EX-PRESS® Glaucoma Filtration Device Coding and Reimbursement Fact Sheet

EX-PRESS® Glaucoma Filtration Device Description and Indication

The EX-PRESS® Glaucoma Filtration Device received FDA clearance on March 26, 2002. The device is a miniature surgical implant and is intended to reduce intraocular pressure in glaucoma patients where medical and conventional surgical treatments have failed.1

Coding

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.

Physician and Surgical Facility Coding

<table>
<thead>
<tr>
<th></th>
<th>Physician</th>
<th>Ambulatory Surgery Center</th>
<th>Hospital Outpatient Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare</td>
<td>66183</td>
<td>66183</td>
<td>66183 and C1783, Ocular Implant</td>
</tr>
<tr>
<td>Commercial</td>
<td>66183</td>
<td>66183 and L8612, Aqueous shunt</td>
<td>66183 and L8612, Aqueous shunt</td>
</tr>
</tbody>
</table>

Reimbursement

Medicare and many commercial payers package reimbursement for the EX-PRESS® device with the facility payment. Facilities are encouraged to proactively review and negotiate their commercial payer contracts for payment of L8612.

2015 Medicare National Unadjusted Payment Rates

<table>
<thead>
<tr>
<th></th>
<th>Physician</th>
<th>Ambulatory Surgery Center2</th>
<th>Hospital Outpatient Department</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$1,041.53</td>
<td>$1,711.02</td>
<td>$3,122.56</td>
</tr>
</tbody>
</table>

Global Period

66183 has an assigned global period of 90 days. The reimbursement for 66183 includes services provided on the day of and 90 days following the procedure.
Common Glaucoma Diagnosis Codes

Diagnosis and procedure coding are at the discretion of the physician based upon the clinical condition of the patient, the nature of the physician’s findings, and the procedural steps dictated in the patient's medical record. Only the physician can determine a diagnosis. Because policies vary, verification of covered diagnosis is recommended.

Some examples could be:

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>365.10</td>
<td>Unspecified open-angle glaucoma</td>
</tr>
<tr>
<td>365.11</td>
<td>Primary open angle glaucoma</td>
</tr>
<tr>
<td>365.12</td>
<td>Low tension open-angle glaucoma</td>
</tr>
<tr>
<td>365.13</td>
<td>Pigmentary glaucoma</td>
</tr>
<tr>
<td>365.15</td>
<td>Residual stage of open angle glaucoma</td>
</tr>
</tbody>
</table>

Because coverage criteria varies by payer (e.g., Aetna covers 365.11 and WellPoint covers 365.10 -365.15), providers are encouraged to check with the plan for specific covered diagnosis codes. Individual benefit plans may vary.

Commercial Payer Reimbursement

Payment from private payers will be contingent upon individual contracts that may need to be updated to include CPT® code 66183. Like Medicare, many commercial payer contracts package the cost of the EX-PRESS® device with facility payment for CPT® code 66183, while other commercial payers may allow an additional payment for HCPCS L8612. Individual contracts are always proprietary to the provider.

Note: If a provider does not proactively negotiate an update to their existing contracts, commercial payers may reimburse at a significantly lower than expected rate or may deny the procedure without an appeal option.
### Sample CMS - 1500 Paper Claim Form

**Physician Office**

**APPROVED OMB-0938-0999 FORM CMS-1500 (08-05)**

#### PHYSICIAN OR SUPPLIER INFORMATION

- **INSURED’S ID. NUMBER** *(For Program in Item 1)*
- **INSURED’S NAME** *(Last Name, First Name, Middle Initial)*
- **INSURED’S ADDRESS** *(No., Street)*
  - **CITY**
  - **STATE**
  - **ZIP CODE**
  - **TELEPHONE (Include Area Code)**
- **INSURED’S POLICY GROUP OR FECA NUMBER**
- **INSURED’S DATE OF BIRTH**
- **EMPLOYER’S NAME OR SCHOOL NAME**
- **IS THERE ANOTHER HEALTH BENEFIT PLAN?**
- **SEX** *(M or F)*

#### CARRIER PATIENT AND INSURED INFORMATION

- **PATIENT’S NAME** *(Last Name, First Name, Middle Initial)*
- **PATIENT’S ADDRESS** *(No., Street)*
  - **CITY**
  - **STATE**
  - **ZIP CODE**
  - **TELEPHONE (Include Area Code)**
- **OTHER INSURED’S NAME** *(Last Name, First Name, Middle Initial)*
  - **OTHER INSURED’S POLICY OR GROUP NUMBER**
  - **OTHER INSURED’S DATE OF BIRTH**
  - **EMPLOYER’S NAME OR SCHOOL NAME**
  - **INSURANCE PLAN NAME OR PROGRAM NAME**

#### DIAGNOSIS OR NATURE OF ILLNESS OR INJURY

- **ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)**
  - **MM**
  - **DD**
  - **YY**
- **IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE**
  - **MM**
  - **DD**
  - **YY**
- **DATE OF CURRENT:**

#### CLAIM CHARGES

- **FEDERAL TAX I.D. NUMBER**
- **SSN**
- **EIN**
- **PATIENT’S ACCOUNT NO.**
- **ACCEPT ASSIGNMENT?** *(For govt. claims, see back)*

#### 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.)*

#### PATIENT’S OR AUTHORIZED PERSON’S SIGNATURE

- I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

**NHC Instruction Manual available at: www.nucc.org**
**Sample CMS - 1500 Paper Claim Form**

**Ambulatory Surgery Center**

**365.1X**

Enter appropriate diagnosis code(s), because policies vary, verification of covered diagnoses is recommended.

**FOR MEDICARE, USE CODE**

**66183, Insertion of anterior segment aqueous drainage device, without extracocular reservoir, external approach.**

Include appropriate modifiers (i.e., -RT or -LT)

**FOR PRIVATE PAYERS, USE BOTH CODES:**

**66183, Insertion of anterior segment aqueous drainage device, without extracocular reservoir, external approach, AND, L8612, Aqueous shunt.**

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**Medical Claim Form Instructions:**

- **Patient Information:**
  - Patient's Name:
  - Patient's Address:
  - Patient's Date of Birth:

- **Insurance Information:**
  - Insured's Name:
  - Insured's Date of Birth:
  - Insured's Policy Group or FECA Number:
  - Insured's Policy or Group Number:

- **Diagnosis and Procedure Information:**
  - Diagnosis or Nature of Illness or Injury:
  - Dates of Service:
  - Procedure Codes:

- **Billing and Payment Information:**
  - Signature of Physician or Supplier:
  - Billing Date:

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**EXCAPS**

Glabcoma Filteration Device

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**NUCC Instruction Manual available at:** [www.nucc.org](http://www.nucc.org)
Hospital Outpatient Fact Sheet
Sample UB-04 Paper Claim Form

* Medicare relies on proper coding for year-end payment review. When billing Medicare for EX-PRESS® device, it is imperative to always include the appropriate HCPCS code (C1783). Failure to include code C1783 may result in reduced payment rate.

ASCs using a UB-04 should use revenue code 490 for 66183.

FOR MEDICARE, USE BOTH CODES: 66183, Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach, AND, *C1783, Ocular implant, aqueous drainage assist device.

FOR PRIVATE PAYERS, USE BOTH CODES: 66183, Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach, AND, L8612, Aqueous shunt.

Items included on this sample form are not intended to be comprehensive of all services and supplies provided.

Enter appropriate diagnosis code(s). Because policies vary, verification of covered diagnoses is recommended.
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.