



American Academy of Ophthalmic Executives®
Table of Common Retina Drugs

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

DESCRIPTION	UNITS	INDICATION(S)	HCPCS	JW/JZ MODIFIER
Avastin®	1 unit, office 5 units, facility (C9257)	Off-label use for ophthalmology.** Covered diagnosis codes per payer policy.* Report medication name and dosage in item 19 of the CMS 1500 form.	J9035, J7999, or J3490, J3590	JZ‡
Beovu®	6 units	Wet age-related macular degeneration Diabetic macular edema (DME) Note: FDA label frequency varies from other anti-VEGF injections	J0179	JZ
Byooviz™ (Biosimilar)	5 units	Neovascular age-related macular degeneration, macular edema following RVO, myopic choroidal neovascularization	Q5124	JZ
Ceftazidime	1 unit, 500 mg	Endophthalmitis	J0713	JZ single-dose vial, 500 mg No modifier if multidose
Cimerli™ (Biosimilar)	3 units	Diabetic retinopathy, diabetic macular edema (0.3 mg/0.05 mL)	Q5128	JZ
Cimerli™ (Biosimilar)	5 units	Neovascular age-related macular degeneration, macular edema following RVO, myopic choroidal neovascularization (0.5 mg/0.05 mL)	Q5128	JZ
Dexamethasone	Per dosage injected 1 mg is 1 unit	Macular edema	J1100	JW single-dose vial No modifier if multidose
EYLEA®	2 units	Diabetic retinopathy, diabetic macular edema, neovascular age-related macular degeneration, macular edema following retina vein occlusion	J0178	JZ
EYLEA®	Total 2 units Report 1 unit injected Second line with -JW modifier, 1 unit	Retinopathy of prematurity (ROP), 0.4 mg/0.01mL	J0178	JW

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EYLEA® HD 8 mg	8 units	Diabetic retinopathy, diabetic macular edema, neovascular age-related macular degeneration	J0177 effective 4/1/24 C9161 deleted 4/1/24	JZ
Iluvien®	19 units	Diabetic retinopathy with diabetic macular edema	J7313	JZ
Izervay™	20 units	Geographic atrophy (GA) secondary to age-related macular degeneration	J2782 effective 4/1/24 C9162 deleted 4/1/24	JZ
JETREA®	3 units	Symptomatic vitreomacular adhesion	J7316	JZ
Lucentis®	3 units	Diabetic retinopathy. diabetic macular edema	J2778	JZ
Lucentis®	5 units	Wet age-related macular degeneration, macular edema following retina vein occlusion, myopic choroidal neovascularization	J2778	JZ
Methotrexate (MTX)	1 unit for 50 mg or less <i>*J9250 deleted from ASP pricing effective 4/1/24</i>	Off-label use for ophthalmology** Used for specific ocular inflammatory conditions, including uveitis secondary to systemic disease	J9260	JZ
Ozurdex®	7 units	Macular edema following retina vein occlusion, diabetic macular edema. Non-infectious uveitis affecting the posterior segment	J7312	JZ
Retisert	59 units	Chronic noninfectious uveitis affecting the posterior segment	J7311	JZ
SUSVIMO™	Initial implant for single-dose vials report 20 units and 80 units with -JW modifier. Refill exchange for single-dose vials report 100 units with -JZ modifier. Initial implant procedure note should include: 2 mg/0.02 mL used and 8 mg/0.08 mL wasted. Refill exchange should state withdrew the entire contents of the SUSVIMO vial into a syringe to the 0.1 mL dose mark. The entire contents of the syringe (0.1 mL) were used to flush the medication and provide the appropriate 2 mg continuous dosage into the implant. No wastage remained after the refill procedure was completed.	Neovascular age-related macular degeneration Note: Genentech initiated a voluntary recall for Susvimo implant on October 2022. This recall does not include refill-exchange for patients not experiencing specific risks. For more information, visit susvimo-hcp.com/safety/adverse-events.html .	J2779	JW initial implant JZ refill exchange

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SYFOVRE®	15 units	Geographic atrophy (nonexudative age-related macular degeneration, advanced, with or without subfoveal involvement)	J2781 effective 10/1/23 C9151 deleted 10/1/23	JZ
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.	Off-label use for ophthalmology**	J3301	JW single-dose vial No modifier if multidose
Triesence	Single-dose vial of 40 units Report 1 unit injected per 1 mg Second line with -JW modifier, units wasted	Sympathetic ophthalmia, uveitis, temporal arteritis, ocular inflammatory conditions unresponsive to topical corticosteroids	J3300 deleted from CMS ASP pricing	JW
VABYSMO®	60 units	Neovascular age-related macular degeneration, diabetic macular edema, macular edema following retinal vein occlusion	J2777	JZ
Vancomycin	1 unit, 500 mg	Endophthalmitis	J3370	JZ single-dose vial, 500 mg No modifier if multidose
Verteporfin (Visudyne®)	Total 150 units Report units injected per 0.1 mg Second line with -JW modifier units wasted	Classic subfoveal choroidal neovascularization due to age-related macular degeneration***, pathologic myopia, presumed ocular histoplasmosis	J3396	JW Rare exception: JZ when you use the entire 15 mg vial with no wastage of 0.1 mg.
Xipere®	For single-dose vials of 36mg/0.9 mL medication, report 4 units and 32 units with -JW modifier.*† Procedure note should include dosage and wastage: 4 mg/0.1 mL was injected, and 32 mg/0.8 mL was wasted from the single-dose vial labeled as 0.9 mL (40mg/ml) of medication from one tray included in the Xipere carton.	Macular edema associated with uveitis	J3299	JW
Yutiq®	18 units	Chronic noninfectious uveitis affecting the posterior segment	J7314	JZ

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<p>COMPOUNDED DRUGS (eg, compounded syringe of Vancomycin, Ceftazidime, Methotrexate, Foscavir, etc.)</p>	<p>1 unit</p>	<p>Report medication name(s), dosage and invoice amount in item 19 of CMS-1500 or electronic equivalent</p>	<p>J7999 or J3490</p>	<p>JZ[†]</p>
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*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.

***Per Medicare NCD only indication for PDT therapy

[†]Coding instructions are the best estimate based on CMS' instructions for proper billing of wastage for Xipere and may be subject to change in future rulemaking. Visit aao.org/retinapm for updates.

[‡]Denotes off-label use. Report modifier JZ per unique payer policies. When repackaged single dose syringes are administered with no discarded amounts, excluding overfill, CMS advised in the 2024 Medicare PFS that modifier JZ would be appropriate as any remaining drug is not reportable with modifier JW. This guidance is subject to change due to Medicare and/or MAC policy updates. For more information, visit www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Downloads/JW-Modifier-FAQs.pdf.