SION™
Surgical Instrument

2023 Reimbursement Guide

This guide offers guidance and support to assist with proper coding of CPT® code 65820 and reimbursement policies.

DISCLAIMER

SIGHT SCIENCES

How to Use This Guide

For Providers

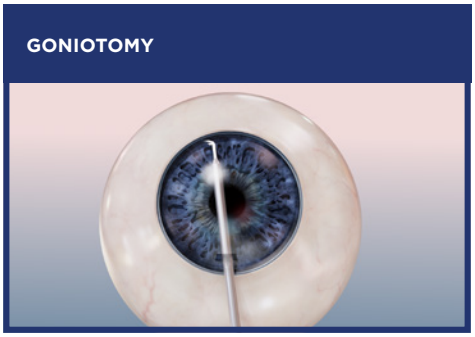
This icon indicates sections that are important for the provider's professional claim.

For Facilities

This icon indicates sections that are important to the facility's claim.

Indication

The SION™ Surgical Instrument is a manually operated device used in ophthalmic surgical procedures to excise trabecular meshwork. The SION Surgical Instrument is a sterile, single use device.[1]



1. U.S. Food & Drug Administration (FDA), Class I 510(k) exempt.

CPT®[2] Coding and 2023 Medicare Payment When Using SION™ to Perform Goniotomy

CPT Code	Description[3]	Global Period	RVUs	Physician Payment*[4]	ASC Payment*[5]	HOPD Payment*[6]
65820	Goniotomy	90	24.41	$827.19	$1,968.66	$3,995.58

* 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.

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.

Additional HOPD coding

For a claim submitted on a UB-04 form, the codes listed below are required to report the device costs to Medicare in addition to the CPT code 65820. Commercial payor requirements vary. Questions regarding specific payor requirements should be directed to your payor provider representative.

Coding System	Code	Descriptor
HCPCS	C1889	Implantable / insertable device, not otherwise classified
Revenue Code	278	Medical / surgical supplies: other implants

NOTE: CMS updated these codes to represent both implantable and insertable devices. The OMNI Surgical System is an insertable system.

2. CPT Copyright 2021 American Medical Association (AMA). All rights reserved. CPT® is a registered trademark of the American Medical Association.
3. Code description 66174. Find-A-Code: https://www.findacode.com/cpt/66174-cpt-code.html. Accessed January 3, 2023.
4. Physician Fee Schedule - January 2023 release. RVU23A - Updated 01/05/23 (ZIP) (available on CMS website), https://www.cms.gov/medicaremedicare-fee-service-paymentphysicianfeeschedpfs-relative-value-files/rvu23a. Accessed on January 6, 2023.
5. January 2023 ASC Approved HCPCS Code and Payment Rates - Updated 01/09/2023. https://www.cms.gov/medicare/medicare-fee-for-service-payment/ascpayment/11_addenda_updates. Accessed on January 9, 2023.
6. 2023 CMS OPPS Final Rule, Addendum B. 2023 January Web Addendum B.12212022 (available on CMS website). https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Addendum-A-and-Addendum-B-Updates. Accessed on January 3, 2023.

CPT Coding and 2023 Medicare Payment When Using SION™ in Combination With Cataract Surgery

SION is intended to be used in ophthalmic surgical procedures to excise trabecular meshwork. Surgeons may decide to use SION alone or in combination with other procedures, such as cataract surgery.

SION in combination with complex cataract

Procedures	CPT Code	Physician Payment*[7]	ASC Payment*[8]	HOPD Payment*[9]
SION	65820	$827.19	$1,968.66	$3,995.58
	C1889 (rev code 0278)			No additional payment
Complex Cataract	66982	$741.79 x 50% = $370.90**	$1,101.05 x 50% = $550.53**	No payment due to comprehensive APC
Totals		$1,198.09	$2,519.19	$3,995.58

SION in combination with routine cataract

Procedures	CPT Code	Physician Payment* [7]	ASC Payment*[8]	HOPD Payment*[9]
SION	65820	$827.19	$1,968.66	$3,995.58
	C1889 (rev code 0278)			No additional payment
Routine Cataract	66984	$541.86 x 50% = $270.93**	$1,101.05 x 50% = $550.53**	No payment due to comprehensive APC
Totals		$1,098.12	$2,519.19	$3,995.58

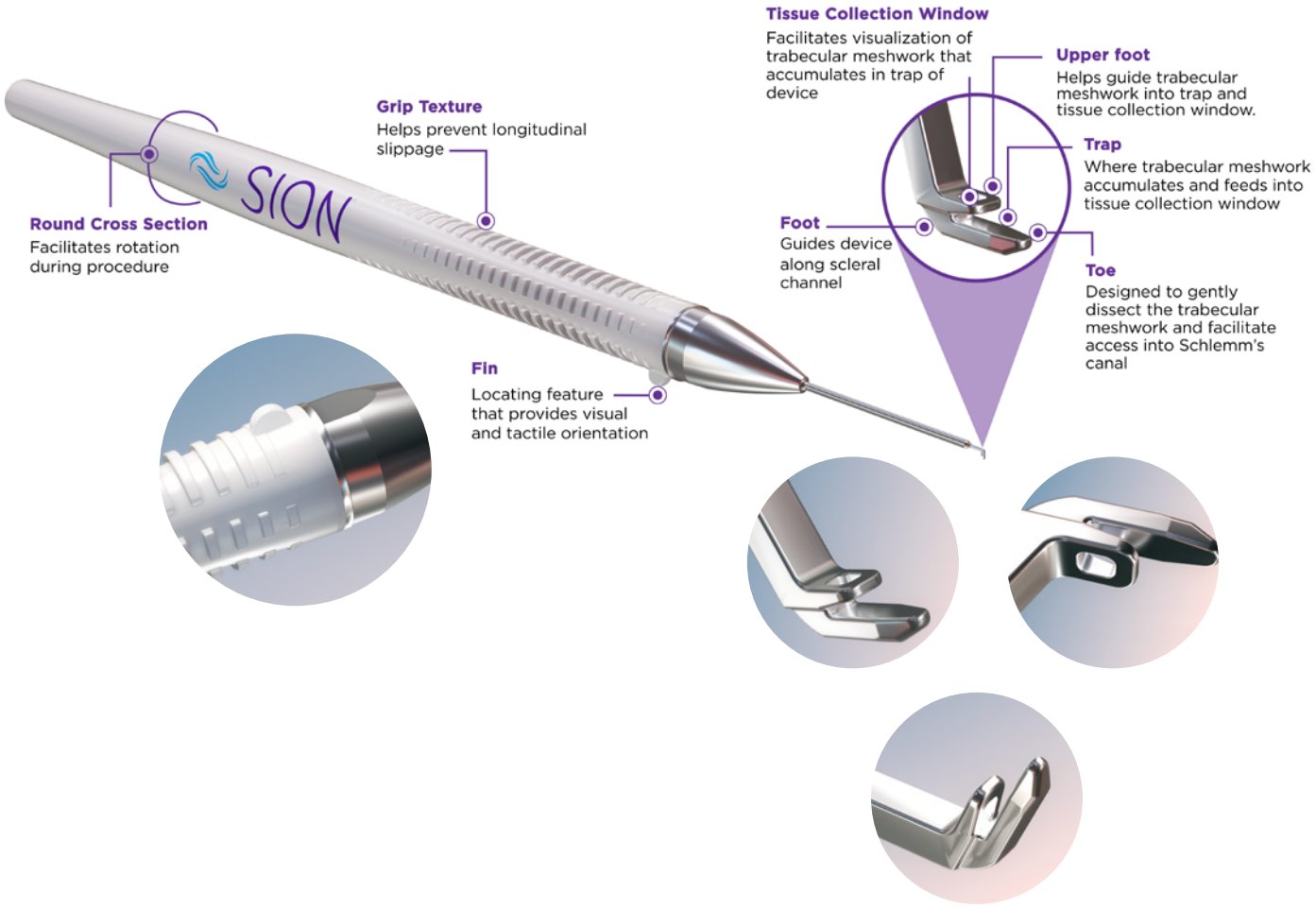
* Rates listed are national unadjusted allowable amounts, and the local rates may vary. Check your local MAC site for the specific reimbursement rate for your market.

** Payment reduced due to multiple procedure reduction rules.

7. Physician Fee Schedule - January 2023 release. RVU23A - Updated 01/05/23 (ZIP) (available on CMS website), https://www.cms.gov/medicaremedicare-fee-service-paymentphysicianfeeschedpfs-relative-value-files/rvu23a. Accessed on January 6, 2023.
8. January 2023 ASC Approved HCPCS Code and Payment Rates - Updated 01/09/2023. https://www.cms.gov/medicare/medicare-fee-for-service-payment/ascpayment/11_addenda_updates. Accessed on January 9, 2023.
9. 2023 CMS OPPS Final Rule, Addendum B. 2023 January Web Addendum B.12212022 (available on CMS website). https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Addendum-A-and-Addendum-B-Updates. Accessed on January 3, 2023.

SION

Surgical Instrument



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 outside reimbursement consultations for questions regarding the use of these modifiers.

Modifier[10]	Description	Definition[10]
-RT	Right side	Indicates procedure was performed on the right eye
-LT	Left side	Indicates procedure was performed on the left eye
-50	Bilateral procedure	Indicates procedure was performed on both eyes that day
-51	Multiple procedures	Indicates procedure was performed with other procedures that day
-54	Surgical care only	Indicates surgical portion of the procedure
-55	Postoperative management only	Indicates the postoperative management portion of the procedure
-73	Discontinued HOPD/ASC	Discontinued procedure prior to administration of anesthesia
-74	Discontinued HOPD/ASC	Discontinued procedure after the administration of anesthesia
-79	Unrelated procedure	Unrelated procedure or service by the same physician during the postoperative period

10. AAPC. What are medical coding modifiers? https://www.aapc.com/modifiers/. Accessed January 3, 2023.

Co-Management of Ophthalmic Surgery Postoperative Care

In clinically appropriate situations, an operating ophthalmologist and patient may determine that a co-management arrangement is medically appropriate based on the patient's individual circumstances or needs. A co-management arrangement is a relationship between an operating ophthalmologist and a non-operating practitioner where they have shared responsibilities for a patient's postoperative care (e.g., patient request, unavailability of the operating ophthalmologist, patient's inability or unwillingness to return to the operating ophthalmologist, changes in follow-up plans). The operating ophthalmologist is ultimately responsible for the care of the patient, from the initial determination of the need for surgery through completion of postoperative care and medical stability of the patient.[11]

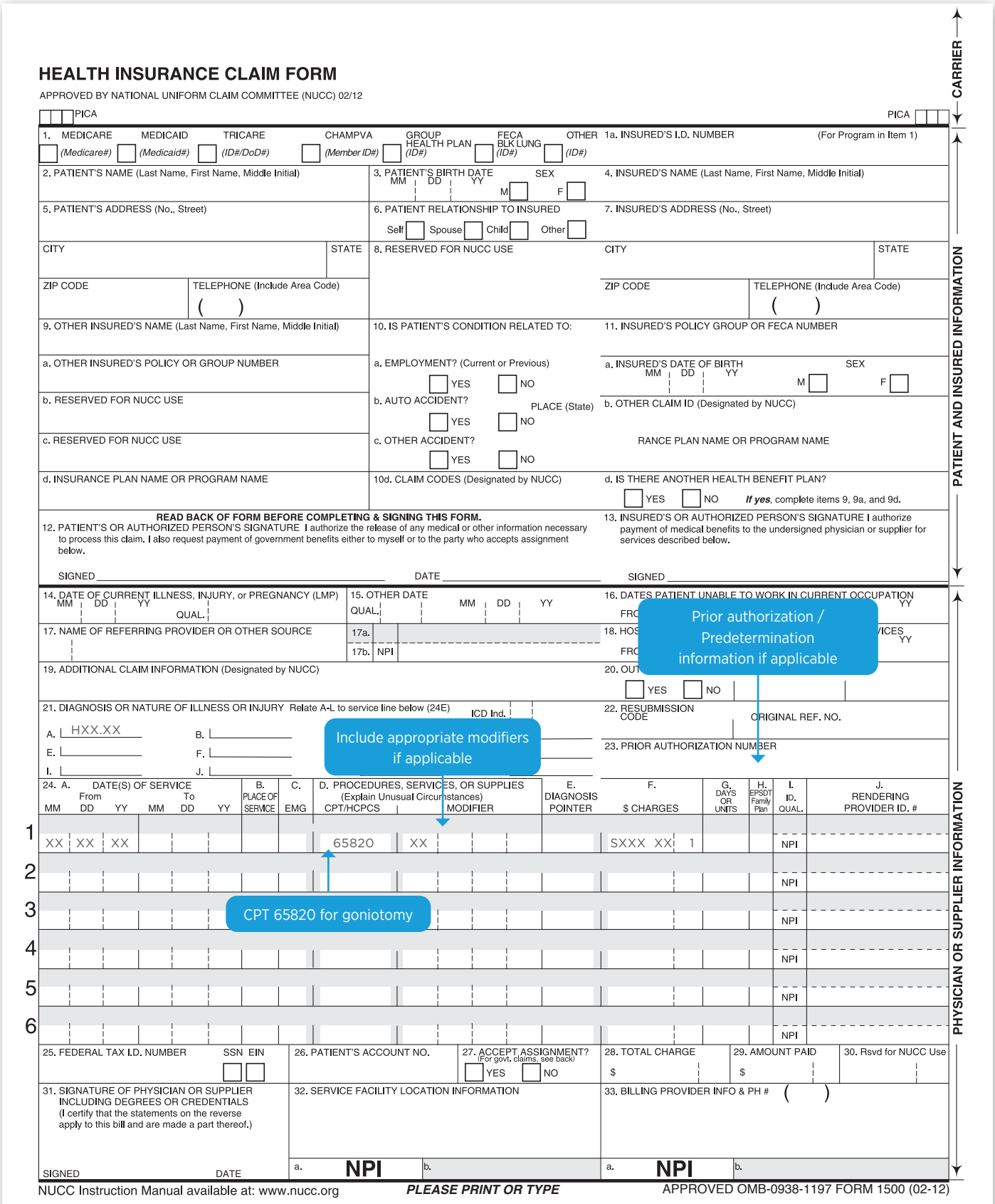
Please consider

- Consulting legal counsel before entering into any co-management or referral arrangements to ensure it complies with all applicable state and federal laws.
- Confirming payor policies and reimbursement for co-management arrangements with a particular payor.
- Obtaining patient's informed consent to the co-management arrangement in writing. Retain a copy of the informed consent in the patient's medical record.
- Completing a written co-management agreement outlining the specific co-management protocols for the patient. Retain a copy in the patient's medical record.
- Operating ophthalmologist determines whether/if transfer of postoperative care is clinically appropriate and discusses potential co-management arrangement with the patient.
- Operating ophthalmologist identifies a qualified provider to which they would delegate the postoperative care of their patient.
- Both providers cite appropriate co-management modifiers on claim forms.
- Both providers confirm completeness and accuracy of claim forms, including date of surgery, date that postoperative care is relinquished/assumed, and number of postoperative care days.

If you have further questions, please reference the 2023 Co-management Reimbursement Guide provided by Sight Sciences.

11. AAO Comprehensive Guidelines for Co-Management of Ophthalmic Postop Care, Sept 7, 2016. https://www.aao.org/ethics-detail/guidelines-comanagement-postoperative-care

Sample CMS-1500 Form



HEALTH INSURANCE CLAIM FORM

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

PICA

1. MEDICARE (Medicare#) MEDICAID (Medicaid#) TRICARE (ID#/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM DD YY SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY STATE

8. RESERVED FOR NUCC USE

CITY STATE

ZIP CODE TELEPHONE (Include Area Code) ( )

ZIP CODE TELEPHONE (Include Area Code) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? PLACE (State) YES NO

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES NO

RANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO *If yes*, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED _____ DATE _____

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED _____

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.

15. OTHER DATE QUAL. MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FRO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOS ICES MM DD YY FRO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUT YES NO

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. HXX.XX B. C. D. E. F. G. H. I. J.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

Prior authorization / Predetermination information if applicable

Include appropriate modifiers if applicable

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY | B. PLACE OF SERVICE | C. EMG | D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER | E. DIAGNOSIS POINTER | F. $ CHARGES | G. DAYS OR UNITS | H. EPSDT Family Plan | I. ID. QUAL. | J. RENDERING PROVIDER ID. #

1	XX	XX	XX				65820	XX		SXXX XX	1			NPI
2														NPI
3														NPI
4														NPI
5														NPI
6														NPI

CPT 65820 for goniotomy

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. Rsvd for NUCC Use

31. 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.)

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

a. NPI b.

33. BILLING PROVIDER INFO & PH # ( )

a. NPI b.

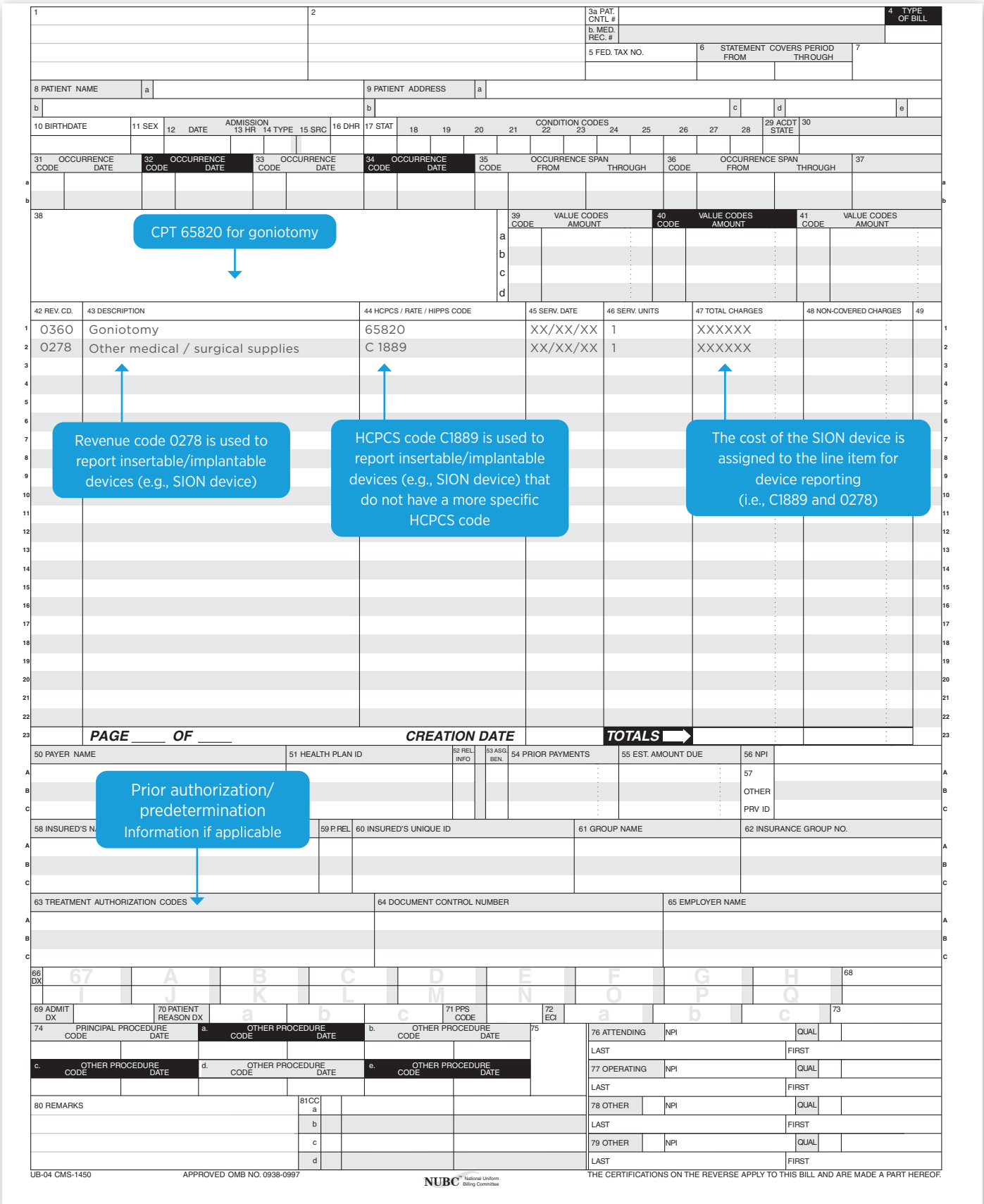
NUCC Instruction Manual available at: www.nucc.org ***PLEASE PRINT OR TYPE*** APPROVED OMB-0938-1197 FORM 1500 (02-12)

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

Sample UB-04 Form



Frequently Asked Questions

When is it appropriate to use 65820 for a goniotomy?

According to the AAO Fact Sheet: Goniotomy from August 2nd, 2022. "CPT Code 65820 is appropriate for trabeculotomy ab interno when the trabecular meshwork is opened for at least 3 clock hours or when multiple incisions are performed opening the trabecular meshwork over an area of at least 90 degrees. If the procedure performed consists of several punctures, injection of a small amount of viscoelastic, or other limited interventions report using unlisted CPT 66999."[12]

Is the procedure using the SION Surgical Instrument covered by insurers?

Coverage may vary by payor, or even by health plan within a particular payor. To determine coverage for a particular patient, a benefit verification should be conducted, and the payor policy should be reviewed. Coverage is typically based on medical necessity and may require a pre-authorization or pre-determination. Once a patient is identified, the practice or the facility should allow enough time to complete these steps prior to scheduling a patient for surgery.

What is the professional work RVU for CPT code 65820?

8.91

Is a prior authorization required for SION, and what documentation should be provided with a prior authorization request?

Medicare does not require prior authorizations for this procedure. Other health plans may require them as part of the conditions for coverage. Conducting a benefit investigation prior to treatment can uncover this information. Prior Authorization submissions to the payor generally include the following:

- Include the payor specific prior authorization form, if required
- Check the payor's medical policy to understand coverage criteria, if available
- Include documentation and chart notes that support medical necessity which might include diagnostic testing results, previous treatment(s) along with outcomes, patient specific goals like target IOP, and reason for current treatment selection
- Include a letter of medical necessity describing the specific patient story

How do I bill SION when performed in conjunction with cataract surgery?

SION is intended to be used in ophthalmic surgical procedures to excise trabecular meshwork. Surgeons may decide to use SION alone or in combination with other procedures, such as cataract surgery. If both procedures are performed, it is appropriate to bill/report the CPT code 65820 (goniotomy) and the specific CPT code for the cataract procedure performed (routine or complex).

12. Fact Sheet: Goniotomy. (August 2, 2022). American Academy of Ophthalmology. Accessed December 23, 2022: https://www.aao.org/Assets/c1c5ad6a-f611-4c41-988c-991514f68602/637896975656770000/goniotomy-fs-pdf?inline=1

Can goniotomy (65820) be billed with other angle surgeries?

According to the AAO Fact Sheet: Goniotomy from August 2nd, 2022, "Goniotomy should not be coded in addition to other angle surgeries, stent insertion(s) or Schlemm canal implants, if the incision into the trabecular meshwork is minimal or incidental to those procedure(s)."[11]

What HCPCS code should be used to track and/or report the SION Surgical Instrument in the hospital outpatient department setting?

The SION Surgical Instrument should be reported with C1889 (Implantable/insertable device, not otherwise classified) along with the associated Revenue Code 0278 (Medical/Surgical Supplies: Other implants for the device).

Should HCPCS code C1889 be used to report the SION Surgical Instrument in the ASC setting?

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

Is there an NCCI edit in place for 65820 and other angle procedures?

At this time, there is not, but there are medical policies in place which may change throughout the year. It is recommended to regularly review the insurance medical policy prior to patient treatment. There are some Medicare Administrative Carriers (MACs) that include language in their MIGS policy around the definition of a goniotomy procedure and how it would be billed or not billed with procedures. For more questions around a particular payor policy, please reach out to your Reimbursement Account Executive for more information.

Can Sight Sciences help?

Yes. As part of our commitment to our customers, Sight Access Resources provides guides and templates, while Sight Access Partners are Reimbursement Account Executives (RAEs) who are available to provide support in navigating the insurance coverage processes for SION.

Sight Access

sightaccess.com

Reimbursement support is available to help answer coverage, coding, and payment questions and provide reimbursement support (e.g., pre-auth requests, claims assistance, appeals).

EMAIL sightaccess@sightsciences.com

Sight Access Partners

Sight Access Partners include a field-based team of Reimbursement Account Executives (RAEs) that provide personalized reimbursement support.

Sight Access Resources

Our library of resources to support your practice and increase access for your patients.

 01/2023 RE-2460-US.v3 (v3.1)