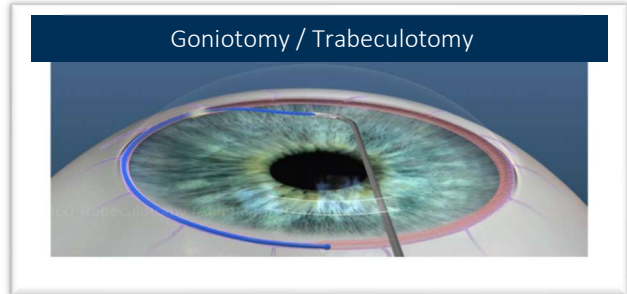


The OMNI® Surgical System is indicated for canaloplasty (microcatheterization and transluminal viscodilation of Schlemm’s canal) followed by trabeculotomy (cutting of trabecular meshwork) to reduce intraocular pressure in adult patients with primary open-angle glaucoma.¹

CODING OVERVIEW



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



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® Surgical 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.

PHYSICIAN SERVICES

CANALOPLASTY/TRANSLUMINAL VISCODILATION (TRABECULOTOMY TYPICALLY BUNDLED INTO CANALOPLASTY WHEN PERFORMED CONCOMITANTLY)²⁻⁴

CPT ⁴	Short Description	National Average Payment Rate ⁵	Total RVUs	Global Period
66174	Translum dil eye canal	\$947.70	27.16	90

TRABECULOTOMY (AB INTERNO)

CPT ⁴	Short Description	National Average Payment Rate ⁵	Total RVUs	Global Period
65820	Goniotomy	\$824.87	23.64	90

Providers should note that AMA CPT Assistant and NCCI edits advise that when a canaloplasty (66174) and goniotomy/ab interno trabeculotomy (65820) are performed on the same eye during the same treatment session, only CPT 66174 should be reported.^{2,3}

PRIOR-AUTHORIZATION & PRE-DETERMINATION

Some health plans cover the procedures performed using the OMNI Surgical System without the need for pre-authorization. Some payers may require pre-authorization as part of the conditions for coverage. Others may have non-coverage policies in place; however, through the pre-authorization/pre-determination process, coverage may be obtained for appropriate patient candidates.

Sight Sciences Reimbursement Support Line staff are available to assist providers and patients to facilitate patient access to the OMNI System through available resources (e.g., Sample Letter of Medical Necessity or Sample Appeal Letter) or through the submission of pre-authorization or pre-determination requests and appeals on behalf of providers/patients.

COMMON DIAGNOSIS CODES

The International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) is the foundation for the identification of health trends and statistics globally, and the international standard for reporting diseases and health conditions for visits/services in all health care settings.⁶ In addition to its use for clinical and research purposes, accurate ICD-10-CM coding is essential for successful billing and payment. Physician and facility claims require appropriate diagnosis codes. The following ICD-10-CM codes are common primary open-angle glaucoma (POAG) diagnoses used when reporting healthcare visits/services.⁷ This list is not exhaustive. 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.

ICD-10-CM ⁸	Code Description
H40.1133	Primary open-angle glaucoma, bilateral, severe stage
H40.1132	Primary open-angle glaucoma, bilateral, moderate stage
H40.1131	Primary open-angle glaucoma, bilateral, mild stage
H40.1130	Primary open-angle glaucoma, bilateral, stage unspecified
H40.1113	Primary open-angle glaucoma, right eye, severe stage
H40.1123	Primary open-angle glaucoma, left eye, severe stage
H40.1134	Primary open-angle glaucoma, bilateral, indeterminate stage
H40.1112	Primary open-angle glaucoma, right eye, moderate stage
H40.1122	Primary open-angle glaucoma, left eye, moderate stage

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 <https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/NCCL-Coding-Edits>

⁴ CPT Copyright 2020 American Medical Association (AMA). All rights reserved. CPT® is a registered trademark of the American Medical Association.

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 <https://www.cdc.gov/nchs/icd/icd10cm.htm#10update>.

⁷ Copyright 2020. Definitive Healthcare, Version 7.7.0.8605.

⁸ ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Publications/ICD10CM/2021/

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