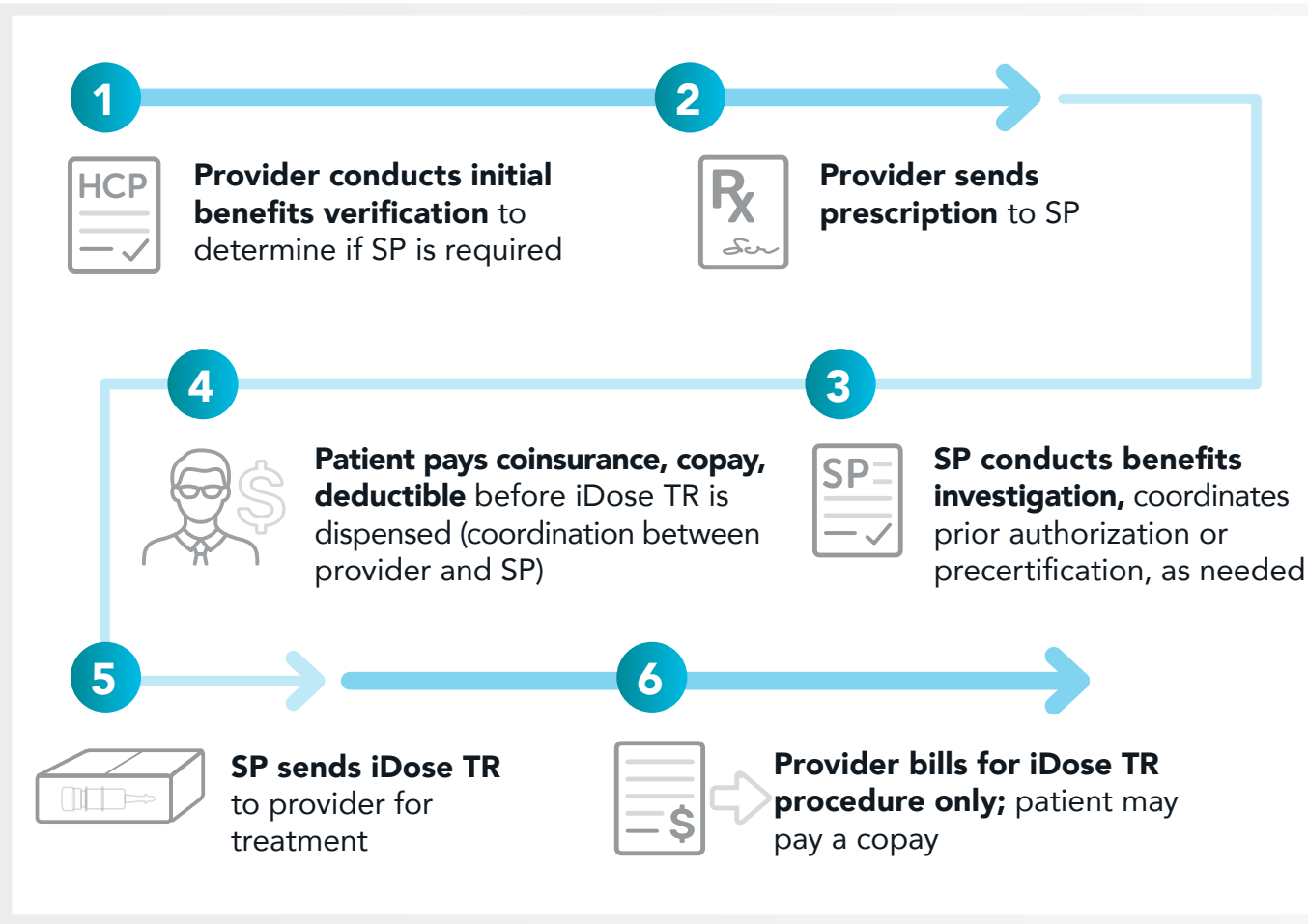
Select commercial payers may require specialty pharmacy (SP) distribution



iDose® TR is available exclusively through Orsini Specialty Pharmacy

Acquiring iDose TR through an SP may be required by some payers.¹⁰

In the SP distribution process¹⁰⁻¹³:



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

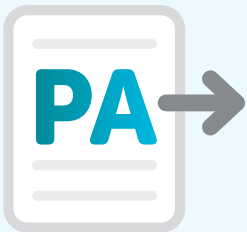
For more information, go to www.orsinihealthcare.com



Considerations for requesting a PA for iDose® TR



Some Medicare Advantage 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 | ✓ Provider details, specialty, contact information, and National Provider Identifier (NPI) number | ✓ iDose TR National Drug Code (NDC) |
| ✓ Patient’s health insurance policy number | | ✓ Medical documentation to support the treatment decision |
| ✓ Patient’s diagnosis/ICD-10-CM code(s) | | |

If not part of the PA form, consider including the following:

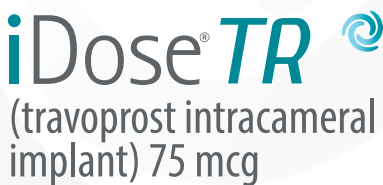
- | | |
|---|----------------------------------|
| ✓ iDose TR full Prescribing Information | ✓ Peer-reviewed journal articles |
|---|----------------------------------|

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 | ✓ Patient-specific medical history related to the ICD-10-CM code(s) | ✓ Previous treatment(s), duration and response or reason for discontinuation |
| ✓ Rationale for treatment with iDose TR | ✓ Diagnostic test results | ✓ 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



HCPCS code

Claims for **drugs that are physician-administered** are submitted with a HCPCS code when billed to a payer.¹⁴

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® TR¹⁵:

HCPCS Code	Description
J7355	Injection, travoprost, intracameral implant, 1 microgram

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.¹⁶

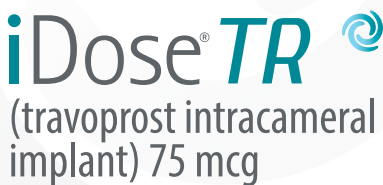
CPT Code ^{17,18}	Description
0660T	Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach

CPT = Current Procedural Terminology.
CPT® 2023 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

National Drug Code^{19,20}

- 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



Diagnosis codes²¹

ICD-10-CM is the diagnosis code set used for all healthcare settings for medical claims reporting.²²

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.



Place of Service codes²³

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

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.²⁴

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.²⁵**

Revenue codes^{26,27}

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

iDose®TR 
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Medicare FFS

Once a physician-administered drug, such as iDose TR, is established in the marketplace, reimbursement for ASCs, HOPDs, and physician offices will be based on **WAC + 3% effective July 1, 2024**
ASP + 6% effective October 1, 2024^{28-31†}



Commercial payer reimbursement varies and is based on the contracted rate with the provider. Review your contracts to understand your specific reimbursement rates.³²



Medicaid payment methodologies often follow Medicare or may be based on fee schedules that use wholesale acquisition cost (WAC) or AWP..³³




Ambulatory Payment Classification (APC) is the Centers for Medicare and Medicaid (CMS) payment methodology for ASC and HOPD outpatient services through the Medicare program.³⁴

National unadjusted Medicare payments

CPT Code	Description	ASC payment (National Average) ³⁵	HOPD payment (National Average) ³⁶	APC assignment ³⁶
0660T	Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach	\$2,045	\$3,874	5492

†2% sequestration (Medicare payment adjustment) continues until further notice.

Sample CMS-1500 Claim Form

iDose[®] TR 
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- The CMS-1500 claim form is typically used for implant and exchange procedures in ASC and provider office settings^{37,38}
- The CMS-1500 claim form is shown here as an example. Check with individual payers for specific coding guidance and documentation requirements³⁹

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 item¹⁹
J7355 is billed as 75 units

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

1. MEDICARE

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED

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:

11. INSURED'S POLICY GROUP OR FECA NUMBER

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE

14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP)

15. OTHER DATE

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB?

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY

22. RESUBMISSION CODE

23. PRIOR AUTHORIZATION

24. A. DATE(S) OF SERVICE

24. B. PLACE OF SERVICE

24. C. PROCEDURE, SERVICE, OR SUPPLIES

24. D. PROCEDURE, SERVICE, OR SUPPLIES

24. E. DIAGNOSIS

24. F. CHARGES

24. G. DAYS OR UNITS

24. H. ID

24. I. QUAL

24. J. RENDERING PROVIDER ID #

25. FEDERAL TAX I.D. NUMBER

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT?

28. TOTAL CHARGE

29. AMOUNT PAID

30. Rvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER

32. SERVICE FACILITY LOCATION INFORMATION

33. BILLING PROVIDER INFO & PH #

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

24B

24D

24G

19

21

NUCC Instruction Manual available at: www.nucc.org

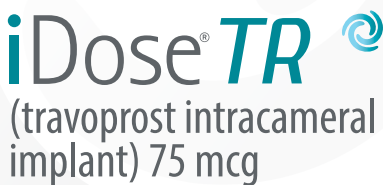
PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

Please see Important Safety Information on page 16 and full Prescribing Information.

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Sample CMS-1450/837I Claim Form



- The CMS-1450 (also known as the UB-04) claim form is used to bill for services provided in the HOPD and ASC⁴⁰
- Check with individual payers for specific coding guidance and documentation requirements⁴¹

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^{19,27}

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 item¹⁹
J7355 is billed as 75 units

FL 67

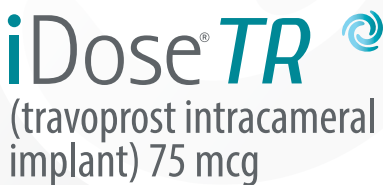
Principal Diagnosis Code: Indicate the appropriate ICD-10-CM diagnosis code. FL 67A-67Q are reserved for additional diagnosis codes, if necessary

FL 80

Remarks: Some payers may require additional information

FL = form locator.

Understanding denials and strategies for appeals



Why claims are denied

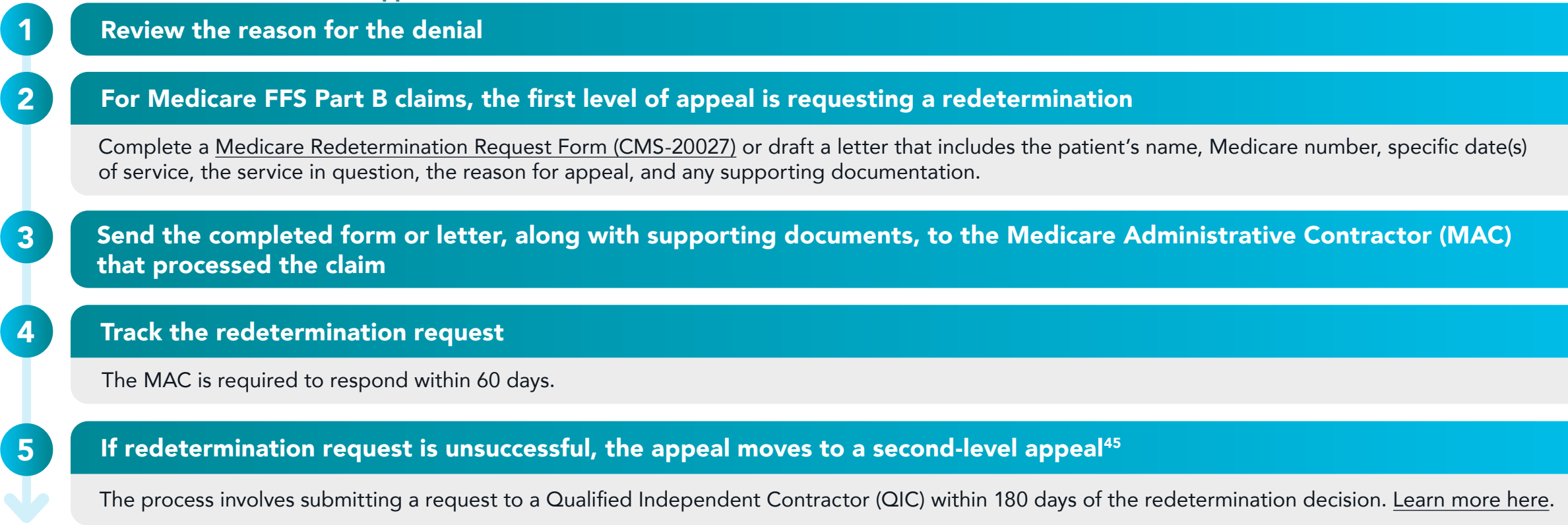
Common reasons for denials include^{42,43}:

- New drug not yet reviewed by payer and considered nonformulary
- PA or precertification not submitted
- Coding inaccuracies and missing or incorrect information
- Insurance information has changed or coverage has lapsed
- Failure to follow a step-edit (may apply to commercial payers and Medicare Advantage plans)

Medicare appeals process⁴⁴

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

*Contact reimbursement liaison for support



!

Remember that each appeal is unique. The appeal strategy needs to be based on the specific details provided in the denial notice.

Managing additional documentation requests (ADRs)

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

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.⁴⁶

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.⁴⁷

How to respond to an ADR^{46,47}

- ✓ **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

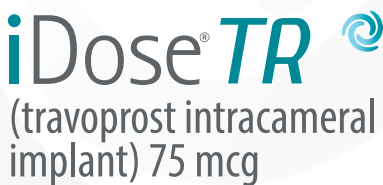
Avoid these common mistakes⁴⁷

- ✗ **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](#).

Glaukos supports patient access



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 (for commercially insured patients)*

- Patients may pay as little as \$0 for one (1) iDose TR implant per eye. Subject to eligibility requirements.

*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.

[Review program eligibility and restrictions here or contact Glaukos directly.](#)

[Patients can complete an online application here.](#)



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

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 hyperaemia, and reduced visual acuity.

For more information,
please visit www.glaukos.com.

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).

You are encouraged to report all side effects to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088. You may also call Glaukos at 1-888-404-1644.

Please see full Prescribing Information.

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. All rates shown are national average Medicare rates and have not been adjusted for geographic variations in payment or other factors, such as sequestration.

References: 1. iDose TR. Package insert. Glaukos Corp; 2023. 2. Singh P. Data on the iDose intracameral travoprost sustained-release implant. *Glaucoma Phys*. 2022;26:10-12. 3. Centers for Medicare & Medicare Services. Medicare & you 2024. Accessed May 11, 2024. www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf. 4. Healthcare.gov. Prior authorization. Accessed May 11, 2024. www.healthcare.gov/glossary/prior-authorization. 5. Center for Medicare Advocacy. Medicare prior authorization. Accessed May 11, 2024. www.medicareadvocacy.org/prior-authorization. 6. Centers for Medicare & Medicare Services. Prior authorization for certain hospital outpatient department (OPD) services. October 20, 2023. Accessed May 11, 2024. www.cms.gov/data-research/monitoring-programs/medicare-fee-service-compliance-programs/prior-authorization-and-pre-claim-review-initiatives/prior-authorization-certain-hospital-outpatient-department-opd-services. 7. Ochieng N, Cubanski J, Neuman T. 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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

Item 24G

Days or Units: Include with a miscellaneous

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

1. MEDICARE

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED

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:

11. INSURED'S POLICY GROUP OR FECA NUMBER

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP)

15. OTHER DATE

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB?

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY

22. RESUBMISSION CODE

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE

24B

24D

24G

25. FEDERAL TAX I.D. NUMBER

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT?

28. TOTAL CHARGE

29. AMOUNT PAID

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER

32. SERVICE FACILITY LOCATION INFORMATION

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

+

17

