DISCLAIMER

This Reimbursement Guide is provided for informational purposes only. This Guide describes codes that may be applicable to the OMNI® Surgical System. It does not constitute legal or reimbursement advice or recommendations regarding clinical practice. Sight Sciences makes no guarantee that use of this information will result in coverage or payment or prevent disagreement by payers regarding billing, coverage, or amount of payment. Sight Sciences reminds providers of their responsibility to submit accurate and appropriate claims. Coding, coverage, and payment policies are complex and are frequently updated. Sight Sciences recommends that you consult with your legal counsel, applicable payers’ policies, or reimbursement experts regarding coding, coverage, and reimbursement.
CODING AND MEDICARE PAYMENT WHEN USING OMNI® TO PERFORM A STANDALONE PROCEDURE

INDICATION

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

CANALOPLASTY / TRANSLUMINAL VISCODILATION

GONIOTOMY / TRABECULOTOMY

CPT² CODING FOR OMNI®

<table>
<thead>
<tr>
<th>CPT</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>66174</td>
<td>Transluminal dilation of aqueous outflow channel; without retention of device or stent</td>
</tr>
</tbody>
</table>

Note: Physicians should note that AMA CPT Assistant and NCCI edits advise that it is not appropriate to report both 66174 and 65820 (goniotomy) 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.2,4

1. U.S. Food & Drug Administration (FDA) Indications for Use [Traditional 510(k) K202678]
2. CPT Copyright 2021 American Medical Association (AMA). All rights reserved. CPT® is a registered trademark of the American Medical Association.
**OMNI® STANDALONE PROCEDURES**

**2022 MEDICARE PAYMENT**

<table>
<thead>
<tr>
<th>FACILITY TYPE</th>
<th>CPT</th>
<th>NATIONAL AVERAGE REIMBURSEMENT RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory Surgical Center (ASC)</td>
<td>66174</td>
<td>$1,917.31</td>
</tr>
<tr>
<td>Hospital Outpatient Procedure Department (HOPD)</td>
<td>66174</td>
<td>$3,999.59</td>
</tr>
</tbody>
</table>

Note: The payment information listed does not guarantee coverage or payment. Actual payment may vary by location. Commercial and Medicare Advantage payments are based on contractual agreements or negotiated fees between the physician and the health plan. Questions regarding your contracted payment rates should be directed to your health plan’s provider representative.

**ADDITIONAL HOPD CODING FOR OMNI®**

For a claim submitted on a UB-04 form, the codes listed below are required to report the device costs to Medicare. There is no CPT code used. Commercial payor requirements vary. Questions regarding specific payor requirements should be directed to your payor provider representative.

<table>
<thead>
<tr>
<th>CODING SYSTEM</th>
<th>CODE</th>
<th>DESCRIPTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCPCS</td>
<td>C1889</td>
<td>Implantable / insertable device, not otherwise classified</td>
</tr>
<tr>
<td>Revenue Code</td>
<td>278</td>
<td>Medical / surgical supplies: other implants</td>
</tr>
</tbody>
</table>

---

**CODING AND MEDICARE PAYMENT WHEN USING OMNI® IN COMBINATION WITH CATARACT SURGERY**

OMNI® Surgical System is indicated for use in standalone canaloplasty with trabeculotomy or in conjunction with cataract surgery. If these procedures are performed concomitantly, it is appropriate to bill/report the CPT code 66174 (for the canaloplasty followed by trabeculotomy) and the specific CPT code for the cataract procedure performed.

**OMNI® IN COMBINATION WITH COMPLEX CATARACT**

<table>
<thead>
<tr>
<th>PROCEDURES</th>
<th>CPT CODE</th>
<th>PHYSICIAN PAYMENT**</th>
<th>ASC PAYMENT**</th>
<th>HOPD PAYMENT**</th>
</tr>
</thead>
<tbody>
<tr>
<td>OMNI®</td>
<td>66174</td>
<td>$760.99</td>
<td>$1,917.31</td>
<td>$3,999.59</td>
</tr>
<tr>
<td>C1889 (rev code 0278)</td>
<td>No additional payment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complex Cataract</td>
<td>66982</td>
<td>$746.11 x 50% = $373.06*</td>
<td>$1,062.68 x 50% = $531.34*</td>
<td>No payment due to comprehensive APC</td>
</tr>
<tr>
<td>Totals</td>
<td></td>
<td>$1,134.05</td>
<td>$2,448.65</td>
<td>$3,999.59</td>
</tr>
</tbody>
</table>

**OMNI® IN COMBINATION WITH ROUTINE CATARACT**

<table>
<thead>
<tr>
<th>PROCEDURES</th>
<th>CPT CODE</th>
<th>PHYSICIAN PAYMENT**</th>
<th>ASC PAYMENT**</th>
<th>HOPD PAYMENT**</th>
</tr>
</thead>
<tbody>
<tr>
<td>OMNI®</td>
<td>66174</td>
<td>$760.99</td>
<td>$1,917.31</td>
<td>$3,999.59</td>
</tr>
<tr>
<td>C1889 (rev code 0278)</td>
<td>No additional payment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Routine Cataract</td>
<td>66984</td>
<td>$544.70 x 50% = $272.35*</td>
<td>$1,062.68 x 50% = $531.34*</td>
<td>No payment due to comprehensive APC</td>
</tr>
<tr>
<td>Totals</td>
<td></td>
<td>$1,033.34</td>
<td>$2,448.65</td>
<td>$3,999.59</td>
</tr>
</tbody>
</table>

* Payment reduced due to multiple procedure reduction rules.
** Rates listed are national unadjusted allowable amounts, and the local rates may vary. Check your local MAC site for the specific reimbursement rate for your market.
CODING AND MEDICARE PAYMENT WHEN USING OMNI® TO PERFORM A GONIOTOMY / TRABECULOTOMY

GONIOTOMY / TRABECULOTOMY

Trabeculotomy devices are Class I exempt per FDA regulations.⁶

OMNI® CODING FOR GONIOTOMY ALONE

<table>
<thead>
<tr>
<th>CPT</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>65820</td>
<td>Goniotomy</td>
</tr>
</tbody>
</table>

OMNI® USED TO PERFORM GONIOTOMY ALONE 2022 MEDICARE PAYMENT⁷

<table>
<thead>
<tr>
<th>FACILITY TYPE</th>
<th>CPT</th>
<th>NATIONAL AVERAGE REIMBURSEMENT RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory Surgical Center</td>
<td>65820</td>
<td>$1,917.31</td>
</tr>
<tr>
<td>Hospital Outpatient Procedure Department</td>
<td>65820</td>
<td>$3,999.59</td>
</tr>
</tbody>
</table>

Note: This payment information listed does not guarantee coverage or payment. Actual payment may vary by location. Commercial and Medicare Advantage payments are based on contractual agreements or negotiated fees between the physician and the health plan. Questions regarding your contracted payment rates should be directed to your health plan’s provider representative.

**COMMON ICD-10-CM DIAGNOSIS CODING FOR OMNI®**

The International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) codes are used to report patient diagnoses and health conditions for visits/services in all health care settings. Providers should consult the ICD-10-CM code set and coverage policies or other payer guidelines when determining the appropriate diagnosis code(s) to submit to health plans. Coding is a clinical decision, and providers should code to the highest level of specificity.

<table>
<thead>
<tr>
<th>ICD-10-CM®</th>
<th>CODE DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>H40.1110</td>
<td>Primary open-angle glaucoma, right eye, stage unspecified</td>
</tr>
<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>H40.1113</td>
<td>Primary open-angle glaucoma, right eye, severe stage</td>
</tr>
<tr>
<td>H40.1114</td>
<td>Primary open-angle glaucoma, right eye, indeterminate stage</td>
</tr>
<tr>
<td>H40.1120</td>
<td>Primary open-angle glaucoma, left eye, stage unspecified</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>H40.1123</td>
<td>Primary open-angle glaucoma, left eye, severe stage</td>
</tr>
<tr>
<td>H40.1124</td>
<td>Primary open-angle glaucoma, left eye, indeterminate stage</td>
</tr>
<tr>
<td>H40.1130</td>
<td>Primary open-angle glaucoma, bilateral, stage unspecified</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>
<tr>
<td>H40.1133</td>
<td>Primary open-angle glaucoma, bilateral, severe stage</td>
</tr>
<tr>
<td>H40.1134</td>
<td>Primary open-angle glaucoma, bilateral, indeterminate stage</td>
</tr>
</tbody>
</table>

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COMMON MODIFIERS®

Modifiers are designed to provide additional information to the payor regarding the procedure that may be needed to process the claim. This list is not all-inclusive. Providers should consult reimbursement experts or the payors directly for questions regarding the use of modifiers.

<table>
<thead>
<tr>
<th>MODIFIER</th>
<th>DESCRIPTION</th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>-RT</td>
<td>Right side</td>
<td>Indicates procedure was performed on the right eye</td>
</tr>
<tr>
<td>-LT</td>
<td>Left side</td>
<td>Indicates procedure was performed on the left eye</td>
</tr>
<tr>
<td>-50</td>
<td>Bilateral procedure</td>
<td>Indicates procedure was performed on both eyes that day</td>
</tr>
<tr>
<td>-51</td>
<td>Multiple procedures</td>
<td>Indicates procedure was performed with other procedures that day</td>
</tr>
<tr>
<td>-73</td>
<td>Discontinued HOPD/ASC</td>
<td>Discontinued procedure prior to administration of anesthesia</td>
</tr>
<tr>
<td>-74</td>
<td>Discontinued HOPD/ASC</td>
<td>Discontinued procedure after the administration of anesthesia</td>
</tr>
<tr>
<td>-79</td>
<td>Unrelated procedure</td>
<td>Unrelated procedure or service by the same physician during the postoperative period</td>
</tr>
</tbody>
</table>

### SAMPLE UB-04 FORM

1. **CPT 66174 for canaloplasty followed by trabeculotomy/CPT 65820 for trabeculotomy alone**

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

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

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

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### Prior authorization/predetermination Information if applicable

- **Revenue code 0278**
- **HCPCS code C1889**
- **CPT 66174**
- **CPT 65820**

SAMPLE CMS-1500 FORM

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

PLEASE PRINT OR TYPE

CPT 66174 for canaloplasty followed by trabeculotomy/CPT 65820 for trabeculotomy alone

Include appropriate modifiers, if applicable

Describe service below (use all applicable columns)

Prior authorization/predetermination information if applicable

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

EMAIL SIGHTACCESS@SIGHTSCIENCES.COM VISIT WWW.SIGHTACCESS.COM
FREQUENTLY ASKED QUESTIONS

DO PAYERS REQUIRE PRIOR AUTHORIZATION FOR OMNI®?
WHAT INFORMATION IS REQUIRED?

Medicare does not require prior authorization for these procedures. Other health plans may require preauthorization as part of the conditions for coverage. Performing a benefit verification prior to treatment may provide insight into prior authorization criteria. Please consider:

- Including a payor-specific prior authorization form with your request
- Checking the payor’s medical policy (if available) to understand coverage criteria
- Including documentation and chart notes that list any previous medical and surgical treatments along with outcomes, patient-specific treatment goals or comorbidities, and target IOPs for patient
- Including a letter of medical necessity describing the overall case (contact Sight Access or your Reimbursement Account Representative for more information)

IF PRIOR AUTHORIZATION IS NOT REQUIRED, IS SUBMITTING A PREDETERMINATION RECOMMENDED?

If prior authorization is not required, we typically encourage a predetermination be submitted, especially if the payer policy is unfavorable or unclear regarding CPT code 66174. Please note that some payers do not allow or accept predeterminations.

IS OMNI® COVERED BY INSURERS?

Coverage may vary by payer or even by health plan within a particular payer. In order to determine coverage for a particular patient, a benefit verification should be conducted, and the payer policy should be reviewed prior to treatment. Coverage will be based on medical necessity. Once the provider identifies that a patient is an appropriate candidate for OMNI®, the practice should allow enough time to verify the patient’s benefits and coverage, check the payer’s policy, and obtain prior authorization before scheduling the patient for surgery.

IS OMNI® USED TO PERFORM VISCOCANALOSTOMY?

No, viscocanalostomy is a different procedure entirely from canaloplasty. OMNI® is FDA cleared for canaloplasty followed by trabeculotomy. It is not indicated to perform a viscocanalostomy. Any reference to OMNI® as a viscocanalostomy device is incorrect.
WHAT CPT CODE(S) DO FACILITIES USE TO BILL FOR OMNI®?

CPT code 66174 is reported for the transluminal viscoelastic delivery procedure (aka canaloplasty) in conjunction with a trabeculotomy (aka goniotomy) during the same treatment session. When these two procedures are performed concomitantly, per AMA CPT Assistant, it is appropriate to report only CPT code 66174. The CPT for the trabeculotomy (65820) is bundled into the primary canaloplasty procedure. CPT code 65820 is reported for the trabeculotomy/goniotomy when performed without a transluminal viscoelastic delivery procedure. We do, however, realize that the reporting of actual codes used is at the sole discretion of the treating physician and/or facility.

CAN OMNI® BE PERFORMED AS A STANDALONE PROCEDURE?

Yes. OMNI® Surgical System is indicated for use as a standalone procedure or in conjunction with cataract surgery. If both procedures are performed, it is appropriate to bill/report the CPT code 66174 (for the canaloplasty followed by trabeculotomy).

HOW DO I BILL OMNI® WHEN PERFORMED WITH CATARACT SURGERY, AND WHAT WOULD I BE REIMBURSED?

OMNI® Surgical System is indicated for use in standalone canaloplasty with trabeculotomy or in conjunction with cataract surgery. If these procedures are performed concomitantly, it is appropriate to bill/report the CPT code 66174 (for the canaloplasty followed by trabeculotomy) and the specific CPT code for the cataract procedure performed (see payment examples on page 4).

SHOULD HCPCS CODE C1889 BE USED TO REPORT THE OMNI® SURGICAL SYSTEM IN THE ASC SETTING?

In most cases, the HCPCS code C1889 would not be needed on ASC claims; however, there could be a commercial payer that may ask for it to be included in order to receive appropriate payment.
SIGHT ACCESS

A reimbursement support program to help you and your patients understand patient coverage details and payor-specific requirements for Sight Sciences products.

- Benefit Verification
- Prior Authorization and Appeal Requirements
- Track Clinic Submitted Forms and Letters
- Billing and Coding Support
- Letter of Medical Necessity Templates
- Reimbursement Support Materials

Reimbursement Support Is Available Across the Nation

SIGHT ACCESS OFFERS A SIMPLIFIED ENROLLMENT PROCESS

1 Fill and Fax Single-Page Enrollment Form or Fill and Submit from the Online Enrollment Portal (www.sightaccess.com)

UNDERSTAND ELIGIBILITY AND POTENTIAL COST-SHARING

2 Benefit Verification Summaries Are Faxed Back within 24-48 hours
REIMBURSEMENT ACCOUNT EXECUTIVE (RAE)

The RAE is a Sight Sciences regional field reimbursement representative who can help minimize reimbursement barriers and support access for Sight Sciences products.

- Personalized Reimbursement Support
- Review Documentation Considerations
- Provide Payor Policy Links and Policy Review
- Provide Published Reimbursement Rates for Specific Markets
- Discuss Payor Contracting Considerations
- Educate on Advocacy Initiatives

Do you want to be connected with your local reimbursement account executive?

Ask your sales representative or email sightaccess@sightsciences.com to request a call or visit.
SIGHT SCIENCES REIMBURSEMENT SUPPORT LINE

Reimbursement staff are available to help answer coverage, coding, and payment questions and provide reimbursement support for the OMNI® Surgical System (e.g., preauth requests, claims assistance, appeals) Monday through Friday, 8 am - 8 pm EST.

CALL (844) SIGHT12 OR 844-744-4812
FAX (844) SIGHT13 OR 844-744-4813
EMAIL SIGHTACCESS@SIGHTSCIENCES.COM
VISIT WWW.SIGHTACCESS.COM