

In September 2013, the AMA announced the assignment of Category I CPT Code 66183, insertion of anterior segment aqueous drainage device, without extraocular reservoir; external approach. Effective January 1, 2014 this code replaced the Category III CPT Code (0192T) that was previously used to report the implantation of the EX-PRESS® Glaucoma Filtration Device.

The EX-PRESS® device received FDA clearance in 2002 and is indicated to reduce intraocular pressure in glaucoma patients where medical and conventional surgical treatments have failed (see last page for Important Safety Information).

When is the new Category I CPT Code 66183 effective?

The new Category I CPT Code 66183, insertion of anterior segment aqueous drainage device, without extraocular reservoir; external approach, is effective for dates of service on or after January 1, 2014.

Why has the CPT Code for the EX-PRESS® procedure changed?

Category I CPT Code status is determined by the AMA CPT Editorial Panel. The panel's decision is based on evidence submitted that supports several criteria such as FDA clearance, widespread use by many physicians across the US, and well established and documented clinical efficacy.¹

What does the CPT Code change mean for EX-PRESS® providers?

Providers should update their systems by deleting Category III CPT Code 0192T and, for dates of service on or after January 1, 2014, begin billing the new CPT Code 66183 to report the implantation of the EX-PRESS® Glaucoma Filtration Device. Both physicians and facilities are encouraged to review their commercial payer contracts to determine if the contract requires updating to include the new code.

How will the assignment of the new Category I CPT Code 66183 affect claim processing?

Like providers, payers will also need to update their systems and coverage policies. Some payers will take longer than others to complete their system updates. Should providers experience claim processing issues, they should contact the payer's Provider Relations Representative regarding the code change. If the issue is not resolved, the provider is encouraged to contact Alcon Reimbursement Services (ARS) for additional support.

Will the assignment of the new Category I CPT Code 66183 affect payment?

Once a Category I CPT Code is established, the code is referred to the AMA's Relative Value Update Committee (RUC) for a valuation recommendation. The relative value unit (RVU) assignment is based on the amount of work, practice expense and malpractice expense associated with the procedure. The RUC makes a recommendation to CMS and CMS makes the final determination on the assignment of RVUs. Medicare payment is then determined by multiplying the RVUs (adjusted by geographic locality) by a conversion factor. The RVUs assigned are published yearly in the Federal Register in the "Medicare Physician Fee Schedule."

Manufacturers have no impact or input into the assignment of RVUs.

2014 Medicare National Fee Schedule

CPT Code	Physician	Ambulatory Surgery Center	Hospital Outpatient Department
66183	\$1,089.73	\$1,677.90	\$3,037.37

Fee schedules are available at CMS.gov. Inclusion in a fee schedule is not a guarantee of payment. Local rates are geographically adjusted.

What is the global period for procedure 66183?

Consistent with other surgical glaucoma procedures, CPT Code 66183 has an assigned global period of 90 days. Reimbursement for 66183 includes services provided on the day of and follow-up visits provided within 90 days following the surgical procedure.

Does the assignment of the new Category I CPT Code 66183 affect coverage?

Medicare, some Medicaid, and many commercial payers provide coverage of the EX-PRESS® procedure. However, the assignment of a Category I CPT Code does not automatically guarantee coverage and/or payment. Because there are many factors that affect coverage and payment (e.g., patient's eligibility and benefit plan, payer-provider contracts, payer medical policy guidelines), providers are encouraged to seek pre-authorization from commercial payers and also contact an Alcon Reimbursement Specialist with questions regarding specific payer policies.

Is there a separate CPT Code for procedures performed on an eye that is scarred from previous incisional surgery?

No. However, if the physician performs a procedure that requires substantially greater work than is typically required, a modifier -22 may be appended to the procedure code 66183. When appending a modifier -22, documentation must be provided to support the substantial additional work and the reason for the additional work (i.e., increased intensity, time, technical difficulty of procedure, severity of patient's condition, physical and mental effort required). Additional payment for the supplementary work is not guaranteed and will be at the discretion of the payer.

Additional considerations:

Documentation: Providers are encouraged to document the surgical procedure 66183 as "the insertion of an aqueous drainage device (EX-PRESS®)", or "glaucoma filtering surgery with the implantation of EX-PRESS®" to ensure proper coding. Documenting as "trabeculectomy with EX-PRESS®" may lead to erroneous claims submission resulting in claim denial or inappropriate payment.

Facilities: The reporting of HCPCS code L8612 (Aqueous shunt) or C1783 (Ocular implant) may be appropriate depending on the payer and the setting of care. Failure to report the appropriate HCPCS code may result in reduced payment. Please refer to the EX-PRESS® Glaucoma Filtration Coding and Billing Fact Sheet provided by ARS for coding specifics. Facilities are also encouraged to review their payer contracts relevant to the payment policy of devices.

For additional coding, billing, and reimbursement support please contact ARS.



(866) 457-0277 • ARS.supportUS@alcon.com

*Important Product Information:

CAUTION: Federal (USA) law restricts this device to sale by, or on the order of, a physician.
INDICATION: The EX-PRESS® Glaucoma Filtration Device is intended to reduce intraocular pressure in glaucoma patients where medical and conventional surgical treatments have failed.

GUIDANCE REGARDING THE SELECTION OF THE APPROPRIATE VERSION: Prior clinical studies were not designed to compare between the various versions of the EX-PRESS® Glaucoma Filtration Device. The selection of the appropriate version is according to the doctor's discretion.

CONTRAINDICATIONS: The use of this device is contraindicated if one or more of the following conditions exist:

- Presence of ocular disease such as uveitis, ocular infection, severe dry eye, severe blepharitis.

- Pre-existing ocular or systemic pathology that, in the opinion of the surgeon, is likely to cause postoperative complications following implantation of the device.
- Patients diagnosed with angle closure glaucoma.

WARNINGS/PRECAUTIONS:

- The surgeon should be familiar with the instructions for use.
- The integrity of the package should be examined prior to use and the device should not be used if the package is damaged and sterility is compromised.
- This device is for single use only.
- MRI of the head is permitted, however not recommended, in the first two weeks post implantation.

ATTENTION: Reference the Directions for Use labeling for a complete listing of indications, warnings, precautions, complications and adverse events.

This information is provided as a reference to providers to aid in obtaining accurate and appropriate reimbursement, is for information purposes only, and not intended to be legal advice. ALCON® does not guarantee that the use of this guidance will result in reimbursement. Payment policies and coding guidelines are subject to change and may be contingent upon provider/payer agreements. Providers are encouraged to contact payers directly for coding, billing and reimbursement guidance and to verify benefits specific to each individual patient circumstance.