

IHEEZO[™]
(chloroprocaine HCl ophthalmic gel) 3%

Coding and Billing Information Guide

For IHEEZO[™] (chloroprocaine
HCl ophthalmic gel) 3%

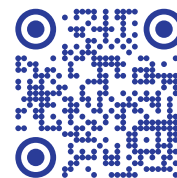


IHEEZO is a topical ocular anesthetic indicated for ocular surface anesthesia.
A unique J-Code has been issued for IHEEZO:

Code / Modifier	J-2403 / JZ
Description	Chloroprocaine HCl ophthalmic gel, 3%
Billing Units	Reported on CMS Form 1500 as 800 units for a single-use vial
Procedures	Ocular procedures. Please specify the appropriate CPT Code.
11-Digit NDC	82667-0300-01*

*Some plans may require the 10-digit NDC #82667-300-01

Please contact your Reimbursement Manager or
visit **iheezo.com** with any questions you may have.



APPROVED USE

IHEEZO[™] is indicated for ocular surface anesthesia.

IMPORTANT SAFETY INFORMATION

IHEEZO is contraindicated in patients with a history of hypersensitivity to any component of this preparation.

Please see additional Important Safety Information on the back of this guide and accompanying full Prescribing Information.

- Form locator 2:** Enter all applicable patient information.
- Form locator 19:** When using J-Code 2403 for IHEEZO based on instruction from payor, please include 10 or 11-Digit NDC Number here.*
- Form locator 21:** Enter "0" if using ICD-10-CM.
- Form locator 21A:** Enter the Diagnosis Code(s).
- Form locator 24B:** Example "24" indicates an ASC; "11" indicates an office setting.
- Form locator 24-1D:** Enter the applicable procedure code (e.g. 66984 for cataract surgery or 67028 for an intravitreal injection).
- Form locator 24-2A:** Enter N4 qualifier 11-digit NDC Number.*
- Form locator 24-2D:** Enter the unique Billing Code (J2403) and modifier (JZ) for IHEEZO.
- Form locator 24-1D:** Enter the Modifier for left (LT) or right eye (RT).
- Form locator 24E:** Enter the diagnosis reference number from field 21 that related to the reason for service.
- Form locator 24F:** Enter the price for IHEEZO from the price schedule, including all applicable markups.
- Form locator 24G:** Enter the number of billable units. For IHEEZO, 1 unit=800 mg. Allowable billing for IHEEZO is 800 units for a single dose vial.
- Form locator 33A:** Enter the NPI number of the billing provider or group.

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

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA OTHER

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

3. PATIENT'S BIRTH DATE MM/DD/YY
MM/DD/YY SEX M F

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

5. PATIENT'S ADDRESS (No., Street)
76 Aphid Dr.

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. OTHER INSURED'S POLICY OR GROUP NUMBER
b. RESERVED FOR NUCC USE
c. RESERVED FOR NUCC USE
d. INSURANCE PLAN NAME OR PROGRAM NAME

11. INSURED'S POLICY GROUP OR FECA NUMBER

12. IS THERE ANOTHER HEALTH BENEFIT PLAN?
 YES NO *If yes, complete items 9, 9a, and 9d.*

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP) MM/DD/YY QUAL.
12/20/2018 **12/20/2023** **24**

15. OTHER DATE MM/DD/YY QUAL.
12/20/2018 **12/20/2023** **24**

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
NDC# 82667-0300-01

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 NO \$ CHARGES

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

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

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			
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25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? YES NO

28. TOTAL CHARGE \$ **544.00**

29. AMOUNT PAID \$ **800.00**

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.)

32. SERVICE FACILITY LOCATION INFORMATION

33. BILLING PROVIDER INFO & PH # **(555) 555-5555**
Any ASC
123 Cherry St.
Town, NJ 01234

SIGNED DATE NPI NPI

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE

Contact us for assistance: iheezo.com 844-446-6979

*Some plans may require the 10-digit NDC #82667-300-01

The information contained within this document is provided as a reference for obtaining appropriate reimbursement. This reference is for informational purposes only. Harrow does not guarantee submitting a completed CMS-1500 form will result in reimbursement. Providers should always contact their payors directly with any questions.

Understanding the acronyms
CPT=Current Procedural Terminology; ICD-10-CM=International Classification of Diseases, Tenth Revision, Clinical Modification; NDC=National Drug Code; NPI=National Provider Identifier; HCPCS=Healthcare Common Procedure Coding System

Please see accompanying full Prescribing Information. CPT is a registered trademark of the American Medical Association.

Form locator 4:
Enter 4-digit code that specifies place of services and submission type. Example, for HOPD, the first 3-digits are 013. The last digit is typically a "1", indicating "one" claim for the event.

Enter all applicable patient information.

Form locator 17:
Enter patient status. This indicates the status of the patient upon being discharged. Example, 01 indicates "discharge to home or self-care".

Form locator 42:
Enter the Revenue Code*.

Form locator 43:
Enter the IHEEZO 11-Digit NDC Number.**

Form locator 44:
Enter the unique Billing Code for IHEEZO or

Form locator 44:
Enter the procedure code(s).

Form locator 46:
Enter 800 units. 800 units equals a single-dose vial of IHEEZO.

Form locator 47:
Enter price for IHEEZO from price schedule, including all applicable markups.

Form locator 50A:
If the Medicare is the primary payor, enter "Medicare" on line A.

Form locator 66:
Use "0" if using ICD-10-CM.

Form locator 67:
Enter the primary Diagnosis Code.

Form locator 80:
This is where the 11-digit NDC number should be placed if an NOC code is required or for drugs purchased through the Medicaid 340B Drug Pricing Program.**

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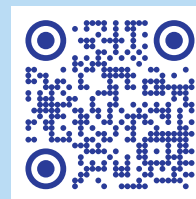
IHEEZO™

(chloroprocaine HCl ophthalmic gel) 3%

We're here to help!

The Reimbursement Support Team is available to answer any questions you may have about IHEEZO.

**Connect with a representative today at (844) 446-6979.
Scan the QR code or visit [IHEEZO.com/reimbursement](https://www.iheezo.com/reimbursement)**



APPROVED USE

IHEEZO™ is indicated for ocular surface anesthesia.

IMPORTANT SAFETY INFORMATION

IHEEZO is contraindicated in patients with a history of hypersensitivity to any component of this preparation.

IHEEZO should not be injected or intraocularly administered.

Patients should not touch the eye for at least 10 to 20 minutes after using anesthetic as accidental injuries can occur due to insensitivity of the eye.

Prolonged use of a topical ocular anesthetic may produce permanent corneal opacification and ulceration with accompanying visual loss.

Do not touch the dropper tip to any surface as this may contaminate the gel. IHEEZO is indicated for administration under the direct supervision of a healthcare provider. IHEEZO is not intended for patient self-administration.

The most common adverse reactions in studies following IHEEZO administration, (incidence greater than or equal to 5%) were mydriasis, conjunctival hyperemia, and eye irritation.

You are encouraged to report suspected adverse reactions to the FDA. Visit <http://www.fda.gov/medwatch> , or call 1-800-FDA-1088. Please see accompanying Full Prescribing Information.

