

Please Note: The information shown here is a general guideline only - actual payer and clearinghouse requirements may vary.

**HCPCS code J2787** for Photrexa Viscous and Photrexa. (Riboflavin 5<sup>1</sup>-phosphate, ophthalmic solution, up to 3 ML) is effective January 1, 2019. Use this code for dates of service on or after January 1, 2019.

**National Drug Code (NDC)**  
Most payers require this information for claims processing.

- The NDC number for the Photrexa Cross-linking Kit that contains the Photrexa Viscous and Photrexa in the single use kit (separate foil pouches) is 25357-025-03.
- Payers typically request an 11-digit NDC. Add an extra "0" to the beginning of the 3-digit middle section (25357002503).

**BOX 21. ICD-10-CM**  
Diagnosis code should be for keratoconus or corneal ectasia following refractive surgery.

**BOX 23. PA NUMBER**  
Enter prior authorization reference number.

**BOX 24A, SERVICE**  
Enter in date(s) of service.

**BOX 24B, SERVICE**  
Place of service code is 11 for physician office or 24 for freestanding ASC.

**BOX 24D, SERVICE**  
CPT 0402T for corneal cross linking. HCPCS J2787 for Photrexa Viscous and Photrexa.

**BOX 24E, SERVICE**  
Point to corresponding diagnosis code in Box 21.

**BOX 24F, SERVICE**  
Billed charges associated with the procedure should reflect all necessary work, technical or practice expense or overhead. It is appropriate to bill separately for the drugs.

**BOX 24G, SERVICE**  
Bill 2 units with the Kit NDC to represent 6ML of drug because the HCPCS code description is "up to 3 ML".

1500  
HEALTH CARE CLAIM FORM  
APPROVED FOR USE BY THE U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES  
1. MEDICAL SERVICE (Medicare)

2. PATIENT INFORMATION  
3. PATIENT INFORMATION  
4. PATIENT INFORMATION  
5. PATIENT INFORMATION  
6. PATIENT INFORMATION  
7. PATIENT INFORMATION  
8. PATIENT INFORMATION  
9. OTHER INFORMATION  
10. OTHER INFORMATION  
11. OTHER INFORMATION  
12. PATIENT INFORMATION  
13. PATIENT INFORMATION  
14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)  
15. IF PATIENT HAS HAD SAME OR SIMILAR GIVE FIRST DATE  
16. SIGNATURE OF PHYSICIAN OR SUPPLIER  
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE  
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES  
19. RESERVED FOR LOCAL USE  
20. OUTSIDE LAB?  
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)  
22. MEDICAID RESUBMISSION CODE  
23. PRIOR AUTHORIZATION NUMBER  
24. A. DATE(S) OF SERVICE  
B. PLACE OF SERVICE  
C. EMG  
D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)  
E. DIAGNOSIS POINTER  
F. \$ CHARGES  
G. DAYS OR UNITS  
H. ERGOT Family Plan  
I. ID. QUAL.  
J. RENDERING PROVIDER ID. #  
25. FEDERAL TAX I.D. NUMBER  
31. SIGNATURE OF PHYSICIAN OR SUPPLIER (I certify that the statements on the reverse apply to this bill and are made a part of the bill.)

PHYSICIAN OR SUPPLIER INFORMATION

19. RESERVED FOR LOCAL USE  
Photrexa Cross-linking Kit, 25357002503, 6ML

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)  
1. H18.62X

23. PRIOR AUTHORIZATION NUMBER  
1234567890X

| LINE | A. DATE(S) OF SERVICE<br>From MM DD YY To MM DD YY | B. PLACE OF SERVICE | C. EMG | D. PROCEDURES, SERVICES, OR SUPPLIES<br>(Explain Unusual Circumstances)<br>CPT/HCPCS MODIFIER | E. DIAGNOSIS POINTER | F. \$ CHARGES | G. DAYS OR UNITS | H. ERGOT Family Plan | I. ID. QUAL. | J. RENDERING PROVIDER ID. # |
|------|--|---------------------|--------|---|----------------------|---------------|------------------|----------------------|--------------|-----------------------------|
| 1    | 01 01 18 01 01 18                                  | 11                  |        | 0402T RT  | 1                    | \$XXXX.XX     | 1                |                      | NPI          |                             |
| 2    | N425357002503 ML6                                  |                     |        |   |                      |               |                  |                      |              |                             |
| 3    | 01 01 18 01 01 18                                  | 11                  |        | J2787   | 1                    | \$XXXX.XX     | 2                |                      | NPI          |                             |

**BOX 24, SERVICE – Shaded Portion of Line Item** Include all details specific to drugs used for claims processing.

**N4** – NDC identifier that precedes the actual NDC. Payer requirements for this vary.

**National Drug Code (NDC)** – Format this number to 11 digits by adding an extra "0" to the beginning of the 3-digit middle section. Payer requirements for this vary.

**Unit of Measure** – Photrexa Viscous and Photrexa are a physician administered drug, in drop form. The unit of measure is Milliliter or ML for a liquid, solution, or suspension.

**"ML6" or Amount Used** – The amount used with the Kit is 6 ML.