

Photrexa® Viscous and Photrexa® Quick Reference Billing Guide

Coding

Below is the American Medical Association (AMA) Current Procedure Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) coding that may be applicable for the use of Photrexa® Viscous (riboflavin 5'-phosphate in 20% dextran ophthalmic solution), Photrexa® (riboflavin 5'-phosphate ophthalmic solution) and the KXL® System.

CPT/HCPCS Codes	Description
Category III CPT 0402T	Collagen cross-linking of cornea (including removal of the corneal epithelium and intraoperative pachymetry when performed)
HCPCS J2787	Riboflavin 5'-phosphate, ophthalmic solution, up to 3 ML

Modifiers that might be applicable to the corneal cross-linking procedure are in the following table:

Modifier	Description
-LT	Left side. Used to identify procedures performed on the left side of the body.
-RT	Right side. Used to identify procedures performed on the right side of the body.

Photrexa Viscous and Photrexa are indicated¹ for use with the KXL System in corneal collagen cross-linking for the treatment of progressive keratoconus and corneal ectasia following refractive surgery. ICD-10-CM diagnosis codes for on-label use of Photrexa Viscous and Photrexa with the KXL System likely fall within the keratoconus or corneal ectasia series:

ICD-10 Diagnosis Code Series		
H18.60X - Keratoconus, unspecified	H18.62X - Keratoconus, unstable	H18.71X - Corneal ectasia

Billing a Category III CPT or J-Code

Check with specific payers to verify coding requirements for billing a J-code, which may include:

- National Drug Code(s) (NDC): Photrexa Viscous and Photrexa Cross-linking Kit: 25357-025-03.
- Payers may require an 11-digit format, which is standardized by adding a 0 in front of the middle section of numbers and removing hyphens. Payers may also require the N4- qualifier which precedes the NDC number (e.g., **N425357002503**).
- Dispensing unit of measure (ML), and amount administered or discarded.²
- An invoice for the original purchase of the drug(s).
- See our available sample CMS-1500 and CMS-1450 claim forms for more detailed formatting instructions.
- Do not report Category III CPT 0402T with codes 65435, 69990 or 76514 as they are considered inclusive components of Category III CPT 0402T or vice versa.³

¹ Full Prescribing Information for PHOTREXA VISCOUS, PHOTREXA and the KXL System can be found at <http://avedro.com/en-us/>.

² Some payers may require noting wastage, typically with a JW modifier. Please check with your payer.

³ AMA CPT Assistant February 2016, Volume 26 Issue 2

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The information provided in this guide contains general reimbursement information only and is not legal advice nor is it advice about how to code, complete, or submit any particular claim for payment. Information provided is not intended to increase or maximize reimbursement by any payer. The information provided represents Avedro's understanding of current reimbursement policies as of 12/1/2018. It is a facility and physician responsibility to determine appropriate codes, charges, and modifiers, and submit bills for items and services consistent with the patient insurer requirements. Third-party payers may have different policies and coding requirements. Such policies can change over time. Avedro disclaims any responsibility for claims submitted by facilities or physicians. Providers should check and verify current policies and requirements with the payer for any particular patient that will be receiving Photrexa® Viscous (riboflavin 5'-phosphate in 20% dextran ophthalmic solution) and Photrexa® (riboflavin 5'-phosphate ophthalmic solution) with the KXL® System. Full prescribing information can be found at <http://avedro.com/en-us/>.

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INDICATIONS

PHOTREXA[®] VISCOUS (riboflavin 5'-phosphate in 20% dextran ophthalmic solution) and Photrexa[®] (riboflavin 5'-phosphate ophthalmic solution) are indicated for use with the KXL System in corneal collagen cross-linking (CXL) for the treatment of progressive keratoconus and corneal ectasia following refractive surgery.

LIMITATIONS OF USE

The safety and effectiveness of CXL has not been established in pregnant women, women who are breastfeeding, patients who are less than 14 years of age and patients 65 years of age or older.

Photrexa Viscous and Photrexa should be used with the KXL System only.

WARNINGS AND PRECAUTIONS

Ulcerative keratitis can occur. Patients should be monitored for resolution of epithelial defects.

ADVERSE REACTIONS

In progressive keratoconus patients, the most common ocular adverse reactions in any CXL treated eye were corneal opacity (haze), punctate keratitis, corneal striae, corneal epithelium defect, eye pain, reduced visual acuity, and blurred vision. In corneal ectasia patients, the most common ocular adverse reactions were corneal opacity (haze), corneal epithelium defect, corneal striae, dry eye, eye pain, punctate keratitis, photophobia, reduced visual acuity, and blurred vision.

These are not all of the side effects of Photrexa[®] Viscous, Photrexa[®] and the CXL treatment. For more information, see Prescribing Information.

You may report an adverse event to Avedro by calling 1-844-528-3376, Option 1 or you may contact the U.S. Food and Drug Administration (FDA) directly at 1-800-FDA-1088.

For questions regarding general coding and billing for the use of Photrexa Viscous and Photrexa with the KXL System, please contact the Avedro Reimbursement Customer Hub at 844-528-3311 Monday through Friday between 6 am to 5 pm PST or email: info@avedroARCH.com.

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