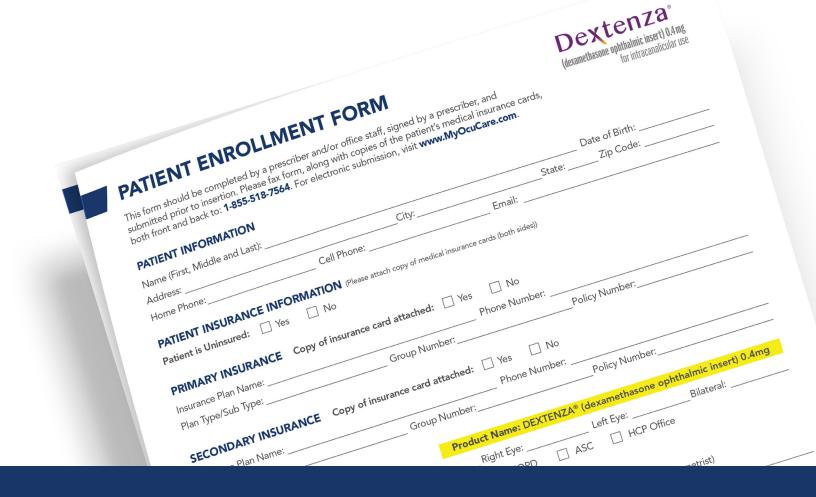


FATIENT ACCESS AND REIMBORSEMENT SERVICES

Reimbursement Guidebook

This guide provides reimbursement information for DEXTENZA, including sample claim forms, and how OcuCare[™] can provide seamless support throughout the process for DEXTENZA.



Click, Call, or Connect MyOcuCare.com

Dextenza® (dexamethasone ophthalmic insert) 0.4 mg for intracanalicular use



Dextenza® (dexamethasone ophthalmic insert) 0.4 mg for intracanalicular use EXPERIENCE DEXTENZA

Connect to Us

www.DEXTENZA.com www.MyOcuCare.com



www.twitter.com/OCUTX



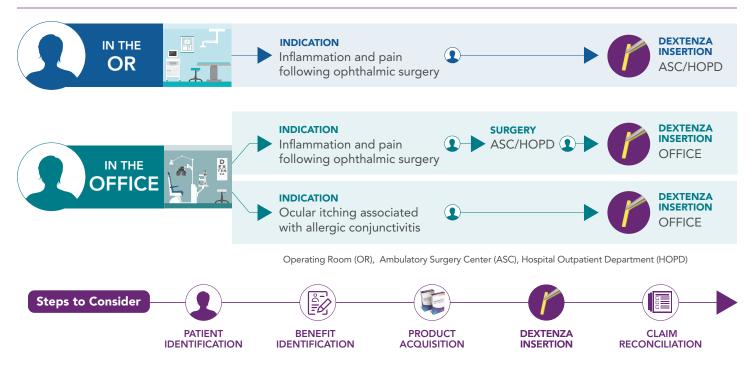
in www.linkedin.com/company/ocular-therapeutix-inc

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Click on page number to jump to page.

DEXTENZA Patient Journey



Your Dedicated DEXTENZA Team



Your dedicated DEXTENZA team consists of a national account director, key account manager, medical director, OcuCare case manager, and field reimbursement manager. Our Medical Affairs team is also available to assist with any questions.



Reimbursement Roadmap

We recognize that every care setting is unique. We support you and your team with your specific needs.



Click, Call, or Connect MyOcuCare.com



How to Order DEXTENZA

Contact one of our authorized distributors listed below to order DEXTENZA and receive it as soon as the next business day

DISTRIBUTOR	PHONE	FAX	WEBSITE
Besse Medical	1-800-543-2111	1-800-543-8695	www.besse.com
Cardinal Specialty Pharma Distribution	1-855-855-0708	08 1-614-553-6301 www.cardinalhealth.com/speci	
FFF Enterprises	1-800-843-7477	1-800-418-4333	biosupply.fffenterprises.com
Henry Schein	1-800-722-4346	1-800-329-9109	www.henryschein.com/medical
Metro Medical	1-800-768-2002	1-615-256-4194	www.metromedicalorder.com
McKesson Medical-Surgical	1-855-571-2100	1-800-311-3408	mms.mckesson.com
McKesson Plasma & Biologics for Hospitals	1-877-625-2566	1-888-752-7626	connect.mckesson.com

Ocular Therapeutix does not recommend the use of any particular distributor.

Product	Active Ingredient	Quantity	10-Digit NDC* Number⁺	11-Digit NDC Number‡
DEXTENZA (dexamethasone ophthalmic insert) 0.4 mg	(dexamethasone USP)	1	70382-204-01	70382-0204-01
DEXTENZA (dexamethasone ophthalmic insert) 0.4 mg	(dexamethasone USP)	10	70382-204-10	70382-0204-10

*NDC = National Drug Code

[†]10-Digit NDC code as assigned by FDA, certain payers accept the 10 digit format.

[‡]11-Digit NDC code that can be utilized for payers that require 11 digits or when ordering product.

Storage and Handling

How DEXTENZA is supplied¹

DEXTENZA is supplied sterile in a foam carrier within a foil laminate pouch:

- NDC 70382-204-01 Carton containing 1 pouch (1 inserts)
- NDC 70382-204-10 Carton containing 10 pouches (10 inserts)

Proper storage and handling¹

- Do not freeze. Store refrigerated, between 2°C and 8°C (36°F and 46°F)
- Protect from light, keep in package until use
- Do not use if pouch has been damaged or broken
- DEXTENZA is intended for single dose only

1. DEXTENZA [package insert]. Bedford, MA: Ocular Therapeutix, Inc.; 2021.





Product and Procedure Billing Codes

Product Reimbursement

DEXTENZA has separate payment* in the ASC and HOPD setting due to meeting the criteria set forth in the non-opioid as a surgical supply provision by CMS.

Product Code	Description
J1096 _{J-code^{1†}}	Dexamethasone, lacrimal ophthalmic insert, 0.1mg [‡]

When submitting a claim, enter a unit of 4 for the DEXTENZA HCPCS code (J1096). The HCPCS descriptor for DEXTENZA is 0.1mg.

Procedure Reimbursement

Procedure Code	Description
68841 CPT-code ^{2§}	Insertion of drug-eluting implant (including punctal dilation and implant removal when performed into lacrimal canaliculus, each)

* Medicare Advantage (Part C) and Commercial plans may or may not follow Medicare recommendations in making coverage decisions. Payment rates may vary per facility contracts.

+A permanent code used to report non-orally administered drugs that cannot be self-administered. May be accompanied by a procedure-based CPT code.

* When submitting a claim, enter a unit of 4 for the DEXTENZA HCPCS code (J1096). The HCPCS descriptor for DEXTENZA is 0.1mg.

[§] CPT is a registered trademark of the American Medical Association. Current Procedural Terminology (CPT), an alphanumeric coding system maintained by the

American Medical Association to identify medical services and procedures provided by physicians and other healthcare professionals.

References: 1. MedicalBillingAndCoding.org. Everything You Need to Get Started in Medical Billing & Coding. https://medicalBillingandcoding.org/hcpcs-codes/. Accessed December 17, 2024. 2. MedicalBillingAndCoding.org. Intro to CPT Coding. https://medicalBillingandcoding.org/intro-to-cpt/. Accessed December 17, 2024.



ICD-10 Codes

Clinical diagnosis and coding are at the discretion of the healthcare provider. Information provided below is for reference of possible applicable ICD-10 codes.

This may not be a complete list of codes. Visit **https://www.cms.gov/medicare/icd-10/2024-icd-10-cm** for a complete list of ICD-10 codes.

ICD*-10 Codes Associated with Ophthalmic Surgery

Ophthalmic Surgery	General	Right Eye	Left Eye	Bilateral	Unspecified Eye
Ocular pain	H57.1	H57.11	H57.12	H57.13	H57.10
Cataract extraction status	Z98.4	Z98.41	Z98.42	-	Z98.49
Presence of intraocular lens; presence of pseudophakia	Z96.1	-	-	-	-
Cortical age-related cataract	H25.01	H25.011	H25.012	H25.013	H25.019
Other acute postprocedural pain	G89.18	-	-	-	-

ICD-10 Codes Associated with Allergic Conjunctivitis

Allergic Conjunctivitis	General	Right Eye	Left Eye	Bilateral	Unspecified Eye
Acute atopic conjunctivitis	H10.1	H10.11	H10.12	H10.13	H10.10
Unspecified acute conjunctivitis	H10.3	H10.31	H10.32	H10.33	H10.30
Chronic conjunctivitis	H10.4	H10.401	H10.402	H10.403	H10.409
Chronic giant papillary conjunctivitis	H10.41	H10.411	H10.412	H10.413	H10.419
Vernal conjunctivitis	H10.44		<u>`</u>		
Other chronic allergic conjunctivitis	H10.45				
Other conjunctivitis	H10.89				
Unspecified conjunctivitis	H10.9				
Conjunctivitis	H10				
Unspecified chronic conjunctivitis	H10.40				

*International Classifications of Diseases (ICD).



TIP TO REMEMBER

Customers are responsible for determining the appropriate coding and submission of accurate claims.

Find more information about HCPCS codes at https://www.cms.gov/medicare/coding/medhcpcsgeninfo



Possible Applicable Modifiers

Clinical diagnosis and coding are at the discretion of the healthcare provider. Information provided below is for reference of possible applicable modifiers.

This may not be a complete list of modifiers. Visit **https://www.cms.gov/Medicare/Coding/ HCPCSReleaseCodeSets/HCPCS-Quarterly-Update** for a complete list of modifiers.

Possible Applicable Modifiers

Description	Modifier
Left side (used to identify procedures performed on the left side of the body)	LT
Right side (used to identify procedures performed on the right side of the body)	RT
Bilateral (used to identify procedures performed on both sides of the body during the same operative session)	50
Upper left, eyelid	E1
Lower left, eyelid	E2
Upper right, eyelid	E3
Lower right, eyelid	E4
Staged or Related Procedure or Service by the Same Physician or Other Qualified Healthcare Professional During the Postoperative Period	58
Unplanned Return to the Operating/Procedure Room by the Same Physician or Other Qualified Healthcare Professional Following Initial Procedure for a Related Procedure During the Postoperative Period	78
Unrelated Procedure by the Same Physician or Other Qualified Healthcare Professional During the Postoperative Period	79
Zero drug amount discarded/not administered to any patient. This modifier should only be used for drugs or biologicals that are single use vials or packages.	JZ



TIP TO REMEMBER

Customers are responsible for determining the appropriate coding and submission of accurate claims.

Find more information about HCPCS codes at https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update



AVAILABLE PATIENT AND PRODUCT PROGRAMS

Complete Review and complete entire form	r at www.MyOcuCare.com.	Fax to OcuCare a
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late of Insetion (MM/DD/YY) Patient Address:	City.	State: Zp Code: 0
unant Maderations		
Lineit Medications	Drug Allergies	1
Prescription (Rx) and Prescriber Attestat		
roduct Name: DEXTENZA® (dexamethasone ophthal	inic insert) 0.4 mg	
Directions for Use:		
Duantity. DAW. Substitution All	laved: Reflix	
hesoriber Name (Print):	Prescriber Signature:	Dute (MM/DD/111)
hesz/ber Address:	National Provider Identifier Standa	nd (NPI): Prescriber Phone Na
Prescriber Attestation: By signing this form. I get By that the p	second as which from its second one who inform	the second state of the second s
If the surgery/procedure is rescheduled for a later date, I street admonithedge that CEXTINDA will not be offened for alls, and appen Lunderstand that COuld have the right to concert my satis- igning this form, I am Scenard to practice at the requested why ryou are a prescriber in Adhama, Indiana, Konas, Misissippi, the official prescription form with this application.	I no claim for reimbursement of the DEXTENZA pri- ent to arrange shipment of DEXTENZA, and to mo preent location.	oduct will be submitted to Medicare, Medicaid, or any third- odily or discontinue the program at any time. I confirm that b
tate official prescription torin with the approachon.		
Patient Authorization to Use/Disclose H/ iyingh sinu, Isani anto But Papaka Iyingh Sinu, Isani anto But Papaka Iyinghar and Review, IJi Lekersteig ather onlera kappara and antonianity the Papaka may attack a cost report ather and the sinu antonianity and a sinu antonianity and antonianity and antonianity and antonianity and antonianity and antonianity and Papaka may attack a cost report and antonianity and antonianity and antonianity and antonianity antonianity and antonianity and antonianity antonianity and antonianity ant	and its representatives, append, and contraction (), use and shave anong thereasives on personal hit the OucLass Patient Assistance Program (the exactance, assistance evolves) (understand that on a disclosed to outlen I also understand that the shart may which may contain information act only and the shart may contain information act only pages any conditioner agreement and to subshap report or yond's cases. Upon request, the OucLa	Auffing the OanCare Parisent Auditance Program open auth information and an antibiation of the pariset of the programmed (2) understating frameal support services, include discution, supplies, or maintees by OanCare Pariset on the OanCares Patients and with certain. Distributes as destructed also Douclease Patients and without and the Eritchise incomes, boundaries that, includes and the Eritchise incomes, boundaries that, incomes or mostly and incomes, boundaries that, incomes and the Eritchise incomes, boundaries that, incomes and the Eritchise incomes, boundaries that, incomes and the Eritchise and imports the programs will provide me the name of the pariset Austratione Programs will provide me the name
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atient or Representative Name (Print):	Patient or Representative Signature	e: Dute (MM/DD/Y
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PATIENT ASSISTANCE PROGRAM (PAP)



COMMERCIAL ASSURANCE PROGRAM (CAP)



Information on all these programs is available on **www.DEXTENZA.com** or **www.MyOcuCare.com**

PRODUCT REPLACEMENT PROGRAM



Click, Call, or Connect MyOcuCare.com



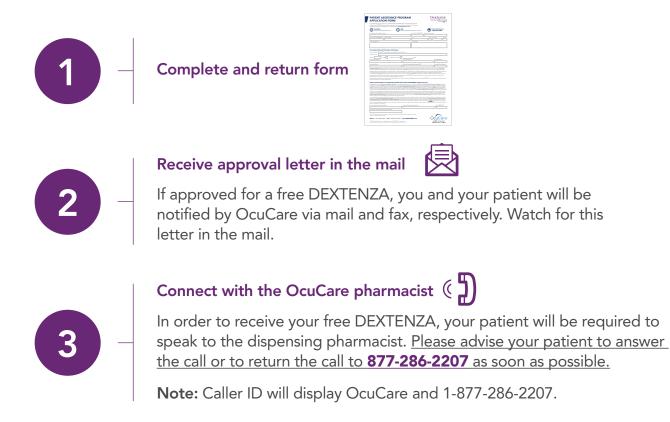
Patient Assistance Program (PAP) Application Information

Patients without health insurance may be eligible to receive DEXTENZA free of charge, including patients who do not have drug coverage for DEXTENZA. You or your patient may submit an application to the DEXTENZA Patient Assistance Program.

To be eligible, a patient must be a U.S. resident, and have an annual income <500% of the Federal Poverty Level (FPL), adjusted for family size.



The following steps are required for your free DEXTENZA to arrive in time for your procedure.



Your patients DEXTENZA prescription will be filled free of charge and shipped directly to the insertion site prior to your scheduled insertion date.

NOTE: Please advise your patient to inform their health plan (if applicable) that you have received DEXTENZA free of charge.

Ocular Therapeutix reserves the right to modify or discontinue the DEXTENZA Patient Assistance Program in part or in its entirety, at any time. Free product is contingent upon program eligibility requirements.



Commercial Assurance Program (CAP) Overview and Criteria

	© COMMERCIAL E PROGRAM	Dextenza (Issuedraw with the tard Using to reaconfide at
have coverage for DI DEXTENZA Commerce his or her DEXTENZA when the allowable is	mercial Assurance Program is a patient assistance pro EXTERZA (199%) through a commercial Insurance al Assurance Program may be applied only towards to treatment, inducting applicable or commente, colresur less than the provider's invoice cost. ility Requirements, Terms and Conc	plan". Financial assistance provided by the be cost-sharing amount owed by the patient for ance, deductibles, or the amount that results
	Pariset must not have government insurance including but not instead to, but not instead to, but not instead to a second second field and placement or one of the field easily or state-funded government- assisted program. DEXTENZA must be converted by the patient: conversed or prohese insurance. If coverage is desired, pariset will not be eligible for the program.	 Patient must be 18 years or older. Offer only wild in the US and its territoris; voldwhee prohibited by law, tasked or restricted.
How To Enroll	A Patient Along with the signed Patient Enrolment Flo- c Case, legible, and iterated Englaneties of Banefits (EOB) showing the data of savies, bit covered arrows for DEXENDA, and any patient out-of-podent responsible, Must be submitted within 180 days of the date of savies. • Original datas from (PICA 1500 or UB-04)	m, the following are required: Invoice from the DEXTENCA unit und for the patient which shows the acquisition care (Must be which shows the days of the date of service) Fact the algored Petient Korollinent Form, along with the EOS, claim form and invoice to 1435 518 7544
electronically (ACH), o	pproved, pyment is provided to the provider on be spending on preference. An explanation of payment sestions? Contact the DEXTENZA Comme 877-286-2207 Monday - Friday 8:00AM	vill accompany each disburiement. rolal Assurance Program
Internations of Inflation in solution or alternatives the IEEE/INEA "The DERTINIA Conversation, including had seen limited to As "Up to the provided fielding an Program datase all apply tase Relative Programs of the CAP or Phone: 1–8777–2886-229 Q 2223 Coulor Thromatics.	neurona Payman pagnan semistra na kalpin ta Angu sellika sening Anna and angula disambatikan kalpin semistra ong senih selika mangula disambat disambatikan paya selika selika disambat manguna disambat disa	ni dagadilarine. Dedar Theoremain warnes for right to multy envent i havenes medid bescence andere unite Desire

PATIENT ENROLLMENT FORM			(dexamediazane ophiladaric incert) 64 m hr intercondicular no
The DEXTENZA [®] Commercial Assurance Program is a for DEXTENZA (11696) through a commercial insuran Program may be applied only towards the cost-sharing a co-payments, colinaurance, deductibles, or the amount the	sce plan ⁷ . Fin amount ower	ancial assistance provided by the 0 I by the patient for his or her DEXT	DEXTENZA Commercial Assurance IENZA treatment, including applicab
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Office/Facility Certification Industry for an or shallower of the patient's health information run and Churd Theoremics the strategies of the strategies of the patient's personally identifiable health information (including diagnosis, testions, I consent in Churd Theoremich, increasing diagnosis, testions, I consent in Churd Theoremich, and and the Statistican of agents that Chular Theoremica age abart of the Statistican and agents index in any automation or a patient of the Statistican and the the the	ogram. I sartify i socialization, and socializing mera 23. Communial J mergine anodal	had 1 have addational my patient's authorized instance information), for the purposes po of this facility to request additional informa- lancement Program services at any time atom of is, to the lawsi of no instances, consult	en as required by HEAA to use and shadow weited under UAs "Dilate Certification" for as resolved, and this facility/office agree rest realized. Length Unit the solitication spread
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The DEXTENZA Commercial Assurance Program is a patient assistance program designed to assist eligible* patients, who have coverage for **DEXTENZA (J1096) through a commercial insurance plan[†].** Financial assistance provided by the DEXTENZA Commercial Assurance Program may be applied only towards the cost-sharing amount owed by the patient for his or her DEXTENZA treatment, including applicable co-payments, coinsurance, deductibles, or the amount that results when the allowable is less than the provider's invoice cost.

Program Eligibility Requirements

- Patient must not have government insurance including, but not limited to, Medicare, Medicaid, Medicare Advantage (Medicare Replacement) or any other federally or state-funded government-assisted program.
- DEXTENZA must be covered by the patient's commercial or private insurance. If coverage is denied, patient will not be eligible for the program.
- Patient must be 18 years or older.
- Offer only valid in the US and its territories; void where prohibited by law, taxed or restricted.

Along with the signed Patient Enrollment Form, the following are required:

- Clear, legible, and itemized Explanation of Benefits (EOB) showing the date of service, the covered amount for DEXTENZA, and any patient out-of-pocket responsibility. Must be submitted within 180 days of the date of service.
- Original claim form (HCFA 1500 or UB-04)
- Invoice from the DEXTENZA unit used for the patient which shows the acquisition cost (Must be within 180 days of the date of service)
- Fax the signed Patient Enrollment Form, along with the EOB, claim form and ٠ invoice to 1-855-518-7564

Once processed and approved, payment is provided to the provider on behalf of the patient via check or electronically (ACH), depending on preference. An explanation of payment will accompany each disbursement.

DISCLAIMER:

The DEXTENZA Commercial Assurance Program program services are subject to change without notice. Ocular Therapeutix does not guarantee reimbursement. Missing information or failure to submit forms and required documentation in a timely manner may result in patient disqualification. Ocular Therapeutix reserves the right to modify or discontinue the DEXTENZA Commercial Assurance Program in part or in its entirety, at any time.

- * The DEXTENZA Commercial Assurance Program patient benefit is not available for patients with any government insurance including but not limited to Medicare, Medicaid, Medicare Advantage (Medicare Replacement) plans
- ⁺ Up to the provider/facility acquisition cost (not to exceed \$605). Program applies to the drug only. Commercial Assurance Program claims will apply towards Ocular's Rebate Program tiers; however, a unit will not be eligible for a rebate under Ocular's Rebate Program if the CAP reimbursement equals the acquisition cost.



Product Replacement Program Overview and Criteria

If a DEXTENZA[®] insert is deemed unusable, Ocular Therapeutix may send a replacement product via the OcuCare[™] program.

FOR RETURNS OF EXPIRED PRODUCT OR PRODUCT DAMAGED IN SHIPMENT, please contact your distributor for return.

DEXTENZA Replacement Process:

VISIT www.DEXTENZA.com or www.MyOcuCare.com or PHONE 877-286-2207 to request a form.



COMPLETE, SIGN, and **FAX** the **Product Replacement Form** to **1-855-518-7564** or upload via the OcuCare HCP portal at **www.MyOcuCare.com**.



Physician/facility must provide a description of the incident and/or damage and properly dispose of spoiled/damaged DEXTENZA with documented attestment of doing so. The replacement process must be initiated within 30 days of spoilage/damage.

REPL	ACE	MEN	T FC	ORM





Once the Product Replacement Form is received and approved, customer should **RECEIVE** replacement product within 5-10 business days, shipped from Cardinal Health.

PLEASE NOTE:

- The physician or provider must attest that the information provided is true, accurate and complete to the best of his/ her knowledge.
- Product replacement is subject to adherence to Ocular Therapeutix policies and procedures and Ocular Therapeutix has the right, in its sole discretion, to deny replacement when misuse is suspected.

Product is deemed unusable if:

- The product was mishandled, dropped, or broken;
- The product was inappropriately stored, refrigerated, or frozen;
- The product is deemed not appropriate for administration before, during, or after the procedure.



Click, Call, or Connect MyOcuCare.com



Comprehensive Support With OcuCare

YOU AND YOUR PATIENTS - AT THE CENTER OF OUR OCUCARE COMMITMENT

Benefits investigation



Claims assistance

2 business days.

Helping address your questions up front. Receive coding and billing guidance before a claim is submitted, claims assistance and support.



Prior authorization (PA) assistance

A full report, including insurance coverage, within

If a PA is necessary, we provide access to helpful forms and assistance with payer requirements to facilitate approval.



Appeal assistance

Individualized guidance on appeal submission and assistance with documentation and forms. We track the status of appeals and provide updates on the appeals process.



Patient financial assistance programs

Assistance for all qualifying patients. OcuCare will help determine patient eligibility and investigate options.

MAKING OCUCARE SUPPORT CONVENIENT FOR YOU







MyOcuCare.com Portal

Create an account to seamlessly access your dedicated resource and support team.

All Programs are Available on the Portal

- Benefit Investigation Requests
- Commercial Assurance Program Enrollment Enrollment
- DEXTENZA Patient Assistance Program Enrollment
- Unusable Product Replacement Program Requests

New Functionality

- Enhanced Search Capabilities
- Reports
- Upload Documents
 - Insurance Cards
 - Unusable Product Replacement Program Forms
 - DEXTENZA Patient Assistance Program Applications
 - CAP Enrollments

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	Create Account Resources Contact Us
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	OcuCare
	PATIENT ACCESS AND REIMBURSEMENT SERVICES
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	Password
	LOGIN
	Forgot Password
Ocular Therapeutix, Inc. • 24 Crosby Drive • Bedford, MA • 01730 • PRIVACY POLICY TERMS OF USE	
	registered trademark, and OcuCare is a trademark of Ocular Therapeutix, Inc. MA-US-DX-0133 otice modify and/or discontinue operation of all or portions of this Site at any time at its sole discretion, and assumes no responsibility to update this Site.
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OcuCare Patient Enrollment Form

The support you need starts with this simple form. The **OcuCare Patient Enrollment Form** allows you to request a wide range of resources to support you and your DEXTENZA patients.

Important Reminders

- Prescriber must sign
- Please send to OcuCare five (5) business days prior to insertion
- Can be faxed or sent electronically through the MyOcuCare.com portal*.

Provide patient and insurance information ———	PATIENT ENROLLMENT FORM Submitted port on insertion Plasse fact for complete day a prescriber and/or office staff, signed by a prescriber, and submitted port on insertion Plasse fact for complete day a prescriber of the patient's medical insurance cards, both front and back to: 1-855-518-7564. For electronic submission, visit www.MyOcuCare.com. PATIENT INFORMATION Mame (First, Middle and Last): City: State: Zip Code: Home Phone: Cell Phone
	Patient INSURANCE INFORMATION (Please attach copy of medical insurance cards (both sidest) Patient is Uninsured: ' Yes No PRIMARY INSURANCE Copy of insurance card attached: 'Yes No Insurance Plan Name: Phone Number: Plan Type/Sub Type: Group Number:Policy Number: Plan Type/Sub Type: Group Number:Policy Number: Plan Type/Sub Type: Group Number:Policy Number:Policy Number:
	SECONDARY INSURANCE Copy of insurance card attached: Yes No Insurance Plan Name: Phone Number: Plan Type/Sub Type: Group Number: Policy Number:
Complete treatment information section	TREATMENT INFORMATION Preduct Name: DEXTENZA® (dexamethasone ophthalmic insert) 0.4mg Please include specific ICD-10 code(s): Right Eye: Left Eye: Bilateral: Date of Insertion: DEXTENZA Insertion Site: HOPD ASC HCP Office DEXTENZA Administration (CPT Code): 68841 PRESCRIBER INFORMATION MD DO (Osteopath) OD (Optometrist) Prescriber Name:
Complete prescriber and site of insertion information	Office Address (not PO Box):
Prescriber must authorize and confirm the	Per

Submit the form via www.MyOcuCare.com* or fax 1-855-518-7564

*A secure, online portal and convenient option to enroll and manage patients in OcuCare support programs. Provides instant access to patient case status updates 24 hours a day, 7 days a week. Registration Required.



Benefits Identification Form

The **OcuCare Benefits Investigation Form** provides the information you need returned via fax or available in the MyOcuCare.com portal (if registered). Comprehensive and convenient, receive results within 48 hours or less.

1	OcuCare Case ID: Refer to this number when speaking to your OcuCare Case Manager	BENEFITS INVESTIGATION FORM	Dextenza (decamethasone ophthalmic insert) 0.4 mg for infractualicial ruse Date Faxed:
	Primary Medical: OcuCare will verify patient's	PATIENT INFORMATION	
2	primary insurance coverage	Patient Name (First, Middle and Last). Date of Birth: Date Verified: Date of Insertion: To (Office Contact). Prescribing Physician ASC/HOPD/Office Name:	:
3	Secondary Medical: OcuCare will verify patient's secondary insurance coverage	PATIENT INSURANCE 2 SECONDARY MEDICAL Payer Name: Payer Name: Insurance Type: Insurance Type: Page Name: Page	3
4	DEXTENZA Billing Code: Provides suggested billing guidelines for the DEXTENZA product HCPCS J-code and CPT Code (physician/facility fee)	Payer Type: Poler Type: Effective Date: Poler Type: Group Number: Effective Date: Policy Number: Group Number: Policy Number: Policy Number:	for DEXTENZA Insertion.
5	DEXTENZA Cost Share: Indicates patient's financial responsibility for the product	Paver Name Coverage	t of Pocket Out of Pocket Prior Auth. Amount Met Prior Auth.
6	Prior Authorization Required: Indicates if the patient's plan requires a prior authorization for DEXTENZA	ADDITIONAL INFORMATION	
7	Secondary Insurance: Patient's payer specific coverage information and suggested codes	This is not a guarantee of insurance coverage or payment. All benefits are subject to the insured's rendered. Under no circumstances shall the QcuCare Patient Access and Reimbursement Services be held reponsible or table for payment of any claims, benefits or cost. Any coding information provided for informational purposes only, is subject to change, and should not be construed as le independent clinical judgment when selecting codes and submitting claims to accurately reflect the to the specific patient. Phone: 1-877-286-2207 Fax: 1-855-518-7564 www.DEXTENZA.com © 2023 Ocdar Therapeuts, loc. All rights reserved. DEXTENZA is a registered todemant and OccCare is a trademark of Ocdar Therapeutic, loc. MAUSDX0120	program nor Ocular Therapeutix discussed in this document is gal advice. Providers should exercise

NOTE: The Benefits Investigation Form is not a guarantee of insurance coverage or payment. All benefits are subject to the insured's plan at the time services are rendered. Under no circumstances shall the OcuCare Patient Access and Reimbursement Services program nor Ocular Therapeutix be held responsible or liable for payment of any claims, benefits or cost. Any coding information discussed in this document is provided for informational purposes only, is subject to change, and should not be construed as legal advice. Providers should exercise independent clinical judgment when selecting codes and submitting claims to accurately reflect the services and products furnished to the specific patient.





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Sample CMS Forms for DEXTENZA



IN THE OPERATING ROOM ASC/HOPD

- Professional CMS-1500 Post-Surgical DEXTENZA Insertion in the ASC and in the HOPD
- Facility CMS-1450 DEXTENZA Insertion in the HOPD
- Facility CMS-1500 Post-Surgical DEXTENZA Insertion in ASC and in the HOPD



IN THE OFFICE

- Professional CMS-1500 Post-Surgical DEXTENZA Insertion in the Office
- Professional CMS-1500 DEXTENZA Insertion for Non-Surgical Purposes in the Office

Click, Call, or Connect MyOcuCare.com





Professional CMS-1500 - Post-Surgical DEXTENZA Insertion in the ASC and in the HOPD

Box 21

Enter the appropriate ICD*-10 code(s).

Box 21

Enter "0" for ICD-10-CM.

Box 24B -

Enter operating room place of service, e.g., "24" indicates ASC, "22" indicates HOPD.

Box 24D -

Enter the CPT⁺ code for the surgical procedure (e.g., 66984), the CPT code for DEXTENZA insertion (68841) and the relevant modifiers. ****Please refer** to the possible applicable modifiers.

Box 24G -

Enter a unit of 1 for the procedure codes (66984 and 68841).

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1. MEDICARE MEDICAID (Medicare#) (Medicaid#		CHAMPV	- HEALTH			1a. INSURED'S I.D. N 123 45 678			(For Program in Item 1		
2. PATIENT'S NAME (Last Name			3. PATIENT'S BI		SEX	4. INSURED'S NAME		First Name,	Middle Initial)		
Smith, John A.				м	X F	7. INSURED'S ADDRESS (No., Street)					
5. PATIENT'S ADDRESS (No., S 123 Main Street	reel)		6. PATIENT REL Self X Spo								
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Anytown		MA									
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c. RESERVED FOR NUCC USE			c. OTHER ACCI	DENT?		C. INSURANCE PLAN NAME OR PROGRAM NAME					
d. INSURANCE PLAN NAME OR	PROGRAM NAME		10d. CLAIM COL	DES (Designate	d by NUCC)	d. IS THERE ANOTHE	R HEALTH E	SENEFIT PL	AN?		
						YES			e items 9, 9a, and 9d.		
12. PATIENT'S OR AUTHORIZED to process this claim. I also req	BACK OF FORM BEF	IRE I authorize the i	a & SIGNING THIS release of any med	ical or other info	irmation necessary	 INSURED'S OR AU payment of medica services described 	benefits to t	PERSON'S he undersig	SIGNATURE I authorize ned physician or supplier		
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17. NAME OF REFERRING PRO							18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES				
19. ADDITIONAL CLAIM INFORM	ATION (Designated by	176	NPI			FROM TO 20. OUTSIDE LAB? \$ CHARGES					
			~		1		NO		1		
21. DIAGNOSIS OR NATURE OF	ILLNESS OR INJURY	Relate A-L to servi	ice line below (248) ICD Ind.	0	22. RESUBMISSION CODE		RIGINAL R	EF. NO.		
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	F	_ G.L _ K.L		H. L.							
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INCLUDING DEGREES OR ((I certify that the statements o apply to this bill and are made	32. SERVICE FA	CILITY LOCATION	N INFORMATIC	IN	Any ASC 123 Anystr	eet		3) 456-7890			
						Anytown, I					

*International Classifications of Diseases (ICD).

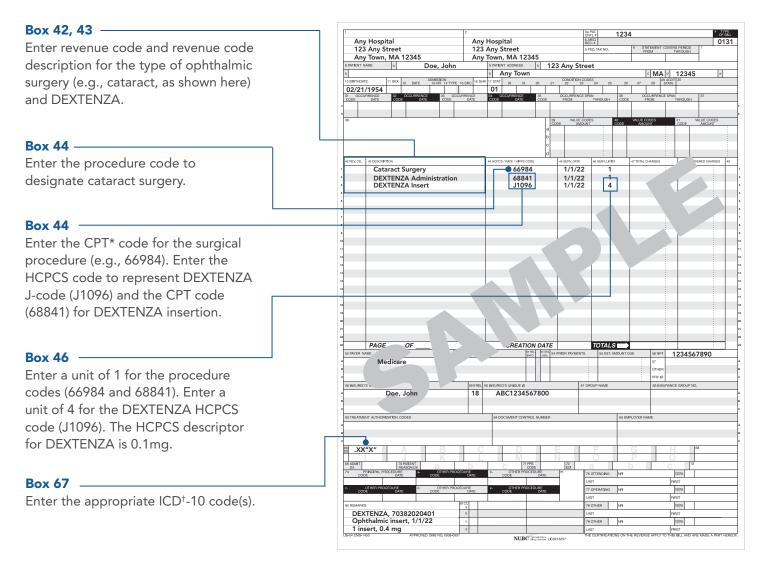
+CPT[®] is a registered trademark of the American Medical Association. Current Procedural Terminology (CPT[®]), an alphanumeric coding system maintained by the American Medical Association to identify medical services and procedures provided by physicians and other healthcare professionals.

HCPCS = Healthcare Common Procedure Coding System.





Facility CMS-1450 - DEXTENZA Insertion in the HOPD



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† International Classifications of Diseases (ICD).

HCPCS = Healthcare Common Procedure Coding System.





Facility CMS-1500 - Post-Surgical DEXTENZA Insertion in the ASC and in the HOPD

Box 21	
Enter the appropriate ICD*-10 code(s).	
	HEALTH INSURANCE CLAIM FORM APPROVED BY NATIONAL UNFORM CLAIM COMMITTEE (NUCC) 2012
Box 21	PICA PICA 1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP FECA OTHER 11. INSURED'S LD. NUMBER (For Program in Item 1)
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	Smith, John A.
Box 24B	123 Main Street Self X Spould Child Other Child State Stat
Enter "24" for ASC.	Anytown MA ZIP CODE TELEPHONE (Include Area Code) ZIP CODE TELEPHONE (Include Area Code)
	12345 (555) 555-5555 () () 6 P. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) 10. IS PATIENT'S CONDITION RELATED TO: 11. INSURED'S POLICY GROUP OR FECA INJUNER 2
Box 24A	a. OTHER INSURED'S POLICY OR GROUP NUMBER a. EMPLOYMENT? (Current or Previous) VES NO
Enter N4 qualifier and 11-digit NDC	b. RESERVED FOR NUCC USE b. AUTO ACCIDENT PLACE (SUM) b. OTHER CLANID (Designave by NUCC) VES
code: N470382020401 UN1. ⁺	C. RESERVED FOR NUCC USE C. OTHER ACCILIENT? C. INSURANCE PLANNAME OR PROGRAM NAME
	d. INSURANCE PLAN NAME OR PROGRAM NAME 10d. (LAM CODES (Disignated by NUCC) d. IS THERE ANOTHER HEALTH BENEFIT PLAN?
Box 24D	READ BACK OF FORM BEFORE COLPTING & SIGNIG THE FORM. 12. PATIENTS OR AUTHORIZED PERSONS SIGNATURE authorize 19. process the clam. I also very particult of young have a copy which a copy they which accept a copy of the clam. I also be undersigned physician or suppler for services described be able.
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	3
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Enter price of DEXTENZA	
from price schedule.	25. FEDERAL TAX LD. NUMBER SSN EIN 26. PATIENT'S ACCOUNT NO. 27. ACCEPT A SIGNMENT? 28. TOTAL CHARGE 29. AMOUNT PAID 30. Revel for NUCC Use V YES NO \$ \$ \$
	31. SIGNATURE OF PHYSICIAL OR SUPPLIER 32. SERVICE FACILITY LOCATION INFORMATION 33. BILLING PROVIDER INFO & PH # (123) 456-7890 Any ASC 123 Anustant 123 Anustant
Box 24G	Anytown, MA 12345
	SIGNED DATE a. NPI a. A. NPI a. VPI b. VICC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)
Enter a unit of 1 for the procedure code	

(66984). Enter a unit of 4 for the DEXTENZA HCPCS code (J1096). The HCPCS descriptor for DEXTENZA is 0.1mg.

*International Classifications of Diseases (ICD).

+NDC is to be preceded with the qualifier N4 and followed immediately by the 11-digit NDC in positions 01 through 13. Quantity of NDC is to be preceded by the appropriate qualifier (UN = units) in positions 17 through 24.

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HCPCS = Healthcare Common Procedure Coding System.





Professional CMS-1500 - Post-Surgical DEXTENZA Insertion in the Office

Box 21	
Enter the appropriate ICD*-10 code(s).	HEALTH INSURANCE CLAIM FORM
Box 21	APPROVED BY NATIONAL UNFORM CLAIM COMMITTEE (NUCC) 02/12
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	READ BACK OF FORM BEFORE COMPLETING & SCHNIG THR FORM, 12. PATIENTS OR AUTHORIZED PERSON'S SIGNATURE, Lambridge in enlage of any model and other information negosary 2. Complete and the complete an
Box 24D	to process this claim. Lako request payment of government banetise either to mybell or to the party who accepts assignment services described below.
Enter the CPT [‡] code for DEXTENZA	SIGNED
insertion (68841), HCPCS code to	17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17. In HOSTITALIZATION DATES RELATED TO CURRENT SERVICES 17. INPL 18. HOSTITALIZATION DATES RELATED TO CURRENT SERVICES 17. INPL 19. HOSTITALIZATION DATES RELATED TO CURRENT SERVICES 19. HOSTITALIZATION DATES RELATED TO CURRE
represent DEXTENZA (J1096) and	19. ADDITIONAL CLAIM INFORMATION (Disignand by NUCC) 20. OUTSIDE LAB? S CHARGES YES NO
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	Image: Structure of Phylician of Supplier 32. Service FACILITY LOCATION INFORMATION 33. BILING PROVIDER IN O & PH # (123) 456-7890
Box 24G	(I certify that the statements on the reverse apply to this bill and are made a part thereol.) 123 Anystreet
	SIGNED DATE Anytown, MA 12345
Enter a unit of 1 for each procedure code	NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)
(68841) and 4 units for the J-code (J1096).	

*International Classifications of Diseases (ICD).

+NDC is to be preceded with the qualifier N4 and followed immediately by the 11-digit NDC in positions 01 through 13. Quantity of NDC is to be preceded by the appropriate qualifier (UN = units) in positions 17 through 24.

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HCPCS = Healthcare Common Procedure Coding System.





Professional CMS-1500 - DEXTENZA Insertion for Non-Surgical Purposes in the Office

Box 21										
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		1. MEDICARE MEDIC		CHAMPV	GROUP HEALTH PL		OTHER	1a. INSURED'S I.D. NU	MBER	(For Program in Item 1)
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DEXTENZA insertion (68841),		14. DATE OF CURRENT ILLN	QUAL.	NCY (LMP) 15.1 QU/		MM DD Y	Y	FROM	NABLE TO WO	то
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		31. SIGNATURE OF PHYSICI INCLUDING DEGREES O	AN OR SUPPLIER R CREDENTIALS	32. SERVICE FA	SILITY LOCATION IN			33. BILLING PROVIDER Any Office	R INFO & PH #	(123) 456-7890
Box 24G —————		(I certify that the statement apply to this bill and are mi						123 Anystre Anytown, N		
nter a unit of "1" for each 68841		SIGNED	DATE	^{a.} NF				^{a.} NPI	b.	
procedure e.g., for bilateral procedures		NUCC Instruction Manu	al available at: www.	nucc.org	PLEASE	PRINT OR TYP	PE	APPRO	VED OMB-	0938-1197 FORM 1500 (0

enter "2" units and enter a unit of "4" for each DEXTENZA inserted, e.g., for bilateral insertions enter "8" units.

*International Classifications of Diseases (ICD).

+NDC is to be preceded with the qualifier N4 and followed immediately by the 11-digit NDC in positions 01 through 13. Quantity of NDC is to be preceded by the appropriate qualifier (UN = units) in positions 17 through 24.

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HCPCS = Healthcare Common Procedure Coding System.

Note: The information presented is based on the paper claim format; please adapt this information to electronic equivalent fields in your software systems. The coding information discussed in this document and sample form is provided for informational purposes only, is subject to change, and should not be construed as legal advice. The codes listed below may not apply to all patients or to all health insurance plans; providers should exercise independent clinical judgment when selecting codes and submitting claims to accurately reflect the services and products furnished to a specific patient. Providers are responsible for determining the appropriate coding and submission of accurate claims.



PATIENT ACCESS AND REIMBURSEMENT SERVICES

INDICATIONS

DEXTENZA is a corticosteroid indicated for:

- The treatment of ocular inflammation and pain following ophthalmic surgery.
- The treatment of ocular itching associated with allergic conjunctivitis.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

DEXTENZA is contraindicated in patients with active corneal, conjunctival or canalicular infections, including epithelial herpes simplex keratitis (dendritic keratitis), vaccinia, varicella; mycobacterial infections; fungal diseases of the eye, and dacryocystitis.

WARNINGS AND PRECAUTIONS

Intraocular Pressure Increase - Prolonged use of corticosteroids may result in glaucoma with damage to the optic nerve, defects in visual acuity and fields of vision. Steroids should be used with caution in the presence of glaucoma. Intraocular pressure should be monitored during treatment.

Bacterial Infections - Corticosteroids may suppress the host response and thus increase the hazard for secondary ocular infections. In acute purulent conditions, steroids may mask infection and enhance existing infection.

Viral Infections - Use of ocular steroids may prolong the course and may exacerbate the severity of many viral infections of the eye (including herpes simplex).

Fungal Infections - Fungus invasion must be considered in any persistent corneal ulceration where a steroid has been used or is in use. Fungal culture should be taken when appropriate.

Delayed Healing - Use of steroids after cataract surgery may delay healing and increase the incidence of bleb formation.

Other Potential Corticosteroid Complications - The initial prescription and renewal of the medication order of DEXTENZA should be made by a physician only after examination of the patient with the aid of magnification, such as slit lamp biomicroscopy, and, where appropriate, fluorescein staining. If signs and symptoms fail to improve after 2 days, the patient should be re-evaluated.

ADVERSE REACTIONS

Ocular Inflammation and Pain Following Ophthalmic Surgery

The most common ocular adverse reactions that occurred in patients treated with DEXTENZA were: anterior chamber inflammation including iritis and iridocyclitis (10%), intraocular pressure increased (6%), visual acuity reduced (2%), cystoid macular edema (1%), corneal edema (1%), eye pain (1%), and conjunctival hyperemia (1%). The most common non-ocular adverse reaction was headache (1%).

Itching Associated with Allergic Conjunctivitis

The most common ocular adverse reactions that occurred in patients treated with DEXTENZA were: intraocular pressure increased (3%), lacrimation increased (1%), eye discharge (1%), and visual acuity reduced (1%). The most common non-ocular adverse reaction was headache (1%).

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PATIENT ACCESS AND REIMBURSEMENT SERVICES



