ILUVIEN®
(fluocinolone acetonide intravitreal implant) 0.19mg

NEW PERMANENT J-CODE

Effective January 1, 2016

ILUVIEN® J7313 — Injection, fluocinolone acetonide intravitreal implant, 0.01 mg

	Code	Description
HCPCS	**J7313**	**Injection, fluocinolone acetonide intravitreal implant, 0.01 mg**
Billing Unit	The HCPCS Billing Unit for J7313 is 0.01 mg	Each ILUVIEN implant contains 0.19 mg of fluocinolone acetonide. 1 unit of J7313 = 0.01 mg 1 implant = 19 HCPCS units

The coding information presented here should not be construed as legal advice, a guarantee of payment or specific guidance on how to code, bill or charge for any product or service. Providers should use their clinical judgment when selecting codes and should use the codes that most accurately represent the product or services delivered.

INDICATION

ILUVIEN® (fluocinolone acetonide intravitreal implant) 0.19 mg is indicated for the treatment of diabetic macular edema (DME) in patients who have been previously treated with a course of corticosteroids and did not have a clinically significant rise in intraocular pressure.

Important Safety Information

CONTRAINDICATIONS

- ILUVIEN is contraindicated in patients with active or suspected ocular or periocular infections including most viral disease of the cornea and conjunctiva including active epithelial herpes simplex keratitis (dendritic keratitis), vaccinia, varicella, mycobacterial infections, and fungal diseases.
- ILUVIEN is contraindicated in patients with glaucoma, who have cup-to-disc ratios of greater than 0.8.
- ILUVIEN is contraindicated in patients with known hypersensitivity to any components of this product.

WARNINGS AND PRECAUTIONS

- Intravitreal injections have been associated with endophthalmitis, eye inflammation, increased intraocular pressure, and retinal detachments. Patients should be monitored following the intravitreal injection.
- Use of corticosteroids may produce posterior subcapsular cataracts, increased intraocular pressure, and glaucoma, and may enhance the establishment of secondary ocular infections due to bacteria, fungi, or viruses. Corticosteroids are not recommended to be used in patients with a history of ocular herpes simplex because of the potential for reactivation of the viral infection.
- Patients in whom the posterior capsule of the lens is absent or has a tear are at risk of implant migration into the anterior chamber.

Please see additional Important Safety Information on reverse side and full Prescribing Information enclosed.

Utilize AccessPlus for reimbursement support services.
Phone: 1-844-445-8843, Option 3

accessplus

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	Code	Description
ICD-10-CM	**Diabetes due to underlying condition with…**	
	E08.311	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema
	E08.321	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema
	E08.331	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema
	E08.341	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema
	E08.351	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema
	Type 1 diabetes with...	
	E10.311	Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema
	E10.321	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
	E10.331	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
	E10.341	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
	E10.351	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema
	Type 2 diabetes with...	
	E11.311	Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema
	E11.321	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
	E11.331	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
	E11.341	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
	E11.351	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema
	Drug- or chemical-induced diabetes with...	
	E09.311	Drug- or chemical-induced diabetes mellitus with unspecified diabetic retinopathy with macular edema
	E09.321	Drug- or chemical-induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
	E09.331	Drug- or chemical-induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
	E09.341	Drug- or chemical-induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
	E09.351	Drug- or chemical-induced diabetes mellitus with proliferative diabetic retinopathy with macular edema
	Other specified diabetes with...	
	E13.311	Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema
	E13.321	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
	E13.331	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
	E13.341	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
	E13.351	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema
CPT	67028	Intravitreal injection of a pharmacologic agent (separate procedure)
10 Digit NDC	68611-190-02	ILUVIEN® (fluocinolone acetonide intravitreal implant) 0.19 mg
11 Digit NDC	68611-0190-02	

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ADVERSE REACTIONS

- In controlled studies, the most common adverse reactions reported were cataract development (ILUVIEN 82%; sham 50%) and intraocular pressure elevation of ≥10 mmHg (ILUVIEN 34%; sham 10%).

Please see additional Important Safety Information on reverse side and full Prescribing Information enclosed.

ALIMERA SCIENCES

1-844-445-8843 US-ILV-MMM-0280. 12/15