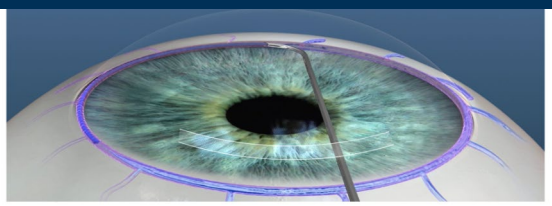
2021 Facility Reimbursement Guide

The OMNI® Surgical System is indicated for canaloplasty (microcatheterization and transluminal viscodilation of Schlemm's canal) followed by trabeculotomy (cutting of trabecular meshwork) to reduce intraocular pressure in adult patients with primary open-angle glaucoma.[1]

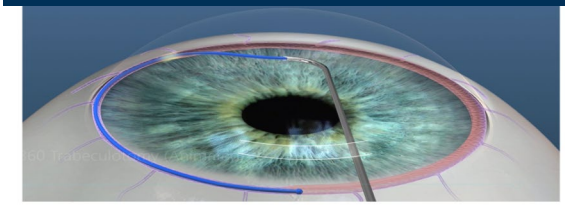
Coding Overview

Canaloplasty / Transluminal Viscodilation



CPT 66174: Transluminal dilation of aqueous outflow canal; without retention of device or stent

Goniotomy / Trabeculotomy



CPT 65820: Goniotomy

Sight Sciences Reimbursement Support Line

- Reimbursement staff are available to help answer coverage, coding and payment questions and provide reimbursement support for the OMNI System (e.g., pre-auth requests, claims assistance, appeals) Monday through Friday, 8am - 5pm CST.
- Support line personnel can be reached at 844.339.8070 or Reimbursement@SightSciences.com. Support services are provided in order to assist with patient access to medical technology.

Ambulatory Surgery Center

Canaloplasty/Transluminal Viscodilation *(trabeculotomy typically bundled into canaloplasty when performed concomitantly)*[2-4]

CPT[3]	Short Description	National Average Payment Rate[5]	Status Indicator[6]	Multiple Procedure Discounting
66174	Translum dil eye canal	$1,872.33	A2	Y

Trabeculotomy *(ab interno)*

CPT[3]	Short Description	National Average Payment Rate[4]	Status Indicator[6]	Multiple Procedure Discounting
65820	Goniotomy	$1,872.33	A2	Y

HOSPITAL OUTPATIENT

The OMNI® Surgical System is an insertable/implantable device, not a supply item - sterile or otherwise. As with implantable devices that remain in the body at the conclusion of the surgical procedure, payers (e.g., Medicare and commercial health plans) expect facilities to accurately capture and report insertable/implantable device costs for compliance and rate-setting purposes.[7] Hospital outpatient facilities capture and report device costs using the appropriate HCPCS Code and/or Revenue Code depending on the payer requirements and claim form submitted.

IMPORTANT NOTE: The code descriptor for CPT 66174 indicates that the procedure is performed "**without *retention* of device or stent**." This is an accurate description, as the device used to perform the procedure is not retained in the body post procedure.

CANALOPLASTY/TRANSLUMINAL VISCODILATION *(TRABECULOTOMY TYPICALLY BUNDLED INTO CANALOPLASTY WHEN PERFORMED CONCOMITANTLY)*[2-4]

Coding		Short Description	National Average Payment Rate[4]	Status Indicator[6]	C-APC
CPT	66174	Translum dil eye canal	$3,917.74	J1	5492
HCPCS	C1889	Implantable/insertable device, not otherwise classified	------	N	------
Rev Code	278	Medical/Surgical Supplies: Other Implants	------	N/A	------

TRABECULOTOMY *(AB INTERNO)*

Coding		Short Description	National Average Payment Rate[5]	Status Indicator[6]	C-APC
CPT	65820	Goniotomy	$3,917.74	J1	5492
HCPCS	C1889	Implantable/insertable device, not otherwise classified	------	N	------
Rev Code	278	Medical/Surgical Supplies: Other Implants	------	N/A	------

CMS GUIDANCE: DEVICE INTENSIVE PROCEDURES

Effective January 1, 2019, The Centers for Medicare and Medicaid Services (CMS) modified the device-intensive criteria to lower the device offset percentage threshold from greater than 40 percent to greater than 30 percent and to allow procedures that involve single-use devices, regardless of whether or not they remain in the body after the conclusion of the procedure, to qualify as device-intensive procedures.[8]

Facilities should note that AMA CPT Assistant and NCCI edits advise that it is not appropriate to report both 66174 and 65820 when a canaloplasty and goniotomy (ab interno trabeculotomy) are performed on the same eye during the same treatment session. According to CPT Assistant and NCCI edits only 66174 should be reported.[2,3]

Sample Claim Form: Canaloplasty Procedure and OMNI Device Reporting

ABC Hospital
123 Main Street
Anytown, MA 44444
9999555555 9999555555

S123456789123
5000055555

4 TYPE OF BILL

5 FED. TAX NO. 55-1234567

6 STATEMENT COVERS PERIOD FROM 01062021 THROUGH 01062021

7

8 PATIENT NAME a
b Jane Doe

9 PATIENT ADDRESS a 123 Smith Place, Somewhere, MA 44444
c d

10 BIRTHDATE 10/01/1958
11 SEX F
ADMISSION 01062021

Aetna
Claims Processing
10 Payment Place
No Town, NY 55555

	CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT
a	24		A3			
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
0360	Translumdil eye canal	66174	01062021	1	XXXXX.XX		
0278	Medical/Surgical Supplies: Other Implants	C1889	01062021	1	XXXXX.XX		
	PAGE 1 OF 1	CREATION DATE	01102021	TOTALS	XXXXXX.XX		

Revenue code 0278 is used to report insertable/implantable devices (e.g., OMNI device)

HCPCS code C1889 is used to report insertable/implantable devices (e.g., OMNI device) that do not have a more specific HCPCS code

The cost of the OMNI device is assigned to the line item for device reporting (i.e., C1889 & 0278)

50 PAYER NAME	51 HEALTH PLAN ID			54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI
Aetna	9999999	Y	Y			1112222333

57 OTHER PRV ID

58 INSURED'S NAME: Jane Doe

60 INSURED'S UNIQUE ID: 12R4567

Prior-Authorization/Pre-Determination Information if applicable

63 TREATMENT AUTHORIZATION CODES: PD1234567

68

HXX.XXXX HXX.XX

73

1112222333
LAST FIRST

77 OPERATING 1112222333 QUAL
LAST FIRST

c. OTHER PROCEDURE CODE DATE | d. OTHER PROCEDURE CODE DATE | e. OTHER PROCEDURE CODE DATE

80 REMARKS
81CC a b c d

78 OTHER NPI QUAL
LAST FIRST
79 OTHER NPI QUAL
LAST FIRST

[1] U.S. Food & Drug Administration (FDA) Indications for Use [Traditional 510(k) K173332; K201953; K202678]

[2] Surgery: Eye and Ocular Adnexa. *CPT® Assistant.* December 2018, p 9; Surgery: Eye and Ocular Adnexa. *CPT® Assistant.* September 2019, p 12.

[3] CPT Copyright 2020 American Medical Association (AMA). All rights reserved. CPT® is a registered trademark of the American Medical Association.

[4] https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/NCCI-Coding-Edits

[5] National Average Payment Rates reflect the total Medicare allowable amount for a covered procedure. Actual payments vary depending on factors such as geographic adjustment, multiple procedure payment reduction, sequestration, patient deductibles, co-insurance, etc.

[6] ASC Status Indicator A2: Surgical procedure on ASC list in CY 2007; payment based on OPPS relative weight, subject to multiple reduction rule. OPPS Status Indicator J1: Hospital Part B services paid through a comprehensive APC. OPPS Status Indicator N: Items and Services Packaged into APC Rates.

[7] Federal Register /Vol. 75, No. 226 /Wednesday, November 24, 2010 /Rules and Regulations, p 71824.

[8] MLN Matters MM11099; Related CR 11099; January 2019 Update of the Hospital Outpatient Prospective Payment System (OPPS), Revised, January 17, 2019 transmittal #R4204cp.

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