Corcoran Consulting Group
a subsidiary of MEDICAL CONSULTING GROUP

REIMBURSEMENT FOR GLAUKOS' AQUEOUS DRAINAGE DEVICES

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1 ***QUESTION:*** What is an iStent® aqueous drainage device (ADD)?

ANSWER: It is an implantable device to divert aqueous humor from the anterior chamber to Schlemm's canal. Both the iStent *inject*® W and the iStent infinite® create pathways through the trabecular meshwork - the main source of resistance for aqueous outflow - resulting in multi-directional flow through Schlemm's canal. Multiple stents are placed to deliver access to several collector channels.

2 ***QUESTION:*** What are the indications for implanting an iStent?

ANSWER: As approved by the FDA in 2012, the iStent "*…is indicated for use in conjunction with cataract surgery for the reduction of intraocular pressure (IOP) in adult patients with mild or moderate open-angle glaucoma currently treated with ocular hypotensive medication.*"[1] The iStent inject W was FDA-approved in 2020 for similar indications.[2]

iStent infinite is indicated for *"…use in adult patients with primary open-angle glaucoma in whom previous medical and surgical treatment has failed."*[3] FDA granted 510(k) clearance for it in August 2022.

3 ***QUESTION:*** Do Medicare and other payors cover implantation of an iStent aqueous drainage device?

ANSWER: Medicare Administrative Contractors (MACs) and most other payors cover these procedures when performed in accordance with FDA-approved/cleared directions for use. Off-label use is usually not covered. Other restrictions may apply.

4 ***QUESTION:*** What CPT code describes implantation of an iStent aqueous drainage device?

ANSWER: There are three codes for these procedures: 66991, 66989, and 0671T.

66991 – *Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more*.

66989 –*Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more*.

Additionally, for the stand-alone procedure, use 0671T (*Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without external reservoir, and without concomitant cataract removal, one or more*).

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5 ***QUESTION:*** What does Medicare allow for the surgeon for these procedures?

ANSWER: The 2024 national Medicare Physician Fee Schedules (MPFS) allowed amount for 66991 is $664, and $830 for 66989.[4] MACs determine payments for 0671T on a case-by-case basis.

6 ***QUESTION:*** What does Medicare allow for the facility for these procedures, including the prosthetic device?

ANSWER: The 2024 ambulatory surgery center (ASC) allowed amount for 66989 and 66991 is $3,733, and $3,816 for 0671T. For a hospital outpatient department (HOPD), the allowable is $4,985 for each of the codes.[5]

7 ***QUESTION:*** Is there separate Part B Medicare reimbursement for the ADD?

ANSWER: No. Part B Medicare payment for the device is included in the facility reimbursement for APC 5493. On a UB-04 claim, use HCPCS code C1783 with revenue code 278 to identify the ADD.[6] Do not report a HCPCS code for the device on a CMS-1500 claim. For other third-party payors, check their instructions and your contract.

8 ***QUESTION:*** May gonioscopy (92020) be billed with the claim for the surgery?

ANSWER: No. Gonioscopy is required during surgery to implant the device and is an incidental part of the service. CPT instructs that a code designated as a *"separate procedure"*, such as gonioscopy, should not be reported in addition to the code for the total procedure of which it is considered an integral component.

9 ***QUESTION:*** Are there NCCI edits for procedures with ADDs?

ANSWER: Yes, and the edits are updated quarterly; refer to the most current list. Most third-party payors follow NCCI edits, but not all; check your payor contracts.

10 ***QUESTION:*** What is the global period for these procedures?

ANSWER: In the MPFS, the global period for 66989 and 66991 surgery is 90 days. The global period for 0671T is determined by the MAC.

11 ***QUESTION:*** Can a surgeon co-manage postop care for procedures with ADDs?

ANSWER: Medicare's rules for splitting post-operative care during the 90-day global period between the surgeon and another physician apply. The CMS regulations and the professional society guidance on this issue are especially meaningful and relevant for a combined cataract and MIGS procedure.[7,8,9] Where MACs assign zero postop days to 0671T, traditional co-management does not apply.

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1 Glaukos.com. iStent directions for use.
2 FDA approval 6/2/20 and iStent inject directions for use
3 Glaukos iStent infinite instructions for use
4 CMS 2024 MPFS
5 CMS 2024 OPPS Payment by HCPCS Code
6 CMS requires HOPDs to report C1783 (*Ocular implant, aqueous drainage assist device*) on Medicare claims for tracking purposes.
7 CMS. Global Surgery Booklet.
8 ASCRS. Ophthalmic Postoperative Care.
9 AAO. Comprehensive Guidelines for the Co-Management of Ophthalmic Postoperative Care.

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