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©) codes may be reported when insertion of an anterior segment aqueous drainage device is performed:

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

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:

<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>Description</th>
<th>Revenue Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1783</td>
<td>Ocular implant; aqueous drainage assist device</td>
<td>0278, other implants</td>
</tr>
<tr>
<td>L8612</td>
<td>Aqueous shunt</td>
<td></td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>H40.1111</td>
<td>Primary Open Angle Glaucoma, Right Eye, Mild Stage</td>
</tr>
<tr>
<td>H40.1112</td>
<td>Primary Open Angle Glaucoma, Right Eye, Moderate Stage</td>
</tr>
<tr>
<td>H40.1121</td>
<td>Primary Open Angle Glaucoma, Left Eye, Mild Stage</td>
</tr>
<tr>
<td>H40.1122</td>
<td>Primary Open Angle Glaucoma, Left Eye, Moderate Stage</td>
</tr>
<tr>
<td>H40.1131</td>
<td>Primary Open Angle Glaucoma, Bilateral, Mild Stage</td>
</tr>
<tr>
<td>H40.1132</td>
<td>Primary Open Angle Glaucoma, Bilateral, Moderate Stage</td>
</tr>
</tbody>
</table>
2018 NATIONAL AVERAGE UNADJUSTED MEDICARE PAYMENT²

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

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.

REFERENCES:

Glaukos provides this coding guide for informational purposes only and it is subject to change without notice. This guide is not an affirmative instruction as to 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) 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. This information is intended only to help estimate Medicare payment rates and product costs in the hospital outpatient department setting. All rates shown are national average Medicare rates and have not been adjusted for geographic variations in payment or other factors, such as sequestration.

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PM-US-0080
iStent inject® Sample Physician Claim Form

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

1. MEDICARE [ ] MEDICAID [ ] TRICARE [ ] CHAMPVA [ ] GROUP HEALTH PLAN [ ] FECA-BLIND [ ] OTHER [ ]
   Insured's Id. 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

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

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

6. PATIENT RELATIONSHIP TO INSURED
   Self

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

8. RESERVED FOR NUCC USE
   City
   Anytown
   State
   AA

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

10. IS PATIENT'S CONDITION RELATED TO:
    a. EMPLOYMENT? (Current or Previous)
       YES [X] NO
    b. AUTO ACCIDENT? PLACE (State)
       YES [X] NO
    c. OTHER ACCIDENT? YES [X] NO

11. INSURED'S POLICY GROUP OR FECA NUMBER
    a. INSURED'S DATE OF BIRTH MM DD YY
       02 23 45
    b. OTHER POLICY (Designated by NUCC)

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

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

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

17b. NPI

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

20. OUTSIDE LAB? YES NO

22. REJECTION CODE

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE MM DD YY
    From 09 01 18
    To 09 01 18
    24.
    B. PLACE OF SERVICE
       EMS
    C. PROCEDURES, SERVICES OR SUPPLIES
       CPT/HCPCS MODIFIER
       0191T
       0376T
       A
       XXXXX XX 1
    D. DIAGNOSIS POINT
       XXXXX
    E. SOURCE OF PAYMENT
       NPI

25. FEDERAL TAXB ID. NUMBER
    SSN EIN

27. ACCEPT ASSIGNMENT?
    YES [X] NO

28. TOTAL CHARGE $0

30. Resvd for NUCC Use $0

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS
    (I certify that the statements on the reverse side apply to this bill and are made a part thereto.)

32. SERVICE FACILITY LOCATION INFORMATION

33. BILLING PROVIDER INFO & PH #

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE
APPROVED OMB-0938-1197 FORM 1500 (02-12)
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.

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.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>CPT Code</th>
<th>Date</th>
<th>Quantity</th>
<th>Unit</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>0360</td>
<td>Operating Room Services</td>
<td>0191T-RT</td>
<td>09/01/18</td>
<td>XXXX</td>
<td>XX</td>
<td></td>
</tr>
<tr>
<td>0360</td>
<td>Operating Room Services</td>
<td>0376T-RT</td>
<td>09/01/18</td>
<td>XXXX</td>
<td>XX</td>
<td></td>
</tr>
<tr>
<td>0360</td>
<td>Operating Room Services</td>
<td>66984-RT</td>
<td>09/01/18</td>
<td>XXXX</td>
<td>XX</td>
<td></td>
</tr>
<tr>
<td>0276</td>
<td>IOL Implants</td>
<td>XXXXX</td>
<td>09/01/18</td>
<td>XXXX</td>
<td>XX</td>
<td></td>
</tr>
<tr>
<td>0278</td>
<td>Other Implants</td>
<td>C1783</td>
<td>09/01/18</td>
<td>XXXX</td>
<td>XX</td>
<td></td>
</tr>
</tbody>
</table>

**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.

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

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

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

**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 HCPCS code for the iStent inject procedure.**