

XIPERE
(triamcinolone acetonide
injectable suspension) 40 mg/mL

Billing and Coding Guide



As part of our commitment to patients, we are providing this practical information for use by practice managers and billing staff to enhance understanding of billing and coding for XIPERE®.

CPT® code: 67516
J code: J3299

The codes listed within are for general information, are subject to change, and may not apply to all patients or all insurers.

The information provided is not intended to suggest any manner in which you can increase or maximize reimbursement from any payer or efficacy of the product, or to encourage or suggest use of any drug that is inconsistent with its FDA-approved use. Bausch + Lomb does not guarantee that the use of these codes will result in reimbursement.

Providers should use their clinical judgment when selecting codes and submitting claims to accurately reflect the services and products provided to each specific patient. ICD-10-CM codes submitted to the payer must accurately describe the diagnosis for which the patient receives treatment, represent codes at the highest level of specificity, and reflect the prescriber's clinical diagnosis and records.

To verify codes and special billing requirements, check with the appropriate third-party payer. For questions and additional information, please call FOCUS ON ACCESS™ at **(866) 272-8838, Monday through Friday, 9 AM to 5 PM EST.**

Please see Indication and Important Safety Information for XIPERE® on last page and click [here](#) for full Prescribing Information.

Important Billing and Coding Information for XIPIRE® (triamcinolone acetonide injectable suspension)

Drug and Drug Administration/CPT® Codes

| TYPE OF CODE | CODE | DESCRIPTOR |
|--------------|---|--|
| CPT®¹ | 67516 | Suprachoroidal injection of a pharmacologic agent; does not include supply of medication |
| | 99211-99215*† | Evaluation and Management (E/M) Services |
| NDC²‡ | 24208-040-40 (10 digit on pkg.) 24208-0040-40 (11 digit) | XIPIRE® (triamcinolone acetonide injectable suspension) |
| HCPCS³ | J3299 | Injection, triamcinolone acetonide (XIPIRE®), 1 mg |

Be sure to use the appropriate CPT® modifier to document which eye is being treated, or if both are involved in the same session: LT-left eye; RT-right eye; 50-bilateral.

Billing Units for XIPIRE®

| HCPCS CODE³ | RECOMMENDED DOSAGE² | BILLING UNITS/PKG | BILLING UNITS USED | BILLING UNITS DISCARDED |
|-------------|---------------------|-------------------|--------------------|-------------------------|
| J3299 | 4 mg (0.1 mL) | 36 | 4 (J3299) | 32 (J3299-JW) |

NOTE: In the CMS 1500 Form (Item 24D) or UB-04 Form (Item FL-44), it is required to enter the HCPCS code with a JW modifier (eg, J3299-JW) on the next line to record waste.⁴⁻⁶ Please note that a JZ modifier should not be entered when completing these forms for XIPIRE®.

Institutional ASC- and HOPD-Only Cost Center Codes

| TYPE OF CODE | CODE | DESCRIPTOR |
|---------------------------------|------|---------------------------------|
| AHA revenue codes ^{7§} | 0636 | Drugs requiring detailed coding |
| | 0250 | General pharmacy or biological |

ICD-10-CM Codes Used for Physician Office, ASC, or HOPD

The tables below provide an overview of potential codes that may be appropriate when billing for XIPIRE® in the physician office, Ambulatory Surgery Center (ASC), or Hospital Outpatient Department (HOPD) for patients who suffer from macular edema associated with uveitis.

IMPORTANT: There is no ICD-10-CM code for noninfectious uveitic macular edema. Most payers may require two separate diagnosis codes: one for macular edema and one for uveitis. Check payer policies and, where required, include diagnosis codes for both when submitting claims. See the following charts for ICD-10-CM codes for macular edema and noninfectious uveitis.

ICD-10-CM Codes for Macular Edema^{8,9}

| DESCRIPTOR | RIGHT EYE | LEFT EYE | BILATERAL | UNSPECIFIED EYE |
|---|--------------------|----------|-----------|-----------------|
| Retinal edema (Use when coding for macular edema) | H35.81 | | | |
| Cystoid macular degeneration (Use when coding for cystoid macular edema) | H35.351 | H35.352 | H35.353 | H35.359 |
| Cystoid macular edema following cataract surgery | H59.031 | H59.032 | H59.033 | H59.039 |

*When E/M codes are used, documentation of medically appropriate services performed on the same day is required.
¹CPT® Modifier 25 “Significant, Separately Identifiable E/M Service by the Same Physician or Other Qualified HCP on the Same Day of the Procedure/Other Service” may be required.
‡Payer requirements regarding use of a 10- or 11-digit NDC may vary.
§See payer-specific guidelines to determine which revenue code should be used.

ICD-10-CM Codes for Uveitis (Noninfectious)⁸

| DESCRIPTOR | RIGHT EYE | LEFT EYE | BILATERAL | UNSPECIFIED EYE |
|--|--------------------|----------|-----------|-----------------|
| ANTERIOR UVEITIS | | | | |
| Primary acute uveitis, anterior | H20.011 | H20.012 | H20.013 | H20.019 |
| Recurrent acute uveitis, anterior | H20.021 | H20.022 | H20.023 | H20.029 |
| Chronic uveitis, anterior | H20.11 | H20.12 | H20.13 | H20.10 |
| NONINFECTIOUS INTERMEDIATE UVEITIS | | | | |
| Intermediate uveitis; Vitritis | H43.89 | | | |
| Posterior cyclitis | H30.21 | H30.22 | H30.23 | H30.20 |
| PANUVEITIS | | | | |
| Panuveitis | H44.111 | H44.112 | H44.113 | H44.119 |
| POSTERIOR UVEITIS | | | | |
| Exudative retinopathy | H35.021 | H35.022 | H35.023 | H35.029 |
| Retinal vasculitis | H35.061 | H35.062 | H35.063 | H35.069 |
| Unspecified focal chorioretinal inflammation (choroiditis/chorioretinitis - NOS) | H30.001 | H30.002 | H30.003 | H30.009 |
| Focal chorioretinal inflammation, juxtapapillary | H30.011 | H30.012 | H30.013 | H30.019 |
| Focal chorioretinal inflammation of posterior pole (aka Posterior Uveitis, Posterior Pole) | H30.021 | H30.022 | H30.023 | H30.029 |
| Focal chorioretinal inflammation, peripheral (aka Posterior Uveitis, Peripheral) | H30.031 | H30.032 | H30.033 | H30.039 |
| Focal chorioretinal inflammation, macular or paramacular | H30.041 | H30.042 | H30.043 | H30.049 |
| Unspecified disseminated chorioretinal inflammation (chorioretinitis/choroiditis) | H30.101 | H30.102 | H30.103 | H30.109 |
| Disseminated chorioretinal inflammation (choroiditis/chorioretinitis) posterior pole | H30.111 | H30.112 | H30.113 | H30.119 |
| Disseminated chorioretinal inflammation (chorioretinitis/choroiditis) peripheral | H30.121 | H30.122 | H30.123 | H30.129 |
| Disseminated chorioretinal inflammation, generalized | H30.131 | H30.132 | H30.133 | H30.139 |
| Unspecified chorioretinal inflammation (aka Retinitis NOS) | H30.91 | H30.92 | H30.93 | H30.90 |
| Other chorioretinal inflammations | H30.891 | H30.892 | H30.893 | H30.899 |
| Harada's disease | H30.811 | H30.812 | H30.813 | H30.819 |
| Vogt-Koyanagi syndrome | H20.821 | H20.822 | H20.823 | H20.829 |
| SECONDARY, NONINFECTIOUS ANTERIOR UVEITIS | | | | |
| Secondary noninfectious anterior iridocyclitis [aka HLA-B27 (secondary noninfectious)] | H20.041 | H20.042 | H20.043 | H20.049 |

AHA=American Hospital Association; CPT®=Current Procedural Terminology; HCPCS=Healthcare Common Procedure Coding System; ICD-10-CM=International Classification of Diseases, 10th Revision, Clinical Modification; NDC=National Drug Code; NOS=not otherwise specified. CPT® codes and descriptions are copyright 2025 American Medical Association (AMA). All rights reserved. CPT® is a registered trademark of the AMA.

Please see Indication and Important Safety Information for XIPERE® on last page and click [here](#) for full Prescribing Information.

Indication and Important Safety Information



Indication

XIPERE® (triamcinolone acetonide injectable suspension) for suprachoroidal use is a corticosteroid indicated for the treatment of macular edema associated with uveitis.

Important Safety Information

Patients should be monitored following injection for elevated intraocular pressure. See Dosage and Administration instructions in full Prescribing Information.

- XIPERE® is contraindicated in patients with **active or suspected ocular or periocular infections** including most viral diseases of the cornea and conjunctiva, including active epithelial herpes simplex keratitis (dendritic keratitis), vaccinia, varicella, mycobacterial infections, and fungal diseases.
- XIPERE® is contraindicated in patients with known **hypersensitivity to triamcinolone acetonide** or any other components of this product.
- Use of corticosteroids may produce cataracts, increased intraocular pressure, and glaucoma. Use of corticosteroids may enhance the establishment of secondary ocular infections due to bacteria, fungi, or viruses, and should be used cautiously in patients with a history of ocular herpes simplex.
- Hypothalamic-pituitary-adrenal (HPA) axis suppression, Cushing's syndrome, and hyperglycemia can occur following administration of a corticosteroid. Monitor patients for these conditions with chronic use.
- In controlled studies, the most common ocular adverse reactions were increased ocular pressure, non-acute (14%), eye pain, non-acute (12%), cataract (7%), increased intraocular pressure, acute (6%), vitreous detachment (5%), injection site pain (4%), conjunctival hemorrhage (4%), visual acuity reduced (4%), dry eye (3%), eye pain, acute (3%), photophobia (3%), and vitreous floaters (3%), and in 2% of patients: uveitis, conjunctival hyperaemia, punctate keratitis, conjunctival oedema, meibomianitis, anterior capsule contraction, chalazion, eye irritation, eye pruritus, eyelid ptosis, photopsia, and vision blurred.
The most common non-ocular adverse event was headache (5%).
- Corticosteroids should be used during pregnancy or nursing only if the potential benefit justifies the potential risk to the fetus or nursing infant.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

Please click [here](#) for full Prescribing Information.

References: **1.** American Medical Association. CPT 2025 Professional Edition. American Medical Association; 2024. **2.** XIPERE® Prescribing Information. Bausch + Lomb Inc. **3.** American Medical Association. HCPCS Level II Expert 2025. American Medical Association; 2024. **4.** Centers for Medicare & Medicaid Services. Medicare Claims Processing Manual. Chapter 26 – Completing and Processing Form CMS-1500 Data Set. Revision 12779. August 9, 2024. Accessed May 15, 2025. <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c26.pdf> **5.** Centers for Medicare & Medicaid Services. Medicare Claims Processing Manual. Chapter 25 – Completing and Processing the Form CMS-1450 Data Set. Revision 12423, December 20, 2023. Accessed May 15, 2025. <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c25.pdf> **6.** Centers for Medicare & Medicaid Services. Discarded Drugs and Biologicals – JW Modifier and JZ Modifier Policy. Accessed December 16, 2024. <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Downloads/JW-Modifier-FAQs.pdf> **7.** National Uniform Billing Committee (NUBC). Official UB-04 Data Specifications Manual 2020. Chicago, IL: American Hospital Association; 2020. **8.** American Medical Association. ICD-10-CM Expert 2025. American Medical Association; 2024. **9.** American Academy of Ophthalmology. ICD-10 Code for Cystoid Macular Edema. November 3, 2015. Accessed June 10, 2025. <https://www.aao.org/practice-management/news-detail/icd-10-code-cystoid-macular-edema>