

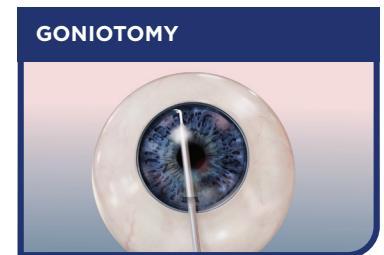
2024 SION[®] Surgical Instrumentation



This guide offers guidance and support to assist with proper coding of CPT[®] code¹ 65820 and reimbursement policies.

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.²



Coding and Payment For A Goniotomy Performed with SION

CPT ¹ Code	Description	Global Period	Total Relative Value Units (RVUs)	2024 Medicare Rate ³	2024 ASC Medicare Payment Rate ⁴	2024 Hospital Outpatient (HOPD) Payment Rate ⁵
65820	Goniotomy	90	24.41	\$803.44	\$2,045.09	\$3,877.93

* 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 geography.

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 payor. Questions regarding your contracted payment rates should be directed to your health plan's provider representative.

Additional Hospital Outpatient Department Codes

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 SION Surgical Instrument is insertable.

1. CPT codes, descriptions, and other data only are copyright 2023 American Medical Association. All Rights Reserved. Applicable FARS/HHSARS apply. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.
2. U.S. Food & Drug Administration (FDA), Class I 510(k) exempt. CMS-1784-F. 2024. Final Rule. Revisions to Payment Policies under the Medicare Physician Fee Schedule, Quality Payment Program and Other Revisions to Part B for CY 2024.
3. CMS-1784-F. 2024. Final Rule. Revisions to Payment Policies under the Medicare Physician Fee Schedule, Quality Payment Program and Other Revisions to Part B for CY 2024.
4. CMS-1786-FC. Ambulatory Surgical Center Payment- Notice of Final Rulemaking with Comment Period (NFRM), 2024. Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems.
5. CMS-1786-FC. Hospital Outpatient Prospective Payment- Notice of Final Rulemaking with Comment Period (NFRM). 2024. Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems.

CPT Coding and 2024 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* ⁶	ASC Payment* ⁷	HOPD Payment* ⁸
		SION	65820	\$803.44	\$2,045.09
		C1889 (rev code 0278)			No additional payment
	Complex Cataract	66982	\$723.88 x 50% =	\$1,183.74 x 50% = \$591.87	No payment due to comprehensive APC
	Totals		\$1,165.38	\$2,636.96	\$3,877.93

SION in combination with routine cataract	Procedures	CPT Code	Physician Payment* ⁶	ASC Payment* ⁷	HOPD Payment* ⁸
		SION	65820	\$803.44	\$2,045.09
		C1889 (rev code 0278)			No additional payment
	Routine Cataract	66984	\$528.42 x 50% = \$264.21	\$1,183.74 x 50% = \$591.87	No payment due to comprehensive APC
	Totals		\$1,067.65	\$2,636.96	\$3,877.93

* 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.

Common Modifiers

Modifier ⁹	Description	Definition ⁹
-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

6. CMS-1784-F. 2024. Final Rule. Revisions to Payment Policies under the Medicare Physician Fee Schedule, Quality Payment Program and Other Revisions to Part B for CY 2024.

7. CMS-1786-FC. Ambulatory Surgical Center Payment- Notice of Final Rulemaking with Comment Period (NFRM), 2024. Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems.

8. CMS-1786-FC. Hospital Outpatient Prospective Payment- Notice of Final Rulemaking with Comment Period (NFRM). 2024. Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems. Addednum B

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

Sample CMS-1500 Form

HEALTH INSURANCE CLAIM FORM

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

PICA <input type="checkbox"/>										PICA <input type="checkbox"/>																																																																																									
1. MEDICARE <input type="checkbox"/> (Medicare#)										MEDICAID <input type="checkbox"/> (Medicaid#)										TRICARE <input type="checkbox"/> (ID#/DoD#)										CHAMPVA <input type="checkbox"/> (Member ID#)										GROUP HEALTH PLAN <input type="checkbox"/> (ID#)										FECA BLK LUNG <input type="checkbox"/> (ID#)										OTHER <input type="checkbox"/> (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 <input type="checkbox"/> F <input type="checkbox"/>										4. INSURED'S NAME (Last Name, First Name, Middle Initial)																																																											
5. PATIENT'S ADDRESS (No., Street)																				6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>																				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) <input type="checkbox"/> YES <input type="checkbox"/> NO										a. INSURED'S DATE OF BIRTH MM DD YY										SEX M <input type="checkbox"/> F <input type="checkbox"/>																																																																					
b. RESERVED FOR NUCC USE										b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO										PLACE (State)										b. OTHER CLAIM ID (Designated by NUCC)																																																																					
c. RESERVED FOR NUCC USE										c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, complete items 9, 9a, and 9d.</i>																																																																					
<p align="center">READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.</p> <p>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.</p> <p>SIGNED _____ DATE _____</p>																																								<p>13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.</p> <p>SIGNED _____</p>																																																											
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY										15. OTHER DATE QUAL. MM DD YY										16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FRC _____ DD YY VICES _____ YY																																																																															
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										17a. _____										17b. NPI										18. _____																																																																					
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)																																																																																																			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)																				ICD Ind.										22. RESUBMISSION CODE										ORIGINAL REF. NO.																																																											
A. L HXX.XX										B. _____										C. _____										D. _____										E. _____										F. _____										G. _____										H. _____										I. _____										J. _____									
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. ICD-9-CM Family Plan										I. ID. QUAL.										J. RENDERING PROVIDER ID. #									
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25. FEDERAL TAX I.D. NUMBER										SSN EIN <input type="checkbox"/>										26. PATIENT'S ACCOUNT NO.										27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> 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.)																				32. SERVICE FACILITY LOCATION INFORMATION																				33. BILLING PROVIDER INFO & PH # ()																																																											
SIGNED _____										DATE _____										a. NPI										b. _____										a. NPI										b. _____																																																	

CARRIER
PATIENT AND INSURED INFORMATION
PHYSICIAN OR SUPPLIER INFORMATION

Prior authorization /
Predetermination
information if applicable

Include appropriate modifiers
if applicable

CPT 65820 for goniotomy

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

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

VISIT SIGHTACCESS.COM

EMAIL SIGHTACCESS@SIGHTSCIENCES.COM

Sample UB-04 Form

1	2	3a PAT. CNTL. #	4 TYPE OF BILL
		b. MED. REC. #	
		5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM THROUGH
8 PATIENT NAME	a	9 PATIENT ADDRESS	a
b	b	c	d
10 BIRTHDATE	11 SEX	12 DATE	13 ADMISSION HR
14 TYPE	15 SRC	16 DHR	17 STAT
18	19	20	21
22	23	24	25
26	27	28	29 ACDT STATE
30			
31 OCCURRENCE DATE	32 OCCURRENCE DATE	33 OCCURRENCE DATE	34 OCCURRENCE DATE
35	36 OCCURRENCE SPAN FROM THROUGH	37	38
39	40	41	42
a	b	c	d
43	44	45	46
47	48	49	50
51	52	53	54
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83	84	85	86
87	88	89	90
91	92	93	94
95	96	97	98
99	100	101	102

CPT 65820 for goniotomy

Revenue code 0278 is used to report insertable/implantable devices (e.g., SION device)

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

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

Prior authorization/ predetermination information if applicable

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.”¹⁰

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?

Traditional Medicare does not allow prior authorizations. 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).

10. 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).”¹⁰

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. If unsure, contact the applicable commercial payor to verify whether HCPCS Code C1889 should 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. Our Market Access team is available to provide support in navigating the insurance coverage processes for SION.

VISIT [SIGHTACCESS.COM](https://sightaccess.com)

EMAIL SIGHTACCESS@SIGHTSCIENCES.COM



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 includes a field-based team that provides reimbursement support.



Sight Access Resources

Contact our team to access our library of resources to support your practice and increase access for your patients.

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