iStent *inject*®: BILLING AND CODING GUIDE

The iStent *inject* Trabecular Micro-Bypass System Model G2-M-IS is indicated for use in conjunction with cataract surgery for the reduction of intraocular pressure (IOP) in adult patients with mild to moderate primary open-angle glaucoma.

CODING

PROCEDURE: The following possible Current Procedural Terminology (CPT©[1]) codes may be reported when insertion of an anterior segment aqueous drainage device is performed:

CPT Code	Description	Modifiers	Revenue Code
0191T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork; initial insertion	-LT (left side) or -RT (right side)	**0360** Operating room services; general
+0376T	each additional device insertion (List separately in addition to code for primary procedure)		

The iStent *inject* procedure must be billed on the same claim with the appropriate cataract procedure code.

DEVICE: Healthcare Common Procedure Coding System (HCPCS) codes are used, among other things, to describe medical devices provided to patients. C-codes are unique temporary HCPCS codes established by the Centers for Medicare and Medicaid Services (CMS) for the Hospital Outpatient Prospective Payment System (HOPPS) and are only valid for Medicare on claims for hospital outpatient department services and procedures. Although other payers may also accept C-codes, they are not required to do so. The following HCPCS codes may be reported to describe iStent *inject*:

HCPCS Code	Description	Revenue Code
C1783	Ocular implant; aqueous drainage assist device	**0278**; other implants
L8612	Aqueous shunt	

DIAGNOSIS: The International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) is the coding system used to report all diagnoses, symptoms and procedures recorded in conjunction with hospital care in the United States. The following possible ICD-10-CM diagnosis codes may describe conditions that are consistent with the FDA labeled indication for iStent *inject*:

H40.1111	Primary Open Angle Glaucoma, Right Eye, Mild Stage
H40.1112	Primary Open Angle Glaucoma, Right Eye, Moderate Stage
H40.1121	Primary Open Angle Glaucoma, Left Eye, Mild Stage
H40.1122	Primary Open Angle Glaucoma, Left Eye, Moderate Stage
H40.1131	Primary Open Angle Glaucoma, Bilateral, Mild Stage
H40.1132	Primary Open Angle Glaucoma, Bilateral, Moderate Stage

iStent *inject*®

2018 NATIONAL AVERAGE UNADJUSTED MEDICARE PAYMENT[2]

CPT Code	Descriptor	Physician	Ambulatory Surgical Center	Hospital Outpatient Department
0191T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork; initial insertion	Contractor Priced	$2573 Device intensive procedure paid at an adjusted rate (J8)	$3610 Comprehensive APC 5492 (J1)
+0376T	each additional device insertion (List separately in addition to code for primary procedure)	Contractor Priced	Packaged service or item (N1)	Items and Services Packaged into APC Rates; Paid under OPPS; payment is packaged into payment for other services (N)

PHYSICIAN: CPT Category III codes such as 0191T and 0376T are temporary codes that allow data collection for emerging technologies, services, procedures, and service paradigms. CPT Category III codes are not referred to the AMA-Specialty RVS Update Committee (RUC) for valuation because no relative value units (RVUs) are assigned to these codes.[3] As a result, CMS does not establish payment levels for these services or procedures in the annual physician fee schedule, but leaves it to Medicare contractors to determine the rates.

Currently, 0191T is included in all Medicare Administrative Contractor (MAC) physician fee or carrier-priced published schedules. Please consult your local MAC's website for applicable physician payment rates. Payment for the placement of a second iStent *inject* device reported with 0376T should be established as payers begin processing claims. Like all Category III CPT Codes, physician payment rates for CPT codes 0191T and 0376T will be at each MAC's discretion.

HOSPITAL OUTPATIENT DEPARTMENT: CPT code 0191T has a status indicator of "J1" and is assigned to a comprehensive APC, APC 5492 (Level 2 Intraocular Procedures). CPT code 0376T has a status indicator of "N" which indicates that the facility payment for this code is packaged into the APC rate for other services – in this instance, presumably APC 5492. CPT code 0376T is not a separately paid service for the facility.

Hospital outpatient departments must also report the appropriate device HCPCS code on all Medicare claims to ensure appropriate reimbursement. For more information on this, reference the "Device" paragraph in the "Coding" section above.

AMBULATORY SURGICAL CENTER: CPT code 0191T has a status indicator of "J8" and is designated as a device intensive procedure. CPT code 0376T has a status indicator of "N1" which indicates that the payment for this code is packaged.

ASCs do not report HCPCS codes to report implanted devices on claims sent to Medicare. Payment for a device is typically "packaged" into the payment for the ASC procedure. However, some commercial payer contracts may allow a carve-out for the device when a HCPCS code is reported.

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tel 800.GLAUKOS (452.8567) • fax 949.367.9838 • Glaukos.com

GLAUKOS®
Transforming Glaucoma Therapy

REFERENCES:
1. CPT is a registered trademark of the American Medical Association (AMA). Copyright 2017 AMA. All rights reserved. **2.** Medicare fee schedules are available at cms.gov. **3.** AMA, CPT Category III Codes, January 16, 2018 available at https://www.ama-assn.org/sites/default/files/media-browser/public/physicians/cpt/cpt-category3-codes-long-descriptors.pdf (accessed: June 22, 2018).

PM-US-0060

iStent *inject*® Sample Physician Claim Form

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

PICA

CARRIER

1. MEDICARE (Medicare#) | MEDICAID (Medicaid#) | TRICARE (ID#/DoD#) | CHAMPVA (Member ID#) | GROUP HEALTH PLAN (ID#) | FECA BLK LUNG (ID#) | OTHER (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): Smith, John E.

3. PATIENT'S BIRTH DATE MM DD YY: 02 23 45 SEX M [X] F [ ]

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

5. PATIENT'S ADDRESS (No., Street): 123 Main Street

6. PATIENT RELATIONSHIP TO INSURED: Self [ ] Spouse [ ] Child [ ] Other [ ]

7. INSURED'S ADDRESS (No., Street)

CITY: Anytown STATE: AA

8. RESERVED FOR NUCC USE

CITY STATE

ZIP CODE: 12345 TELEPHONE (Include Area Code): (123) 456-7890

ZIP CODE TELEPHONE (Include Area Code): ( )

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

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES [ ] NO [X]

a. INSURED'S DATE OF BIRTH MM DD YY SEX M [ ] F [ ]

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? YES [ ] NO [X] PLACE (State)

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES [ ] NO [ ]

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES [ ] NO [ ] *If yes*, complete items 9, 9a, and 9d.

PATIENT AND INSURED INFORMATION

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary ...ment of government benefits either to myself or to the party who accepts assignment

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

SIGNED

14. DATE OF CURRENT: ...Y, or PRE... MM DD YY

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

17. NAME OF REFERRING PROVIDER OR OTHER ...R OTHER

17b. NPI

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

A. H40.XXXX B. H25.XXX 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	C. EMG	D. PROCEDURES, SERVICES OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	09	01	18	09	01	18	24		0191T	RT	A	XXXX. XX	1		NPI	
2	09	01	18	09	01	18	24		0376T	RT	A	XXX. XX	1		NPI	
3	09	01	18	09	01	18	24		66984	RT	B	XXXX. XX	1		NPI	
4															NPI	
5															NPI	
6															NPI	

PHYSICIAN OR SUPPLIER INFORMATION

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES [ ] NO [ ]

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. Rsvd 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.)

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

a. NPI b.

33. BILLING PROVIDER INFO & PH # ( )

a. NPI b.

Report the appropriate ICD-10 code specific to the patient's condition. A list of potential codes specific to Primary Open Angle Glaucoma is included on page 1.

Report the appropriate ICD-10 code for the cataract procedure.

Report iStent *inject* with 0191T, +0376T.

Report the cataract procedure using the appropriate CPT code, for example: 66984 or 66982.

Append the appropriate modifier (-LT or -RT). *Medicare no longer requires -51 to indicate multiple procedures.*

iStent *inject*® Sample ASC Claim Form

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

PICA

CARRIER

PATIENT AND INSURED INFORMATION

1. MEDICARE ☐ (Medicare#) MEDICAID ☐ (Medicaid#) TRICARE ☐ (ID#/DoD#) CHAMPVA ☐ (Member ID#) GROUP HEALTH PLAN ☐ (ID#) FECA BLK LUNG ☐ (ID#) OTHER ☐ (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): Smith, John E.

3. PATIENT'S BIRTH DATE MM 02 DD 23 YY 45 SEX M ☒ F ☐

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

5. PATIENT'S ADDRESS (No., Street): 123 Main Street

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

7. INSURED'S ADDRESS (No., Street)

CITY: Anytown STATE: AA

8. RESERVED FOR NUCC USE

CITY STATE

ZIP CODE: 12345 TELEPHONE (Include Area Code): (123) 456-7890

ZIP CODE TELEPHONE (Include Area Code) ( )

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

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES ☐ NO ☒

a. INSURED'S DATE OF BIRTH MM DD YY SEX M ☐ F ☐

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? YES ☐ NO ☒ PLACE (State)

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES ☐ NO ☐

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES ☐ NO ☐ *If yes*, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary ...ment of government benefits either to myself or to the party who accepts assignment

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

...Y, or PRE... MM DD YY

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

...R OTHER...

17b. NPI

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

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 bel...

A. H40.XXXX B. H25.XXX C.

E. F. G. H.

I. J. K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

PHYSICIAN OR SUPPLIER INFORMATION

24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	09	01	18	09	01	18	22		0191T	RT	A	XXXX. XX	1		NPI	
2	09	01	18	09	01	18	22		0376T	RT	A	XXX. XX	1		NPI	
3	09	01	18	09	01	18	22		L8612	RT	A	XXX. XX	2		NPI	
4	09	01	18	09	01	18	22		66984	RT	B	XXXX. XX	1		NPI	
5															NPI	

25. FE...

27. ACCEPT A... (For govt. cla...) YES ☐

29. AMOUNT PAID $

30. Rsvd for NUCC Use

31. SI... IN... (I... apply to this bill and are made a part thereof.)

...INFORMATION

...R INFO & PH # ( )

SIGNED DATE

a. NPI b.

a. NPI b.

Report the appropriate ICD-10 code specific to the patient's condition. A list of potential codes specific to Primary Open Angle Glaucoma is included on page 1.

Report the appropriate ICD-10 code for the cataract procedure.

Report iStent *inject* with 0191T, +0376T.

For commercial payers, include HCPCS code L8612, *ocular implant, aqueous drainage assist device.* For Medicare claims, do not report a HCPCS code.

Report the cataract procedure using the appropriate CPT code, for example: 66984 or 66982.

Append the appropriate modifier (-LT or -RT). *Medicare no longer requires -51 to indicate multiple procedures.*

iStent *inject*® Hospital Claim Form

This list of services is for example only and is not intended to be inclusive of all services and items that may be provided. HOPD providers should report all appropriate supplies and pharmacy items.

Report iStent *inject* with 0191T, +0376T.

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
0360	Operating Room Services	0191T-RT	09/01/18	1	XXXX XX	
0360	Operating Room Services	0376T-RT	09/01/18	1	XXX XX	
0360	Operating Room Services	66984-RT	09/01/18	1	XXXX XX	
0278	Other Implants	C1783	09/01/18	2	XXXX XX	
0276	IOL Implants	XXXXX	09/01/18	1	XXXX XX	

Report the cataract procedure using the appropriate CPT code, for example: 66984 or 66982.

For Medicare claims, report the iStent *inject* device with HCPCS code C1783. Non-Medicare payers may require the use of L8612.

Append the appropriate modifier (-LT or -RT). *Medicare no longer requires -51 to indicate multiple procedures.*

Report the appropriate ICD-10 code specific to the patient's condition. A list of potential codes specific to Primary Open Angle Glaucoma is included on page 1.

Report the appropriate ICD-10 code for the cataract procedure.

66 DX: H40.XXXX | H25.XXXX

UB-04 CMS-1450 APPROVED OMB NO. THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

NUBC National Uniform Billing Committee

LIC9213257