



**IHEEZO**<sup>™</sup>  
(chloroprocaine HCl ophthalmic gel) 3%

# Reimbursement Guide

# Comfort & confidence made simple<sup>1,2</sup>

A modern take on ocular anesthesia, IHEEZO® is designed for efficiency and comfort—delivering reliable, lasting anesthesia without adding complexity.<sup>1,2</sup>

In a Phase III clinical trial evaluating IHEEZO for use in routine ophthalmic procedures, it was shown to deliver:<sup>1,2</sup>



**90**  
second  
onset



#### Fast reliable onset

Achieves full anesthesia in under 90 seconds on average—potentially minimizing prep time.<sup>2</sup>

**1**  
dose  
process



#### 1 step, complete coverage

A single dose—just three drops—was shown to provide sufficient anesthesia.<sup>\*\*1</sup>

**21.5**  
minute  
duration



#### Confidence that carries

Sustains anesthesia for an average of 21.5 minutes—outlasting most routine procedures.<sup>1,3</sup>

**100%** In this clinical trial, 100% of patients treated with IHEEZO maintained anesthesia without supplemental treatment.<sup>\*\*1,2</sup>

\*The Phase III clinical trial was a randomized, prospective, multicenter, active-controlled, observer-masked study in 338 patients undergoing routine cataract surgery.

\*\*In the clinical trial, no patient undergoing routine cataract surgery receiving IHEEZO required supplemental treatment to maintain anesthesia; this was not the case for patients receiving tetracaine. Supplemental treatment was defined as general anesthesia, intraoperative systemic analgesia, or local anesthesia. Though supplemental administration was not required by any patient in the clinical trial, IHEEZO may be reapplied as needed to maintain anesthesia.<sup>1,2</sup>

#### APPROVED USE

IHEEZO is indicated for ocular surface anesthesia.

#### IMPORTANT SAFETY INFORMATION

- IHEEZO is contraindicated in patients with a history of hypersensitivity to any component of this preparation
- IHEEZO should not be injected or intraocularly administered.

Please see full Important Safety Information on page 12 and the Full Prescribing Information at [www.iheezo.com/prescribinginformation](http://www.iheezo.com/prescribinginformation).

# Novel low-viscosity gel for uniform coverage without acting as a barrier to povidone-iodine<sup>4-6</sup>



No excessive pooling or need for redistribution<sup>4,5</sup>



Reduces reliance on external applicators



Minimizes potential ocular surface irritation<sup>4,5</sup>



Supports antiseptic effectiveness<sup>6</sup>

Up to **75%**

less viscous than other FDA-approved topical ocular anesthetic gel.<sup>1,2,5,6</sup>

## KEY SAFETY DATA

Sterile, single-use, and built for safety

IHEEZO is preservative-free and delivered in a sterile, single-use ampule for added patient safety.<sup>2</sup> Single-use packaging may decrease the risk of infection and medication errors.<sup>7</sup>

- ✓ Sterile
- ✓ Preservative-free
- ✓ Single-use ampule

## TREATMENT-EMERGENT ADVERSE EVENTS BY ORGAN CLASS<sup>1</sup>

System organ class	Chloroprocaine 3% Gel N=167	Tetracaine 0.5% N=171 (%)
Treatment emergent adverse events (TEAEs)	0	2 (1.2)
Eye disorders	0	2 (1.2)
Corneal disorder	0	1 (0.6)
Iridocele	0	1 (0.6)

**Two mild TEAEs were reported in the Tetracaine 0.5% group, while none were reported in the Chloroprocaine 3% Gel group.**

## IMPORTANT SAFETY INFORMATION

IHEEZO is indicated for administration under the direct supervision of a healthcare provider. Do not touch the dropper tip to any surface to avoid contamination. See full Important Safety Information on page 12.

# J-Code and Billing Essentials

IHEEZO is assigned a permanent, product-specific J-code:

**J2403**

- chlorprocaine HCl ophthalmic gel 3%
- 1 billing unit = 1mg; 1 standard 800mg ampule = 800 billing units

NDC# (11-Digit)	CPT Code	CPT Modifier
Intravitreal injection	<b>67028</b>	
Sub tenon injection	<b>67515</b>	
Panretinal Photocoagulation (PRP)	<b>67228</b>	
Selective laser trabeculoplasty (SLT)	<b>65855</b>	
Laser iridotomy	<b>66761</b>	<b>RT</b> (Right Eye)
YAG laser capsulotomy	<b>66821</b>	<b>LT</b> (Left Eye)
Complex cataract surgery	<b>66982 / 66985</b>	
Simple cataract surgery	<b>66984</b>	
Exchange of an intraocular lens	<b>66986</b>	
Cataract surgery with MIGS	<b>66991</b>	

HCPCS code	HCPCS modifier	Long Descriptor	NDC number
<b>J2403</b>	<b>JZ<sup>†</sup></b>	chlorprocaine HCl ophthalmic gel 3%	<b>82667-0300-01</b> (11-digit)

Effective July 1, 2024, the NCCI Medically Unlikely Edits (MUE) list was updated to reflect 1600 units (2 vials) of IHEEZO per day, allowing for bilateral utilization.\* Billing for bilateral procedures is payer specific.\*\*The following is a general guideline for billing on 1 or 2 lines:

- 1 Line: 1600 units, JZ modifier, 50 modifier, add NDC to box 19 and diagnosis indicators for both right & left eyes.
- 2 Lines: 800 units (each line), JZ modifier, diagnosis indicator (each line), does not require NDC in box 19.

<sup>†</sup>JZ modifier is used to indicate no wastage

\*Please refer to the CMS website at <https://www.cms.gov/medicare/coding-billing/national-correct-coding-initiative-ncci-edits/medicare-ncci-medically-unlikely-edits>

\*\*Please refer to individual payer requirements

## IMPORTANT SAFETY INFORMATION

IHEEZO is a prescription-only product. Reimbursement support does not guarantee payment. See full Important Safety Information on page 12.

# Coverage for IHEEZO

**IHEEZO (chloroprocaine HCl ophthalmic gel) 3%** is generally covered by Medicare and other payers when medically necessary with the product-specific J-Code.



## Billing and Reimbursement

- IHEEZO was granted Transitional Pass-Through status, beginning April 2023.
- J2403 allows for separate reimbursement for Medicare Fee-for-Service patients in the ASC/HOPD setting and in the physician office setting.\*
- Medicare reimburses 80% of the overall allowable payment amount.
  - 20% is the responsibility of the secondary, supplemental insurance or beneficiary in the form of a co-pay or co-insurance.
  - Many patients with Fee-for-Service Medicare have a form of supplemental insurance that will cover some, if not all of the 20% co-insurance.

### IMPORTANT REMINDERS

- Questions related to insurance eligibility for IHEEZO can be addressed by contacting your IHEEZO representative, emailing [reimbursement@harrowinc.com](mailto:reimbursement@harrowinc.com), or working directly with your payer provider representative.
- Coverage and payment may vary by payer, contractual agreements, and site of service. Many patients with Fee-for-Service Medicare have a form of supplemental insurance that will cover some, if not all of the 20% co-insurance.

\*It is advised that you always check in advance to determine coverage and reimbursement prior to use.

### IMPORTANT SAFETY INFORMATION

IHEEZO is a prescription-only product. Reimbursement support does not guarantee payment. See full Important Safety Information on page 12.

# Billing and Reimbursement

## May or may not use Medicare FFS payment rate as a benchmark

- Like traditional Medicare FFS, Medicare Advantage plans should cover IHEEZO®, but the payment rate may differ from traditional FFS or be subject to payer-specific facility contractual limitations.
- For a Medicare Advantage patient, the specific Medicare Advantage payer should be contacted in advance to determine its reimbursement process as well as the level of reimbursement for IHEEZO.

## Best practices for dealing with Medicare Advantage plans

- Before surgery, verify if patient has a Medicare Advantage plan.
- Check if your facility-specific payer contracts allow for separate payment of drugs, including IHEEZO.
- If the plan bundles payment for IHEEZO, share the CMS announcement regarding separate billable status.
- Individual plan coverage, payment, policies, and procedures vary and should be confirmed by the facility. Harrow does not guarantee reimbursement.

**YOU CAN LOOK UP A PATIENT'S MEDICARE PLAN BY ENTERING THE PATIENT'S NAME AND DATE OF BIRTH IN ANY OF THE FOLLOWING DATABASES, AMONG OTHERS:**

- Secure Provider Online Tool (SPOT), provided by First Coast MAC
- Palmetto e-services
- Noridian Medicare Portal
- Availity (for BCBS, Aetna, Humana)

**You do not need to pay a subscription fee to access these databases.**

### IMPORTANT SAFETY INFORMATION

IHEEZO is a prescription-only product. Reimbursement support does not guarantee payment. See full Important Safety Information on page 12.

# Billing and Reimbursement

## May or may not use Medicare FFS payment rate as a benchmark

- Like traditional Medicare FFS, commercial plans should cover IHEEZO, but the payment rate may differ from traditional FFS or be subject to payer-specific facility contractual limitations.
- For a commercial patient, the specific payer should be contacted in advance to determine its reimbursement process as well as the level of reimbursement for IHEEZO.

## Best practices for dealing with Commercial Insurance plans

- Check if your facility-specific payer contracts allow for separate payment of drugs, new technologies, and pass-through drugs, including IHEEZO.
- Confirm if Prior Authorization (PA) is required for patient's specific commercial plan.
- Confirm and verify payer payment/fee schedules for IHEEZO.
- Verify payer-specific use of appropriate revenue code.
- Cultivate relationship with payer-provider network representative.
- Individual plan coverage, payment, policies, and procedures vary and should be confirmed by the facility. Harrow does not guarantee reimbursement.

### **QUESTIONS? CONTACT OUR DEDICATED REIMBURSEMENT TEAM.**

Please email [reimbursement@harrowinc.com](mailto:reimbursement@harrowinc.com) and you will be connected directly with one of our reimbursement team members.

### **IMPORTANT SAFETY INFORMATION**

IHEEZO is a prescription-only product. Reimbursement support does not guarantee payment. See full Important Safety Information on page 12.

# CMS-1500 CLAIM FORM (CLINIC/ASC)

**Form locator 24B:**

Example "24" indicates an ASC;  
"11" indicates an office setting.

**Form locator 24-1D:**

Enter the applicable procedure code (e.g. 66984 for cataract surgery or 67028 for an intravitreal injection). Enter the Modifier for left (LT) or right (RT)

**Form locator 24-2A:**

Enter N4 qualifier 11-digit NDC Number.\*

**Form locator 24-2D:**

Enter the unique Billing Code (J2403) and modifier (JZ) - indicating no wastage.

**Form locator 24E:**

Enter the diagnosis code pointer number from field 21 that related to the reason for service.

**Form locator 24F:**

Confirm charge for IHEEZO® reflects per unit cost x 800 units according to your set fee schedule.

**Form locator 24G:**

Enter the number of billable units. For **IHEEZO**, 1unit=800mg. Allowable billing for **IHEEZO** is 800 units for a single dose vial.

**HEALTH INSURANCE CLAIM FORM**  
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

1. MEDICARE ☒ MEDICAID ☐ TRICARE ☐ CHAMPVA ☐ GROUP HEALTH PLAN ☐ FECA ☐ OTHER ☐ (ID#) (ID#) (ID#) (ID#) (ID#)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)  
**Lefner, Travis**

3. PATIENT'S BIRTH DATE  
MM DD YY **01 11 11** SEX ☒ M ☐ F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)  
**111 1111 111 A**

5. PATIENT'S ADDRESS (No., Street)  
**76 Aphid Dr.**

6. PATIENT RELATIONSHIP TO INSURED  
Self ☒ Spouse ☐ Child ☐ Other ☐

7. INSURED'S ADDRESS (No., Street)  
CITY STATE ZIP CODE TELEPHONE (Include Area Code)

8. RESERVED FOR NUCC USE

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:  
a. EMPLOYMENT? (Current or Previous) YES ☐ NO ☐  
b. AUTO ACCIDENT? YES ☐ NO ☐ PLACE (State) \_\_\_\_\_  
c. OTHER ACCIDENT? YES ☐ NO ☐  
d. CLAIM CODES (Designated by NUCC)

11. INSURED'S POLICY GROUP OR FECA NUMBER

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.  
SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.  
SIGNED \_\_\_\_\_

14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP)  
MM DD YY QUAL \_\_\_\_\_

15. OTHER DATE  
MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION  
FROM MM DD YY TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE  
17a. \_\_\_\_\_ 17b. NPI \_\_\_\_\_

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES  
FROM MM DD YY TO MM DD YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES ☐ NO ☒ \$ CHARGES \_\_\_\_\_

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD-10 Ind. **0**  
A. **XX"X"** B. \_\_\_\_\_ C. \_\_\_\_\_ D. \_\_\_\_\_  
E. \_\_\_\_\_ F. \_\_\_\_\_ G. \_\_\_\_\_ H. \_\_\_\_\_  
I. \_\_\_\_\_ J. \_\_\_\_\_ K. \_\_\_\_\_ L. \_\_\_\_\_

22. RESUBMISSION CODE ORIGINAL REF. NO. \_\_\_\_\_

23. PRIOR AUTHORIZATION NUMBER \_\_\_\_\_

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE EMG C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OF UNITS H. EPSDT (Fam. Plan) I. ID. QUAL. J. RENDERING PROVIDER ID. #

1 **12 20 18 12 20 23 24** **66984 RT** **A** **XXX 00 1** **11111111**

2 **N482667030001UN1** **J2403 JZ** **A** **XXX 00 800** **11111111**

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

6 \_\_\_\_\_

25. FEDERAL TAX ID. NUMBER SSN EIN ☒ 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? (For gov. claims, see back) YES ☒ NO ☐ 28. TOTAL CHARGE \$ 29. AMOUNT PAID \$ 30. Revd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) 32. SERVICE FACILITY LOCATION INFORMATION 33. BILLING PROVIDER INFO & PH # **(555) 555-5555**  
**Any ASC**  
**23 Cherry St.**  
**Town, NJ 01234**

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_ a. NPI b. NPI

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

\*Some plans may require the 10-digit NDC #82667-300-01

The information contained within this document is provided as a reference for obtaining appropriate reimbursement. This reference is for informational purposes only. Harrow does not guarantee submitting a completed CMS-1500 form will result in reimbursement. Providers should always contact their payers directly with any questions.

**Understanding the acronyms**

CPT=Current Procedural Terminology; ICD-10-CM=International Classification of Diseases, Tenth Revision, Clinical Modification; NDC=National Drug Code; NPI=National Provider Identifier; HCPCS=Healthcare Common Procedure Coding System

**IMPORTANT SAFETY INFORMATION**

IHEEZO is a prescription-only product. Reimbursement support does not guarantee payment. See full Important Safety Information on page 12.

# UB-04 CLAIM FORM (HOPD)

**Hospital Name**  
123 Street Road  
Anytown, NJ 01234

**Hospital Name**  
123 Street Road  
Anytown, NJ 01234

34 PAT. CRTL. # 1111  
5 MED. REG. # 22222  
5 FED. TAX NO.

4 TYPE OF BILL 0131

8 PATIENT NAME a **Sellige, Fred**

9 PATIENT ADDRESS a **1 Pine Street**

10 BIRTHDATE 01 31 1950  
11 SEX F  
12 DATE  
13 HR  
14 TYPE  
15 SRC  
16 DHR  
17 STAT  
18  
19  
20  
21

22 CONDITION CODES  
23  
24  
25  
26  
27  
28  
29 ACCT STATE  
30

31 OCCURRENCE CODE  
32 OCCURRENCE DATE  
33 OCCURRENCE DATE  
34 OCCURRENCE DATE  
35 OCCURRENCE DATE  
36 OCCURRENCE DATE  
37

38

39 VALUE CODES  
40 VALUE CODES  
41 VALUE CODES

42 REV. CD. 43 DESCRIPTION 44 HCPCS / RATE / HIPPS CODE 45 SERV. DATE 46 SERV. UNITS 47 TOTAL CHARGES 48 NON-COVERED CHARGES 49

1 490 CATARACT REM, SIMPLE 66984 1 \$XX XX  
636 Ithezo, chloroprocaine HCl Ophthalmic gel 3% J2403 800 \$XX XX

2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23

PAGE \_\_\_\_ OF \_\_\_\_ CREATION DATE TOTALS

50 PAYER NAME Medicare 51 HEALTH PLAN ID 52 PRIOR PAYMENTS 53 EST. AMOUNT DUE 54 NPI 1111111111

55 INSURED'S NAME Jane Smith 56 INSURED'S UNIQUE ID 18 XYZ0987654321 57 GROUP NAME 58 INSURANCE GROUP NO.

59 TREATMENT AUTHORIZATION CODES 60 DOCUMENT CONTROL NUMBER 61 EMPLOYER NAME

62

63

64

65

66

67

68

69

70

71

72

73

74

75

76

77

78

79

80

81

82

83

84

85

86

87

88

89

90

91

92

93

94

95

96

97

98

99

100

101

102

103

104

105

106

107

108

109

110

111

112

113

114

115

116

117

118

119

120

121

122

123

124

125

126

127

128

129

130

131

132

133

134

135

136

137

138

139

140

141

142

143

144

145

146

147

148

149

150

151

152

153

154

155

156

157

158

159

160

161

162

163

164

165

166

167

168

169

170

171

172

173

174

175

176

177

178

179

180

181

182

183

184

185

186

187

188

189

190

191

192

193

194

195

196

197

198

199

200

201

202

203

204

205

206

207

208

209

210

211

212

213

214

215

216

217

218

219

220

221

222

223

224

225

226

227

228

229

230

231

232

233

234

235

236

237

238

239

240

241

242

243

244

245

246

247

248

249

250

251

252

253

254

255

256

257

258

259

260

261

262

263

264

265

266

267

268

269

270

271

272

273

274

275

276

277

278

279

280

281

282

283

284

285

286

287

288

289

290

291

292

293

294

295

296

297

298

299

300

301

302

303

304

305

306

307

308

309

310

311

312

313

314

315

316

317

318

319

320

321

322

323

324

325

326

327

328

329

330

331

332

333

334

335

336

337

338

339

340

341

342

343

344

345

346

347

348

349

350

351

352

353

354

355

356

357

358

359

360

361

362

363

364

365

366

367

368

369

370

371

372

373

374

375

376

377

378

379

380

381

382

383

384

385

386

387

388

389

390

391

392

393

394

395

396

397

398

399

400

401

402

403

404

405

406

407

408

409

410

411

412

413

414

415

416

417

418

419

420

421

422

423

424

425

426

427

428

429

430

431

432

433

434

435

436

437

438

439

440

441

442

443

444

445

446

447

448

449

450

451

452

453

454

455

456

457

458

459

460

461

462

463

464

465

466

467

468

469

470

471

472

473

474

475

476

477

478

479

480

481

482

483

484

485

486

487

488

489

490

491

492

493

494

495

496

497

498

499

500

501

502

503

504

505

506

507

508

509

510

511

512

513

514

515

516

517

518

519

520

521

522

523

524

525

526

527

528

529

530

531

532

533

534

535

536

537

538

539

540

541

542

543

544

545

546

547

548

549

550

551

552

553

554

555

556

557

558

559

560

561

562

563

564

565

566

567

568

569

570

571

572

573

574

575

576

577

578

579

580

581

582

583

584

585

586

587

588

589

590

591

592

593

594

595

596

597

598

599

600

601

602

603

604

605

606

607

608

609

610

611

612

613

614

615

616

617

618

619

620

621

622

623

624

625

626

627

628

629

630

631

632

633

634

635

636

637

638

639

640

641

642

643

644

645

646

647

648

649

650

651

652

653

654

655

656

657

658

659

660

661

662

663

664

665

666

667

668

669

670

671

672

673

674

675

676

677

678

679

680

681

682

683

684

685

686

687

688

689

690

691

692

693

694

695

696

697

698

699

700

701

702

703

704

705

706

707

708

709

710

711

712

713

714

715

716

717

718

719

720

721

722

723

724

725

726

727

728

729

730

731

732

733

734

735

736

737

738

739

740

741

742

743

744

745

746

747

748

749

750

751

752

753

754

755

756

757

758

759

760

761

762

763

764

765

766

767

768

769

770

771

772

773

774

775

776

777

778

779

780

781

782

783

784

785

786

787

788

789

790

791

792

793

794

795

796

797

798

799

800

801

802

803

804

805

806

807

808

809

810

811

812

813

814

815

816

817

818

819

820

821

822

823

824

825

826

827

828

829

830

831

832

833

834

835

836

837

838

839

840

841

842

843

844

845

846

847

848

849

850

851

852

853

854

855

856

857

858

859

860

861

862

863

864

865

866

867

868

869

870

871

872

873

874

875

876

877

878

879

880

881

882

883

884

885

886

887

888

889

890

891

892

893

894

895

896

897

898

899

900

901

902

903

904

905

906

907

908

909

910

911

912

913

914

915

916

917

918

919

920

921

922

923

924

925

926

927

928

929

930

931

932

933

934

935

936

937

938

939

940

941

942

943

944

945

946

947

948

949

950

951

952

953

954

955

956

957

958

959

960

961

962

963

964

965

966

967

968

969

970

971

972

973

974

975

976

977

978

979

980

981

982

983

984

985

986

987

988

989

990

991

992

993

994

995

996

997

998

999

1000

1001

1002

1003

1004

1005

1006

1007

1008

1009

1010

1011

1012

1013

1014

1015

1016

1017

1018

1019

1020

1021

1022

1023

1024

1025

1026

1027

1028

1029

1030

1031

1032

1033

1034

1035

1036

1037

1038

1039

1040

1041

1042

1043

1044

1045

1046

1047

1048

1049

1050

1051

1052

1053

1054

1055

1056

1057

1058

1059

1060

1061

1062

1063

1064

1065

1066

1067

1068

1069

1070

1071

1072

1073

1074

1075

1076

1077

1078

1079

1080

1081

1082

1083

1084

1085

1086

1087

1088

1089

1090

1091

1092

1093

1094

1095

1096

1097

1098

1099

1100

1101

1102

1103

1104

1105

1106

1107

1108

1109

1110

1111

1112

1113

1114

1115

1116

1117

1118

1119

1120

1121

1122

1123

1124

1125

1126

1127

1128

1129

1130

1131

1132

1133

1134

1135

1136

1137

1138

1139

1140

1141

1142

1143

1144

1145

1146

1147

1148

1149

1150

1151

1152

1153

1154

1155

1156

1157

1158

1159

1160

1161

1162

1163

1164

1165

1166

1167

1168

1169

1170

1171

1172

1173

1174

1175

1176

1177

1178

1179

1180

1181

1182

1183

1184

1185

1186

1187

1188

1189

1190

1191

1192

1193

1194

1195

1196

1197

1198

1199

1200

1201

1202

1203

1204

1205

1206

1207

1208

1209

1210

1211

1212

1213

1214

1215

1216

1217

1218

1219

1220

1221

1222

1223

1224

1225

1226

1227

1228

1229

1230

1231

1232

1233

1234

1235

1236

1237

1238

1239

1240

1241

1242

1243

1244

1245

1246

1247

1248

1249

1250

1251

1252

1253

1254

1255

1256

1257

1258

1259

1260

1261

1262

1263

1264

1265

1266

1267

1268

1269

1270

1271

1272

1273

1274

1275

1276

1277

1278

1279

1280

1281

1282

1283

1284

1285

1286

1287

1288

1289

1290

1291

1292

1293

1294

1295

1296

1297

1298

1299

1300

1301

1302

1303

1304

1305

1306

1307

1308

1309

1310

1311

1312

1313

1314

# Appealing Denied Claims

## Appealing claims

When a payer denies a claim for IHEEZO®, the first step in appealing the decision is to understand why the claim was denied.

### Payers may deny claims for a number of reasons:

- Claim form contains missing or invalid information to adjudicate.
- Claim requires resubmission with invoice, operative report or injection documentation.
- Payer does not separately reimburse for use of IHEEZO.
- Missing/incomplete/invalid/deactivated/withdrawn National Drug Code (NDC).

Claims can typically be corrected through reopenings or new claim submissions depending on type of denial.

### If the payer has denied the claim based on medical information:

- Utilize the payer-provider portal to review specific medical benefit coverage of IHEEZO.
- Access sample Letters of Appeal and Medical Necessity at [iheezo.com/reimbursement](https://iheezo.com/reimbursement) to use in your claims appeal process.

#### BEST PRACTICES FOR CLAIM SUBMISSIONS

- Make sure submissions are timely and accurate.
- Double-check that codes and units match payer requirements.
- Check your payer contract.
- Verify
  - › Diagnosis codes and procedure codes
  - › CPT®, HCPCS, and revenue codes
  - › NDC (depending on claim form)
- Stay up to date on payer coverage as well as billing and coding trends.

\*It is advised that you always check in advance to determine coverage and reimbursement prior to use.

#### IMPORTANT SAFETY INFORMATION

IHEEZO is a prescription-only product. Reimbursement support does not guarantee payment. See full Important Safety Information on page 12.

# Order IHEEZO with Confidence

## ORDERING

IHEEZO may be ordered from any of the following wholesaler/distributors.



Ordering and reimbursement are supported by a dedicated Reimbursement Business Manager through our Harrow Cares program (see more information below).



NDC# (11-Digit)	Unit Size	Units per Box
82667-0300-01	800 mg	1 unit

**Note:** In some instances, the 10-digit code (82667-300-01) may be required for reimbursement.

Wholesalers & Distributors	Item Number	Contact Phone Number
Besse	#10280055	(800) 543-2111
BioCareSD	#1001474	(800) 304-3063
Cardinal Specialty (SPD)	#5851738	(877) 453-3972
McKesson Medical Surgical	#1228615	(855) 571-2100
McKesson Specialty	#5019898	(855) 477-9800
Metro Medical	#300101	(800) 768-2002

## ACCESS MADE EASY

One-stop support for you, your staff, and your patients



### Personalized Access Support

Connect with a specialist in under 30 seconds for access and cost support. Track patients support updates in real-time via the Provider Portal.



### Seamless Enrollment & Coverage

Offers simplified enrollment for benefit investigation and coverage verification. Get alerts when a PA is required, or proceed directly—order, treat, and submit for reimbursement.



### Copay & Product Assurance

Enroll in our commercial copay program, foundation research, or patient assistance based on need. Receive product replacement for breakage, spoilage, or loss—when you treat, you're covered.\*\*

\*\*It is advised that you always check in advance to determine coverage and reimbursement prior to use.

## IMPORTANT SAFETY INFORMATION

IHEEZO is a prescription-only product. Reimbursement support does not guarantee payment. See full Important Safety Information on page 12.

# Harrow can help!

**IHEEZO**  
(chloroprocaine HCl ophthalmic gel) 3%

## CONTACT OUR DEDICATED REIMBURSEMENT TEAM

If you need any help with denials and appeals or need detailed information about pricing, please email [reimbursement@harrowinc.com](mailto:reimbursement@harrowinc.com) and you will be connected directly with one of our reimbursement team members.

## Curious about IHEEZO® coverage in your area?

Visit the link below to utilize our policy lookup tool.

- + Up-to-date policy coverage per plan
- + Local coverage determinations
- + Prior authorizations forms at your fingertips

→ Visit [IHEEZO.com/access](https://www.iheezo.com/access) today to learn more.



## APPROVED USE

IHEEZO is indicated for ocular surface anesthesia.

## IMPORTANT SAFETY INFORMATION

- IHEEZO is contraindicated in patients with a history of hypersensitivity to any component of this preparation.
- IHEEZO should not be injected or intraocularly administered.
- Patients should not touch the eye for at least 10 to 20 minutes after using anesthetic as accidental injuries can occur due to insensitivity of the eye.
- Prolonged use of a topical ocular anesthetic may produce permanent corneal opacification and ulceration with accompanying visual loss.
- Do not touch the dropper tip to any surface as this may contaminate the gel.
- IHEEZO is indicated for administration under the direct supervision of a healthcare provider. IHEEZO is not intended for patient self-administration.
- The most common adverse reactions in studies following IHEEZO administration (incidence greater than or equal to 5%) were mydriasis, conjunctival hyperemia, and eye irritation.
- You are encouraged to report suspected adverse reactions to the FDA. Visit [www.fda.gov/medwatch](https://www.fda.gov/medwatch), or call **1-800-FDA-1088**.

Please see the Full Prescribing Information for IHEEZO at [www.iheezo.com/prescribinginformation](https://www.iheezo.com/prescribinginformation).

**References:** **1.** Data on file. Harrow IP, LLC; 2023. **2.** Iheezo. Prescribing information. Harrow IP, LLC; 2022. **3.** Intravitreal Injections. The Foundation of the American Society of Retina Specialists. Accessed October 30, 2022. <https://www.asrs.org/content/documents/fact-sheet-30-intravitreal-injections.pdf>. **4.** Sintetica. Chloroprocaine hydrochloride ophthalmic gel 3%. Pharmaceutical Development. Sintetica; 2002. **5.** Akten. Material safety data sheet. Akorn Pharmaceuticals; 2010. **6.** Costine Ilyas H, Costine R. The Effects of Low Viscosity Preservative-Free Chloroprocaine Ophthalmic Gel 3% versus BAK-Containing Tetracaine 0.5% on the Bactericidal Action of Povidone-Iodine. Clin Ophthalmol. 2024;18:825-831 <https://doi.org/10.2147/OPTH.S454496>. **7.** Rhinehart Siegel JD, Rhinehart E, Jackson M, Chiarello L. The Healthcare Infection Control Practices Advisory Committee, 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings.

Trademarks referenced herein are held by their respective owners.  
IHEEZO, IHEEZO logo, Harrow and the Harrow logo are trademarks of Harrow IP, LLC.  
©2025 Harrow. All Rights Reserved.  
IZO-00256 09/25

