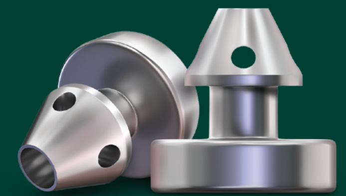
iStent *inject*® W



iStent *inject*® W:
BILLING AND CODING GUIDE

Category I CPT® codes 66989 and 66991 have been added to report trabecular micro-bypass technologies such as Glaukos' iStent®, iStent inject®*, and iStent* inject® *W when performed in conjunction with cataract surgery as FDA indicated. Category III CPT codes 0191T and 0376T have been deleted.*

The iStent *inject*® W Trabecular Micro-Bypass System Model G2-W 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 CPT[1] codes may be reported when insertion of an anterior segment aqueous drainage device is performed in combination with cataract or complex cataract surgery:

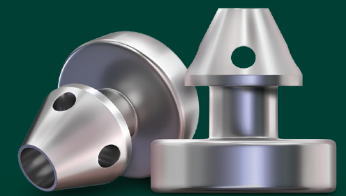
CPT Code	Descriptor	Modifiers
66989	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract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

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 & Medicaid Services (CMS) for the Hospital Outpatient Prospective Payment System (HOPPS) for use on claims for hospital outpatient and ambulatory surgical center items and services. 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*® W:

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

Updated February 2022.

iStent *inject*® W



DIAGNOSIS: The International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) is the coding system used to report patient diagnoses. In addition to the appropriate cataract diagnosis, the following possible ICD-10-CM diagnosis codes may describe conditions that are consistent with the FDA-labeled indication for iStent *inject*® W:

ICD-10-CM Code	Descriptor
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

NATIONAL UNADJUSTED MEDICARE CODING AND PAYMENT UPDATES FOR 2022

CPT Code	Descriptor	Physician Payment*	Ambulatory Surgical Center (ASC) Payment†	Ambulatory Payment Classification (APC) Assignment‡	Hospital Outpatient Department (HOPD) Payment¶
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 development stage; with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more	$856	$3245	New Technology APC1563	$4251
66991	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); without endoscopic cyclophotocoagulation with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more	$683	$3245	New Technology APC1563	$4251

*Listed payment amounts are Medicare national average rates that are not adjusted (such as for locality or sequestration). The rates are from the 2022 National Physician Fee Schedule Relative Value File January Release, available at: https://www.cms.gov/files/zip/rvu22a.zip.

†Listed payment amounts are Medicare national average rates that are not adjusted (such as for locality or sequestration). The rates are from the January 2022 Addendum AA – ASC Covered Surgical Procedures for CY 2022, available at: https://www.cms.gov/license/ama?file=/files/zip/january-2022-asc-approved-hcpcs-code-and-payment-rates-updated-01122022.zip.

‡https://www.federalregister.gov/documents/2022/01/13/2022-00573/medicare-program-hospital-outpatient-prospective-payment-and-ambulatory-surgical-center-payment.

¶Listed payment amounts are Medicare national average rates that are not adjusted (such as for locality or sequestration). For procedures assigned to a new technology APC, such as CPT codes 66989 and 66991, Medicare payment is made even if included on a claim with a procedure assigned to a comprehensive APC. 83 Fed. Reg. 58818, 58847 (Nov. 21, 2018). The rates are from the 2022 Correction Notice OPPS Addendum B, available at https://www.cms.gov/medicaremedicare-fee-service-paymenthospitaloutpatientppshospital-outpatient-regulations-and-notices/cms-1753-cn.

Updated February 2022. .

iStent *inject*® W Sample CMS-1500 for Physicians

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 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 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

PATIENT AND INSURED INFORMATION

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY — QUAL.

15. OTHER DATE QUAL. 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 Ind.

A. H25.XXX — B. H40.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	01	03	22	01	03	22	24		669XX	XX	A	XXXX.	XX	1		NPI	
2																NPI	
3																NPI	
4																NPI	
5																NPI	
6																NPI	

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.

PHYSICIAN OR SUPPLIER INFORMATION

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

BOX 21A

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

BOX 21B

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.

BOX 21D

Report 66989 or 66991.

BOX 24D

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

iStent *inject*® W Sample CMS-1500 for Facilities

HEALTH INSURANCE CLAIM FORM

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

Field	Value
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)	Smith, John E.
3. PATIENT'S BIRTH DATE (MM DD YY)	02 23 45
5. PATIENT'S ADDRESS (No., Street)	123 Main Street
CITY	Anytown
STATE	AA
ZIP CODE	12345
TELEPHONE (Include Area Code)	(123) 456-7890

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)

A.	B.
H25.XXX	H40.XXX

Line	24A. From MM	DD	YY	To MM	DD	YY	B. Place of Service	D. CPT/HCPCS	Modifier	E. Diagnosis Pointer	F. $ Charges		G. Days or Units	I. ID. Qual.
1	01	03	22	01	03	22	24	669XX	XX	A	XXXX.	XX	1	NPI
2														NPI
3	01	03	22	02	01	20	24	L8612	RT	A	XXXX.	XX	2	NPI
4														NPI
5														NPI

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

BOX 21A

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

BOX 21B

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.

BOX 21D

Report 66989 or 66991.

BOX 24D

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

BOX 24D

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

iStent *inject*® W Sample UB-04 for Facilities

BOX 44
Report 66989 or 66991.

BOX 42
Coverage and coding requirements vary by payer, so be sure to conduct a benefit verification and check payer policy prior to treatment.

1 | 2 | 3a PAT. CNTL # | b. MED. REC. # | 4 TYPE OF BILL | 5 FED. TAX NO. | 6 STATEMENT COVERS PERIOD FROM THROUGH | 7

8 PATIENT NAME a b | 9 PATIENT ADDRESS a b c d e

10 BIRTHDATE | 11 SEX | ADMISSION 12 DATE 13 HR 14 TYPE 15 SRC | 16 DHR | 17 STAT | CONDITION CODES 18 19 20 21 22 23 24 25 26 27 28 | 29 ACDT STATE | 30

31 OCCURRENCE CODE DATE | 32 OCCURRENCE CODE DATE | 33 OCCURRENCE CODE DATE | 34 OCCURRENCE CODE DATE | 35 OCCURRENCE SPAN CODE FROM THROUGH | 36 OCCURRENCE SPAN CODE FROM THROUGH | 37

38 | 39 VALUE CODES CODE AMOUNT | 40 VALUE CODES CODE AMOUNT | 41 VALUE CODES CODE AMOUNT (a, b, c, d)

	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	0360	Operating Room Services	669XX	02/01/21	1	XXXX	XX		
2	0278	Other Implants	C1783	02/01/21	2	XXXX	XX		
3	0276	IOL Implants	XXXXX	02/01/21	1	XXXX	XX		
4									
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22									
23		PAGE ____ OF ____	CREATION DATE		TOTALS				

BOX 44
For Medicare claims, report the iStent *inject*® W device with HCPCS code C1783. Non-Medicare payers may require the use of L8612.

BOX 44
Append the appropriate modifier (-LT or -RT).
Medicare no longer requires -51 to indicate multiple procedures.

50 PAYER NAME | 51 HEALTH PLAN ID | 52 REL. INFO | 53 ASG. BEN. | 54 PRIOR PAYMENTS | 55 EST. AMOUNT DUE | 56 NPI | 57 OTHER PRV ID (A, B, C)

58 INSURED'S NAME | 59 P.REL | 60 INSURED'S UNIQUE ID | 61 GROUP NAME | 62 INSURANCE GROUP NO. (A, B, C)

63 TREATMENT AUTHORIZATION CODES | 64 DOCUMENT CONTROL NUMBER | 65 EMPLOYER NAME (A, B, C)

BOX 66
Report the appropriate ICD-10 code for the cataract procedure.

66 DX | H40.XXXX | H25.XXXX | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | 68

69 ADMIT DX | 70 PATIENT REASON DX a b c | 71 PPS CODE | 72 ECI | 73

74 PRINCIPAL PROCEDURE CODE DATE | a. OTHER PROCEDURE CODE DATE | b. OTHER PROCEDURE CODE DATE | 75 | 76 ATTENDING NPI QUAL LAST FIRST

c. OTHER PROCEDURE CODE DATE | d. OTHER PROCEDURE CODE DATE | e. OTHER PROCEDURE CODE DATE | 77 OPERATING NPI QUAL LAST FIRST

80 REMARKS | 81CC a b c d | 78 OTHER NPI QUAL LAST FIRST | 79 OTHER NPI QUAL LAST FIRST

BOX 66
Coverage and coding requirements vary by payer, so be sure to conduct a benefit verification and check payer policy prior to treatment.

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

INDICATION FOR USE. The iStent *inject*® W Trabecular Micro-Bypass System Model G2-W 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. **CONTRAINDICATIONS.** The iStent *inject* W is contraindicated in eyes with angle-closure glaucoma, traumatic, malignant, uveitic, or neovascular glaucoma, discernible congenital anomalies of the anterior chamber (AC) angle, retrobulbar tumor, thyroid eye disease, or Sturge-Weber Syndrome or any other type of condition that may cause elevated episcleral venous pressure. **WARNINGS.** Gonioscopy should be performed prior to surgery to exclude congenital anomalies of the angle, PAS, rubeosis, or conditions that would prohibit adequate visualization of the angle that could lead to improper placement of the stent and pose a hazard. **MRI INFORMATION.** The iStent *inject* W is MR-Conditional, i.e., the device is safe for use in a specified MR environment under specified conditions; please see Directions for Use (DFU) label for details. **PRECAUTIONS.** The surgeon should monitor the patient postoperatively for proper maintenance of IOP. The safety and effectiveness of the iStent *inject* W have not been established as an alternative to the primary treatment of glaucoma with medications, in children, in eyes with significant prior trauma, abnormal anterior segment, chronic inflammation, prior glaucoma surgery (except SLT performed > 90 days preoperative), glaucoma associated with vascular disorders, pseudoexfoliative, pigmentary or other secondary open-angle glaucomas, pseudophakic eyes, phakic eyes without concomitant cataract surgery or with complicated cataract surgery, eyes with medicated IOP > 24 mmHg or unmedicated IOP < 21 mmHg or > 36 mmHg, or for implantation of more or less than two stents. **ADVERSE EVENTS.** Common postoperative adverse events reported in the iStent *inject*® randomized pivotal trial included stent obstruction (6.2%), intraocular inflammation (5.7% for iStent *inject* vs. 4.2% for cataract surgery only), secondary surgical intervention (5.4% vs. 5.0%) and BCVA loss ≥ 2 lines ≥ 3 months (2.6% vs. 4.2%). **CAUTION:** Federal law restricts this device to sale by, or on the order of, a physician. Please see DFU for a complete list of contraindications, warnings, precautions, and adverse events.

REFERENCE:

1. American Medical Association. 2022 Current Procedural Terminology (CPT®). Professional Edition. American Medical Association; 2022.

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PM-US-0789