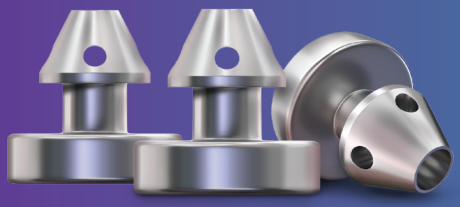


# BILLING AND CODING GUIDE

**INDICATION[1]:**

The iStent infinite® Trabecular Micro-Bypass System Model iS3 is an implantable device intended to reduce the intraocular pressure (IOP) of the eye. It is indicated for use in adult patients with primary open-angle glaucoma in whom previous medical and surgical treatment has failed.

## CODING

**PROCEDURE:** The following Current Procedural Terminology (CPT®)[2] codes may be appropriate to describe the iStent infinite® insertion procedure.

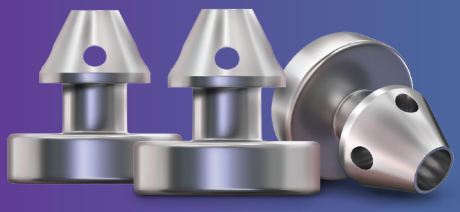
| CPT Code | Descriptor | Modifiers |
|---|---|---|
| **0671T** | Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without external reservoir, and without concomitant cataract removal, one or more | -LT (left side)<br>-RT (right side) |

**DEVICE:** Healthcare Common Procedure Coding System (HCPCS) codes are used, among other things, to describe medical devices provided to patients. C-codes are 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. The following HCPCS codes may be appropriate for reporting when iStent infinite® is used, and the number of service units for the code reported may correspond to the number of stents deployed.

| HCPCS Code | Descriptor | Revenue Codes |
|---|---|---|
| **C1783** | Ocular implant; aqueous drainage assist device | 278 |
| **L8612** | Aqueous shunt | 278 |



Updated August 2022.



iStent infinite®

**DIAGNOSIS:** The International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) is the coding system used to report patient diagnoses. Diagnosis codes are used to document the indication for the procedure and may include additional diagnoses of other clinical conditions applicable to a healthcare visit. It is up to the provider to determine the appropriate diagnosis code(s) on the claim.

| ICD-10-CM Code | Descriptor |
|---|---|
| **H40.XXXX** | Glaucoma |

## NATIONAL UNADJUSTED MEDICARE PAYMENT RATES FOR 2022*

| CPT Code | Descriptor | Physician Payment† | Ambulatory Surgical Center (ASC) Payment‡ | Hospital Outpatient Department (HOPD) Payment§ |
|---|---|---|---|---|
| **0671T** | Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without external reservoir, and without concomitant cataract removal, one or more | Contractor Priced | **$1,601** | **$2,121** |

iPath360 THE INTERSECTION OF ACCESS AND SOLUTIONS

iPath360 is available to assist iStent infinite® providers with coding, billing, and reimbursement questions and to provide additional support. To engage with iPath360, please call **(844) 528-3311** or email us at **support@ipath360.net**

*The national average 2022 Medicare rates shown do not reflect payment cuts due to sequestration, geographic adjustments, quality adjustments, or any other factors that may influence actual payment rates. Any payment rates listed may be subject to change without notice. Actual payment will vary based on geographic location and may also differ based on policies and fee schedules as outlined in your health plan and/or payer contracts.

†Calendar Year (CY) 2022 Medicare Physician Fee Schedule Final Rule, Addendum B, available at https://www.cms.gov/files/zip/cy-2022-pfs-final-rule-addenda.zip.

‡July 2022 ASC Approved HCPCS Codes and Payment Rates (updated July 6, 2022), available at https://www.cms.gov/apps/ama/license.asp?file=/files/zip/2022-july-asc-addenda.zip.

§July 2022 OPPS Addendum B (updated July 6, 2022), available at https://urldefense.proofpoint.com/v2/url?u=https-3A__www.cms.gov_medicaremedicare-2Dfee-2Dservice-2Dpaymenthospitaloutpatientppsaddendum-2Dand-2Daddendum-2Db-2Dupdates_july-2D2022-2D0&d=DwQGaQ&c=euGZstcaTDllvimEN8b7jXrwqOf-v5A_CdpgnVfiMM&r=_tfV9JMO6JdGzXQIagsxRm83zjHVPG8nVg3AouvpSIk&m=uDGzw2vHaNzqacDoA6sLziiHGR_Emv6n14jZx9SJ6XE&s=fe1mTTLhNaul8VrTnFodGM2i6ddtRRhkkXLNWvtskgc&e=.

**REFERENCES**

**1.** iStent infinite. Instructions for use. Glaukos Corporation; 2022. **2.** American Medical Association (AMA), 2022 Current Procedural Terminology (CPT), Professional Edition. CPT codes and descriptions only are copyright 2021 AMA. All rights reserved.

**iStent infinite® IMPORTANT SAFETY INFORMATION**

**INDICATION FOR USE.** The iStent infinite® Trabecular Micro-Bypass System Model iS3 is an implantable device intended to reduce the intraocular pressure (IOP) of the eye. It is indicated for use in adult patients with primary open-angle glaucoma in whom previous medical and surgical treatment has failed. **CONTRAINDICATIONS.** The iStent infinite is contraindicated in eyes with angle-closure glaucoma where the angle has not been surgically opened, acute traumatic, malignant, active uveitic, or active 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 that could lead to improper placement of the stent and pose a hazard. **MRI INFORMATION.** The iStent infinite 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. Three out of 61 participants (4.9%) in the pivotal clinical trial were phakic. Therefore, there is insufficient evidence to determine whether the clinical performance of the device may be different in those who are phakic versus in those who are pseudophakic. **ADVERSE EVENTS.** The most common postoperative adverse events reported in the iStent infinite pivotal trial included IOP increase ≥ 10 mmHg vs. baseline IOP (8.2%), loss of BSCVA ≥ 2 lines (11.5%), ocular surface disease (11.5%), perioperative inflammation (6.6%) and visual field loss ≥ 2.5 dB (6.6%). **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.


PM-US-0923

GLAUKOS