



American Academy of Ophthalmic Executives®

Table of Common Drugs (HCPCS Codes for Office)

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Note: This table is subject to change. Visit aao.org/coding for updates.

| DESCRIPTION | UNITS | HCPCS |
|--|---|-------------------------------------|
| 5-FU | 1 unit | J9190 |
| AbobotulinumtoxinA Use this code for Dysport | 5 units, 300u vial Report units injected and units wasted on a second line with -JW modifier.* | J0586 |
| IncobotulinumtoxinA Use this code for Xeomin | 1 unit, 100u vial Report units injected and units wasted on a second line with -JW modifier.* | J0588 |
| OnabotulinumtoxinA Use this code for Botox medical, Botox cosmetic | 1 unit, 100u vial Report units injected and units wasted on a second line with -JW modifier.* Example: J0585 25 units J0585-JW 75 units | J0585 |
| RimabotulinumtoxinB Use this code for Myobloc | 100 units, 5000u vial Report units injected and units wasted on a second line with -JW modifier.* | J0587 |
| Dexamethasone | Per dosage injected 1 mg is 1 unit | J1100 |
| Dextenza Dexamethasone, lacrimal ophthalmic insert, 0.1 mg | 4 units | J1096 |
| Durysta | 10 units | J7351 |
| Healion | N/A | No J code for ophthalmic use |
| Methotrexate (MTX) | 10 units *Submit 1 unit+-JW 9 units | J9250 |
| Mitomycin Ophthalmic, 0.2 mg | 1 unit | J7315 |
| Omidria | 4 units Mostly used in the facility setting | J1097 |
| Photrexa Riboflavin 5 Phosphate, ophthalmic solution, up to 3mL | 2 units Report any wastage of 1 unit with -JW modifier | J2787 |

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|--|--|-----------------------|
| Tepezza Injection, teprotumumab-trbw, 10 mg, for intravenous use | 50 units *Be sure to correctly bill the units infused. Submit a second line with modifier -JW and units wasted when less than 50 units are infused. | J3241 |
| Triamcinalone (Kenalog) | For multidose vials, report 1 unit up to 10 mg. For single-use vials of 40 mg, report 1 unit and 3 units with -JW modifier.* | J3301 |
| Vancomycin | 1 unit | J3370 |
| COMPOUNDED DRUGS (eg, compounded syringe of Vancomycin, Ceftazidime) | 1 unit Indicate medication name(s) and dosage in item 19 of CMS 1500 or electronic equivalent. | J7999 or J3490 |

•Denotes that wastage should be indicated

**Unique payer policies may have an expanded covered diagnosis list per medication.

***Obtain appropriate consent for off-label use. Visit omic.com for consent examples.