Epioxa®
(riboflavin 5'- phosphate ophthalmic solution)

A Step-by-Step Guide to Billing and Coding

For additional resources, visit Epioxa.com/HCP

Indications and Usage[1]

Epioxa HD (riboflavin 5'-phosphate ophthalmic solution) 0.239% and Epioxa (riboflavin 5'-phosphate ophthalmic solution) 0.177% are indicated in epithelium-on corneal collagen cross-linking for the treatment of keratoconus in adults and pediatric patients aged 13 years and older, in conjunction with the O_2n System and the Boost Goggles®.

Please see Important Safety Information on page 14 and full Prescribing Information.

GLAUKOS®

Glaukos provides this coding guide for informational purposes only, and it is subject to change without notice. This guide is not an affirmative instruction for which codes and modifiers to use for a particular service, supply, procedure, or treatment and does not constitute advice regarding coding, coverage, or payment for Glaukos products. It is the responsibility of providers, physicians, and suppliers to determine and submit appropriate codes, charges, and modifiers for products, services, supplies, procedures, or treatment furnished or rendered. Providers, physicians, and suppliers should contact their third-party payers for specific and current information on their coding, coverage, and payment policies. For further detailed product information, including indications for use, contraindications, effects, precautions, and warnings, please consult the product's Instructions for Use (IFU) or prescribing information (PI) prior to use. The information provided herein is without any other warranty or guarantee of any kind, expressed or implied, as to completeness, accuracy, or otherwise. Glaukos makes no guarantee of coverage or reimbursement.

This guide provides step-by-step guidance on billing and coding, prior authorization, denials and appeals, EpioxaCareConnect™, and product acquisition.

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Coding for Epioxa® HD and Epioxa®

Epioxa (riboflavin 5'-phosphate ophthalmic solution) consists of two products: Epioxa HD 0.239% and Epioxa 0.177%. Throughout this guide, the term 'Epioxa' refers collectively to both products unless otherwise specified.

HCPCS Codes[2]

Claims for drugs that are physician-administered are submitted with a HCPCS code when billed to a payer. Effective for dates of service on or after July 1, 2026, Epioxa should be reported using its permanent HCPCS code, **J2789**. Confirm any plan-specific requirements prior to billing.

HCPCS Code	HCPCS Descriptor
J2789	Riboflavin 5'-phosphate, ophthalmic solution (Epioxa HD/Epioxa), up to 2 mL

When billing for Epioxa using the codes above:

Each epithelium-on corneal cross-linking kit contains one 2 mL syringe of Epioxa HD 0.239% and one 2 mL syringe of Epioxa 0.177%. One billing unit of J2789 represents up to 2 mL. Therefore, one complete Epioxa treatment kit is reported as 2 billing units of J2789.

National Drug Code (NDC)[1]

Payer requirements regarding the use of the 10- or 11-digit NDC may vary. Electronic data interchange (EDI) generally requires the use of the 11-digit NDC. Check payer requirements for appropriate reporting of the NDC.

Epioxa is a clear, yellow, sterile buffered solution available as follows:

10-digit NDC	11-digit NDC	Description
25357-024-01	**25357-0024-01**	• One single-dose glass syringe containing 2 mL of EPIOXA HD 0.239% packaged in a foil pouch • One single-dose glass syringe containing 2 mL of EPIOXA 0.177% packaged in a foil pouch

FDA, US Food and Drug Administration; HCPCS, Healthcare Common Procedure Coding System; NDC, National Drug Code.

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Coding for Epioxa®

CPT® Codes[3]

5-digit codes that describe the procedures and services performed by healthcare providers.

CPT Code	Description
0402T	Collagen cross-linking of cornea, including removal of the corneal epithelium, when performed, and intraoperative pachymetry, when performed

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Place of Service Codes[3]

Place of Service (POS) codes are 2-digit numeric codes used to indicate the setting in which a healthcare service is provided.

POS Code	POS Name
11	Office
19	Off-campus—outpatient hospital
22	On-campus—outpatient hospital
24	Ambulatory Surgical Center (ASC)

Revenue Codes[4]

Revenue codes are used on the CMS-1450 (UB-04) claim form to map a specific charge to a cost center.

Revenue Code	Description
0636	Drugs requiring detailed coding
0500	Outpatient services
0519	Clinic, other
0761	Treatment room
0490	Ambulatory Surgical Care (general)

CMS, Centers for Medicare & Medicaid Services; CPT, Current Procedural Terminology.

Please see Important Safety Information on page 14 and full Prescribing Information.

Coding for Epioxa®

Modifiers[5]

Modifiers are typically 2-character indicators that provide additional information regarding the services provided.

Modifier	Description	Appropriate Use
RT	Right side (used to identify procedures performed on the right side of the body)	Append to CPT code to denote laterality of drug administration and cross-linking procedure
LT	Left side (used to identify procedures performed on the left side of the body)	Append to CPT code to denote laterality of drug administration and cross-linking procedure
JW	Drug amount discarded/not administered to any patient	Append to HCPCS code to denote wastage
JZ	Zero drug amount discarded/not administered to patient	Append to HCPCS code to denote no wastage

Modifier guidance on drugs acquired through 340B Drug Pricing Program[5]

For drugs acquired through the 340B program, CMS requires the reporting of the "TB" modifier on all claims (effective since January 1, 2025). This applies to both hospital-based and non-hospital-based entities, as well as any other 340B-covered entity that submits claims for payable Part B drugs and biologicals.

Modifier	Description	Appropriate use
TB	Drug or biological acquired with 340B drug pricing program discount, reported for informational purposes for select entities	The "TB" modifier must be reported by all 340B covered entities paid under OPPS

Note: Providers should follow payer-specific guidance regarding JW and JZ modifier reporting when billing J2789. If no drug is discarded, append JZ when required by payer policy. Providers should consult applicable payer requirements regarding drug wastage reporting.

OPPS, Outpatient Prospective Payment System.

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Coding for Epioxa®

International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)[6]

ICD-10-CM codes are used to identify a patient's diagnosis. At least 1 ICD-10-CM diagnosis code must be included in all hospital and physician office claims to describe the patient's diagnosis.

The ICD-10-CM diagnosis codes listed are provided only as examples of potentially relevant codes. Providers should consult a current ICD-10-CM manual and select the most appropriate diagnosis code(s) to accurately describe a patient's condition. All diagnosis codes should be supported with adequate documentation.

The following may be appropriate ICD-10-CM diagnosis codes for reporting Keratoconus.

ICD-10-CM	Descriptor
H18.601	Keratoconus, unspecified, right eye
H18.602	Keratoconus, unspecified, left eye
H18.603	Keratoconus, unspecified, bilateral
H18.611	Keratoconus, stable, right eye
H18.612	Keratoconus, stable, left eye
H18.613	Keratoconus, stable, bilateral
H18.621	Keratoconus, unstable, right eye
H18.622	Keratoconus, unstable, left eye
H18.623	Keratoconus, unstable, bilateral

Did you know?

Dedicated Reimbursement Liaisons are able to share coverage and on-label coding information to support patient access. Contact your local Glaukos Reimbursement Liaison to learn more.

ICD-10-CM, International Classification of Diseases, Tenth Revision, Clinical Modification.

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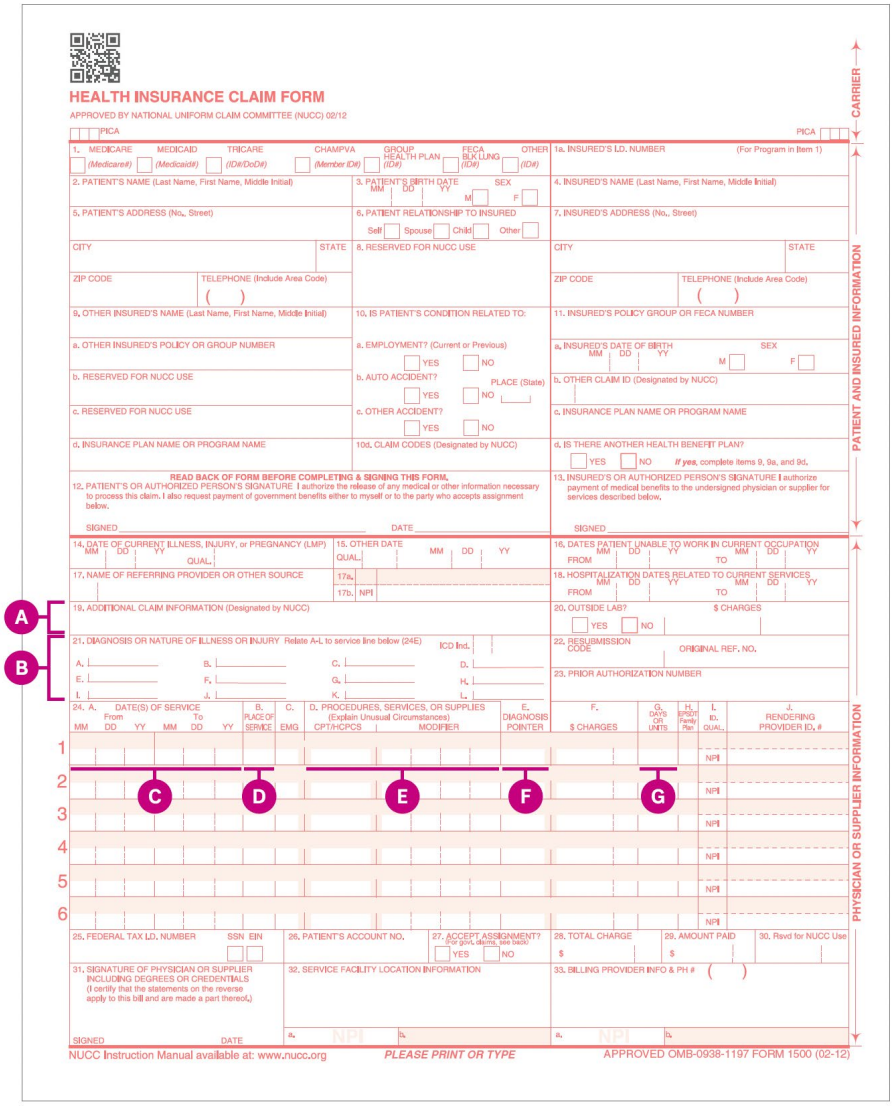
Sample Claim Form: CMS-1500, Physician Office Place of Service



This sample form is intended as a reference for the coding and billing of Epioxa®. This form is not intended to be directive, and the use of the recommended codes does not guarantee reimbursement. HCPs may deem other codes or policies more appropriate and should select the coding options that most accurately reflect their internal guidelines, payer requirements, practice patients, and services rendered.

A Item 19:

Some payers may require supplemental claim information, including:

- Drug name and NDC
- Total dosage
- Method of administration

B Item 21:

Specify appropriate ICD-10-CM diagnosis code(s).

C Item 24A:

Report dates of service. In the red shaded area, provide NDC information. The NDC is preceded by the qualifier N4 and followed by the unit of measure (e.g., N4 25357002401).

D Item 24B:

Indicate the place of service where Epioxa is administered.

E Item 24D:

Specify HCPCS and CPT codes; for example:

- Epioxa drug: J2789
- Cross-linking procedure: 0402T

Specify modifiers; for example:

- Append J2789 with LT or RT to denote laterality of procedure (left or right eye)
- JZ or JW, to denote whether drug was discarded

F Item 24E:

Enter reference to the diagnosis for the CPT and HCPCS codes from Item 21.

G Item 24G:

Report billing units. One corneal-crosslinking Epioxa kit is reported as 2 units of J2789.

HCP, healthcare professional.

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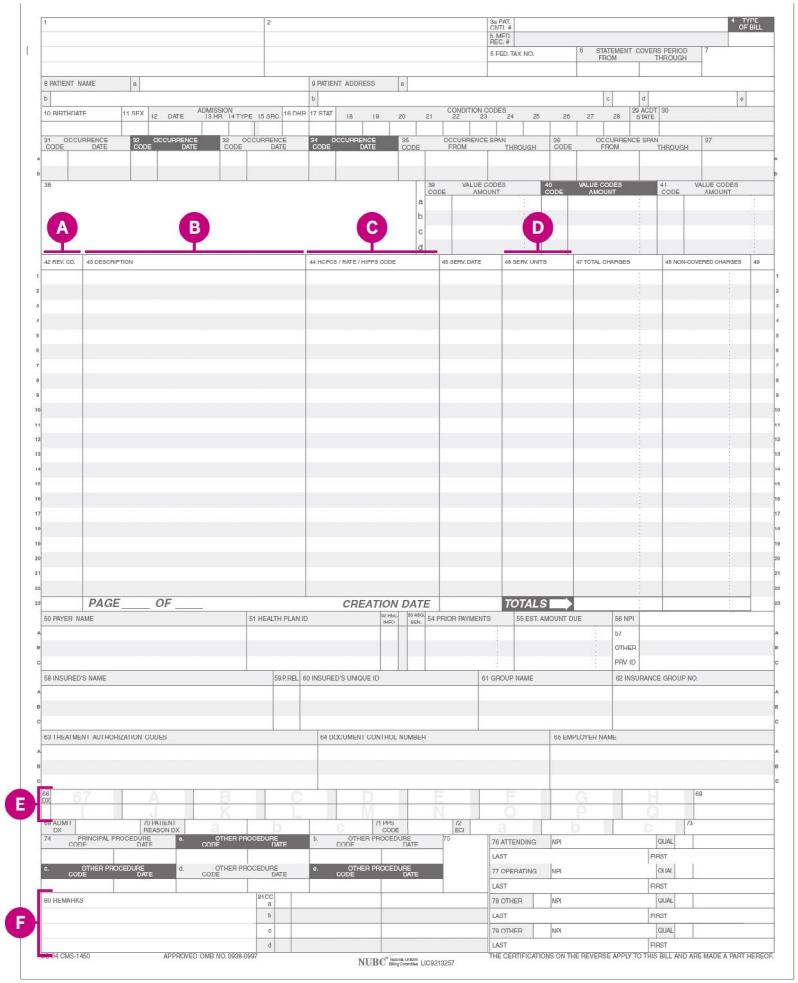
Sample Claim Form: CMS-1450/UB-04, Hospital Outpatient Place of Service

This sample form is intended as a reference for the coding and billing of Epioxa®. This form is not intended to be directive, and the use of the recommended codes does not guarantee reimbursement. HCPs may deem other codes or policies more appropriate and should select the coding options that most accurately reflect their internal guidelines, payer requirements, practice patients, and services rendered.



A Form Locator (FL) 42:
Specify the 4-digit revenue codes for the service.

B FL 43:
Report the 11-digit NDC using qualifier N4, followed by the NDC quantity and unit of measure. (e.g., N4 26357002401 UN1).

C FL 44:
Specify HCPCS and CPT codes; for example:
- Epioxa kit: J2789
- Cross-linking procedure: 0402T

Specify modifiers; for example:
- Append J2789 with LT or RT to denote laterality of procedure
- JZ or JW, to denote whether drug was discarded

D FL 46:
Report billing units. One corneal-crosslinking Epioxa kit is reported as 2 units of J2789.

E FL 66:
Specify appropriate ICD-10-CM diagnosis code(s).

F FL 80:
Some payers may require additional claim information, including:
- Drug Name: Epioxa HD/Epioxa
- HCPCS: J2789
- NDC: 25357-0024-01
- Method of administration: topical

Medicare OPPS Pass-Through Payment Status: Effective July 1, 2026, Epioxa is eligible for separate payment under Medicare's OPPS transitional pass-through payment policy. When applicable, Medicare provides separate payment for pass-through drugs and biologicals in the hospital outpatient setting, helping support beneficiary access to innovative therapies during the pass-through period. Providers should bill Epioxa using HCPCS code J2789 and follow applicable Medicare and payer-specific billing requirements.[7]

OPPS, Outpatient Prospective Payment System.

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Prior Authorization (PA) and Pre-Determination Considerations

Use the checklist below to support your practice in navigating PA and pre-determination processes for corneal cross-linking with Epioxa®. Always consult payer-specific policies for PA or pre-determination requirements.

☐ Completed PA request form (some health plans require specific forms)

- ☐ Patient's name and date of birth
- ☐ Patient's health insurance policy number
- ☐ Patient's diagnosis/ICD-10-CM code(s)
- ☐ Provider details, specialty, contact information, and National Provider Identifier (NPI) number
- ☐ Epioxa National Drug Code (NDC) and HCPCS Code
- ☐ Medical documentation to support the treatment decision

☐ Include a letter of medical necessity and relevant clinical support

If required, include a letter of medical necessity that provides the patient's medical and ocular history and your rationale for corneal cross-linking with Epioxa

☐ Documentation that supports the treatment decision, such as:

- ☐ Patient-specific clinical notes detailing the relevant diagnosis
- ☐ Summary of relevant ocular history
- ☐ Summary of prior disease management of keratoconus and patient response
- ☐ Clinical notes describing intolerance or inadequate response to prior management
- ☐ Relevant testing results
- ☐ Product Prescribing Information

Enroll your patient in EpioxaCareConnect™ or call your Reimbursement Liaison for additional support with billing, coding, PA, and claims support.

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Understanding Prior Authorization Denials and Appeals

Many health plans will require a prior authorization request and supporting documentation to cover Epioxa®.

These requests allow the payer to review the reason for the requested treatment and determine its medical appropriateness.

Understanding the reasons why insurers may deny prior authorization can help mitigate payer challenges. Some causes of delayed or denied PAs may include:

- Inaccurate or missing codes (eg, HCPCS, CPT, or ICD-10-CM codes)
- Incorrect product information
- Incorrect or missing patient or provider information
- Failure to follow payer-specific requirements

Appealing a prior authorization denial

If the health plan denied a prior authorization for Epioxa:

☐ **STEP 1** Review the reason for the denial.

☐ **STEP 2** Request a peer-to-peer review with the health plan, if possible. The prior authorization denial should include information on the process and timeline for requesting a peer-to-peer review. This information can also be obtained via EpioxaCareConnect™.

If you or your patient has not received a decision:

☐ **STEP 3** File a written internal appeal with the health plan requesting that the payer reconsider. You may need to provide additional documentation supporting why Epioxa is the best treatment choice for your patient, how they meet policy criteria, or why an exception should be made.

☐ **STEP 4** If the insurer continues to deny the authorization request, your patient may request an external appeal, in which an independent third party will review the additional documentation provided and make a final decision.

Always confirm payer- and plan-specific prior authorization and appeals guidance, including how to request a peer-to-peer review. EpioxaCareConnect™ and your Reimbursement Liaison are available to help.

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EpioxaCareConnect™

How will EpioxaCareConnect support your patients?

EpioxaCareConnect provides centralized support services for practices, personalized patient support through Patient Access Liaisons (PALs), and in-person, field-based reimbursement support from your dedicated Reimbursement Liaison (RL).

Support Through EpioxaCareConnect

- EpioxaCareConnect can perform a benefits investigation, provide prior authorization requirements, provide estimated patient out-of-pocket (OOP) costs, and determine financial assistance eligibility
- EpioxaCareConnect can also offer support through prior authorizations/pre-determinations, appeals, and peer-to-peer review

Patient Support Through Our PAL Team

- Upon enrollment in EpioxaCareConnect, each patient is paired with a dedicated Patient Access Liaison who offers one-on-one, non-medical support
- The Patient Access Liaison answers logistical questions, guides patients through insurance and access processes, and helps ensure a smooth start to treatment
- PALs stay engaged after first-eye treatment to support recovery and coordinate second-eye treatment, if needed

Reimbursement Support Through Your RL

The Reimbursement Liaison:

- Is your dedicated field-based expert
- Provides guidance and support in interpreting payer coverage policy, documentation criteria, authorization denial support, and claim submission
- Educates HCP staff on payer trends, payment denials, and time to access

Enroll your patient in EpioxaCareConnect by calling 1-855-5-EPIOXA (1-855-537-4692) or by visiting HCP.EpioxaCareConnect.com.

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Access and Affordability

Epioxa® Copay Program for commercially insured patients

Your patients may be eligible to pay as little as a $0 copay*

Patients with commercial insurance may be eligible to pay as little as $0 out of pocket for the cost of Epioxa through our Epioxa Copay Program.

Patients with commercial insurance may also be eligible to pay as little as $0 out of pocket for the cost of the cross-linking procedure.*

*Copay assistance is available for commercially insured eligible patients only. Additional restrictions may apply. Subject to change; for full terms and conditions, visit HCP.EpioxaCareConnect.com.

Patients may be enrolled in the Epioxa Copay Program through HCP.EpioxaCareConnect.com.

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Acquiring Epioxa® for Your Patient

Epioxa acquisition depends on the patient's individual plan. Some plans require acquisition through the buy-and-bill process (where the provider purchases, stores, and administers the drug), whereas others allow acquisition through a specialty pharmacy.

Purchase Epioxa from Glaukos

Epioxa can be purchased directly from Glaukos.
To place an order, contact Glaukos Customer Service:

Call: 1-844-528-3376

Fax: 1-781-768-3401

Email: USAOrders@glaukos.com

Ordering Epioxa through Specialty Pharmacy

Orsini Specialty Pharmacy

For provider services and patient questions, call: 1-847-849-1374

Provider fax orders: 1-877-860-2146

Liaison email address: Epioxaliaison@orsinihc.com

Enroll your patient in EpioxaCareConnect for a patient-specific benefits verification that provides ways your patient can access Epioxa.

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Indication and Important Safety Information

INDICATIONS AND USAGE

EPIOXA HD (riboflavin 5'-phosphate ophthalmic solution) 0.239% and EPIOXA (riboflavin 5'-phosphate ophthalmic solution) 0.177% are photoenhancers indicated for use in epithelium-on corneal collagen cross-linking for the treatment of keratoconus in adults and pediatric patients aged 13 years and older, in conjunction with the O_2n™ System and the Boost Goggles®.

IMPORTANT SAFETY INFORMATION

Contraindications

EPIOXA HD and EPIOXA are contraindicated in patients with known hypersensitivity to benzalkonium chloride (BAC) or any ingredients in EPIOXA HD and EPIOXA. Epithelium-on corneal collagen cross-linking is contraindicated in aphakic and pseudophakic patients without a UV-blocking intraocular lens.

Warnings and Precautions

Corneal collagen cross-linking should be used with caution in patients with a history of herpetic keratitis due to the potential for reactivation of herpes keratitis.

Adverse Reactions

The most common adverse reaction was conjunctival hyperaemia (31%). Other adverse reactions, occurring in 5% to 25% of eyes included: corneal opacity (haze), photophobia, punctate keratitis, eye pain, eye irritation, increased lacrimation, corneal epithelium defect, eyelid oedema, corneal striae, visual acuity reduced, dry eye, and anterior chamber flare.

Please see full Prescribing Information for EPIOXA HD and EPIOXA.

You are encouraged to report all side effects to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088. You may also call Glaukos at 1-888-404-1644.

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References: 1. Epioxa. Prescribing information. Glaukos; 2025. **2.** Centers for Medicare & Medicaid Services (CMS) Healthcare Common Procedure Coding System (HCPCS) Application Summaries and Coding Determinations. CMS. Accessed June 10, 2026. https://www.cms.gov/medicare/coding-billing/healthcare-common-procedure-system/quarterly-update **3.** American Medical Association. Current Procedural Terminology: CPT® 2026: Professional Edition. Chicago, IL: AMA Press; 2026. **4.** Revenue codes. Noridian Medicare. Accessed October 15, 2025. https://med.noridianmedicare.com/web/jfa/topics/claim-submission/revenue-codes **5.** Modifiers. Noridian Medicare. Accessed October 15, 2025. https://med.noridianmedicare.com/web/jeb/topics/modifiers **6.** Centers for Disease Control (CDC). ICD-10-CM Files. Accessed June 19, 2026 from: https://www.cdc.gov/nchs/icd/icd-10-cm/files.html. **7.** CMS. CMS Manual System, Pub 100-04 Medicare Claims Processing; Transmittal 13832. Accessed June 18, 2026 from: https://www.cms.gov/files/document/r13832cp.pdf.

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