

Patient Information

Patient Name _____

Date of Birth _____

HCP Name _____

Date of Service _____

Payer type: Commercial: _____

Medicare Medicaid Other: _____

Drug Administration

Sample product administered: Yes No

Important when billing: Refer to package of product administered for applicable NDC number and check below.

Drug Name	NDC Number
XIPERE® (triamcinolone acetonide injectable suspension) 40 mg/mL	<input type="checkbox"/> Bausch + Lomb packaging: 24208-040-40 (10-digit on pkg.) 24208-0040-40 (11-digit) <input type="checkbox"/> Clearside packaging: 71565-040-01 (10-digit on pkg.) 71565-0040-01 (11-digit)

See Coding and Billing Guide for ICD-10-CM codes specific to XIPERE®

ICD-10-CM Code(s) _____

Service Time in Minutes	Place of Service
<input type="checkbox"/> Pre-Service Time _____ minutes	<input type="checkbox"/> Physician Office
<input type="checkbox"/> Skin-to-Skin Time _____ minutes	<input type="checkbox"/> Hospital Outpatient
<input type="checkbox"/> Post-Service Time _____ minutes	<input type="checkbox"/> Ambulatory Surgery Center

If payer requests additional information, consider providing:

- | | |
|----------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> FDA Approval Letter | <input type="checkbox"/> Letter of Medical Necessity |
| <input type="checkbox"/> Package Insert | <input type="checkbox"/> Progress notes |
| <input type="checkbox"/> Product Invoice | <input type="checkbox"/> Service time in minutes (How long did it take) |

Please see full Prescribing Information for XIPERE® from [Bausch + Lomb](#) and [Clearside Biomedical](#).

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