

# 2026 Reimbursement Guide

## Coding Resources: Canaloplasty and Goniotomy

**IMPORTANT:** Providers are responsible for selecting the code that most closely represents the procedure performed. The correct code will be based on the medical record documentation, the operative report, payor coding guidelines, and publicly available coding guidance. Sight Sciences does not provide coding guidance, but instructs providers to follow American Medical Association (AMA) CPT<sup>1</sup> Codebook guidelines, AMA CPT Assistant articles, Medicare National Correct Coding Initiative (NCCI) edits, and Society Coding Fact Sheets for appropriate coding guidance.

CPT Code <sup>1</sup>	Descriptor	Short Descriptor	Coding Guidance
66174	Transluminal dilation of aqueous outflow canal (e.g., canaloplasty); without retention of device or stent	Canaloplasty	When CPT 66174 and 65820 are performed during the same session, only code 66174 should be reported. This procedure includes incising through the trabecular meshwork, which is a goniotomy and thus incidental to code 66174. <sup>2,3,4</sup>
65820	Goniotomy	Goniotomy	Code 65820 should not be separately reported if the incision into the trabecular meshwork is minimal or incidental to another ophthalmic procedure. <sup>5</sup>  CPT code 65820 is appropriate for trabeculotomy ab interno when the trabecular meshwork is opened for at least 3 contiguous clock hours or when multiple incisions are performed opening the trabecular meshwork over an area of at least 90 degrees. <sup>6</sup>

### Additional Coding Resource

#### American Academy of Ophthalmic Executives<sup>®</sup> (AAOE)

According to the AAOE's Goniotomy Fact Sheet: When transluminal dilation (e.g., canaloplasty) is performed for at least 3 clock hours and the trabecular meshwork is opened (e.g., goniotomy) for at least 3 clock hours (and not incidental to the canaloplasty procedure), report either 65820 or 66174, but not both procedures.<sup>6</sup>

# Hospital Outpatient Code: C1889<sup>7,8</sup>

Medicare encourages hospital outpatient departments to report C1889 on the claim with the appropriate CPT code (e.g., CPT 66174 or CPT 65820). While this C-code does not trigger additional Medicare facility payment, it is reported to establish future facility rates. ASCs billing with CMS-1500 forms are not required to report C-codes.

For additional information, click link: <https://ssi.onl/HOPD>.

## Example of a claim billed with CPT 66174:

Revenue Code Description	Revenue Code	HCPCS Code	HCPCS Short Description	Service Date	Units	Total Charges
General Operating Room Services	360	66174	Canaloplasty	XX/XX/XX	1	\$X,XXX
Sterile Supply, Medical/ Surgical Supplies and Devices	272	C1889	Implantable/insertable device, not otherwise classified	XX/XX/XX	1	\$X,XXX

Choose the appropriate revenue code (e.g., 272) to report the insertable device (e.g., OMNI or OMNI Edge).

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

Use to accurately report device costs. Set an appropriate charge based on the hospital's usual methodology that includes the cost of the device

## 2026 Medicare Payment Rates: National Averages

### Pseudophakic Glaucoma Patients (standalone)

CPT Code	Short Descriptor	Hospital Outpatient Department (HOPD) <sup>9</sup>	Ambulatory Surgery Center (ASC) <sup>10</sup>	Physician <sup>11</sup>
66174	Canaloplasty	\$4,223	\$2,204	\$540
65820	Goniotomy	\$4,223	\$2,204	\$723
66984	Routine Cataract	\$2,358	\$1,256	\$463
66982	Complex Cataract	\$2,358	\$1,256	\$631

### Canaloplasty and Goniotomy with Cataracts

CPT Code	Descriptor	Hospital Outpatient Department (HOPD) <sup>9</sup>	Ambulatory Surgery Center (ASC) <sup>10</sup>	Physician <sup>11</sup>
66174 + 66984	Canaloplasty + routine cataract	\$4,223	\$2,832	\$772
66174 + 66982	Canaloplasty + complex cataract	\$4,223	\$2,832	\$901
65820 + 66984	Goniotomy + routine cataract	\$4,223	\$2,832	\$955
65820 + 66982	Goniotomy and complex cataract	\$4,223	\$2,832	\$1,039

**NOTE:** The payment information listed does not guarantee coverage or payment. Actual payment may vary by location. Commercial and Medicare Advantage plans may be based on contractual agreements or negotiated fees between the physician and the payor. Questions regarding your contracted payment rates should be directed to your payor's provider representative.

The CY 2026 Medicare physician rates below were calculated using the non-qualifying APM conversion factor of \$33.4009. For qualifying Advanced Payment Model (APM) participants, the applicable conversion factor will be \$33.5675.

# Common ICD-10-CM Diagnosis Coding

The International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) codes are used to report patient diagnoses and health conditions for visits/services in all healthcare settings. Providers should consult the ICD-10-CM code set, payor coverage policies or other payor guidelines when determining the appropriate diagnosis code(s) to submit to health plans. Coding is a clinical decision and providers should accurately code to the highest level of specificity.

ICD-10-CM <sup>12</sup>	Description
H40.1110	Primary open-angle glaucoma, right eye, stage unspecified
H40.1111	Primary open-angle glaucoma, right eye, mild stage
H40.1112	Primary open-angle glaucoma, right eye, moderate stage
H40.1113	Primary open-angle glaucoma, right eye, severe stage
H40.1114	Primary open-angle glaucoma, right eye, indeterminate stage
H40.1120	Primary open-angle glaucoma, left eye, stage unspecified
H40.1121	Primary open-angle glaucoma, left eye, mild stage
H40.1122	Primary open-angle glaucoma, left eye, moderate stage

ICD-10-CM <sup>12</sup>	Description
H40.1123	Primary open-angle glaucoma, left eye, severe stage
H40.1124	Primary open-angle glaucoma, left eye, indeterminate stage
H40.1130	Primary open-angle glaucoma, bilateral, stage unspecified
H40.1131	Primary open-angle glaucoma, bilateral, mild stage
H40.1132	Primary open-angle glaucoma, bilateral, moderate stage
H40.1133	Primary open-angle glaucoma, bilateral, severe stage
H40.1134	Primary open-angle glaucoma, bilateral, indeterminate stage
Z96.1	Presence of intraocular lens (pseudophakia)
Z98.41	Cataract extraction surgery, right eye
Z98.42	Cataract extraction surgery, left eye
Z83.511	Family history of glaucoma

## Notes

<sup>1</sup> CPT codes, descriptions, and other data only are copyright 2025 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.

<sup>2</sup> CPT CodeBook Guidelines: Do not report 66174 in conjunction with 65820. 2025 CPT Professional Edition, page 513, parenthetical notation.

<sup>3</sup> CMS established a claim edit prohibiting separate payment of CPT 65820 with CPT 66174. If both codes are submitted, only 66174 will be paid. CMS National Correct Coding Edits. Procedure to Procedure Edit File as of 12/09/24. <https://www.cms.gov/medicare/coding-billing/national-correct-coding-initiative-ncci-edits/medicare-ncciprocedure-procedure-ptp-edits>

<sup>4</sup> AMA CPT Assistant. May 2022 page 14; September 2019 page 10-11; December 2018 page 9.

<sup>5</sup> AMA CPT Assistant. Coding Clarification: Reporting Goniotomy (65820). August 2022 pages 1-2.

<sup>6</sup> American Academy of Ophthalmic Executives® Fact Sheet: Goniotomy As of February 2025. <https://www.aao.org/practice-management/news-detail/how-to-bill-migs>

<sup>7</sup> HCPCS Quarterly Update. <https://www.cms.gov/medicare/codingbilling/healthcare-common-procedure-system/quarterly-update>

<sup>8</sup> Hospitals are encouraged to report all applicable C codes regardless of payment status. C-codes are critical when CMS determines charges to outpatient hospital payment rates. Medicare claims data has shown that very few hospitals appropriately report implantable or insertable device costs when used. This is necessary to help capture appropriate costs for setting future hospital outpatient APC payment levels.

<sup>9</sup> CMS-1834-FC Hospital Outpatient Prospective Payment- Notice of Final Rulemaking (NFRM) 2026. <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1834-fc>

<sup>10</sup> CMS-1834-FC Ambulatory 2026. <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1834-fc>

<sup>11</sup> CMS-1834-FC Ambulatory Surgical Center Payment- Notice of Final Rulemaking (NFRM) 2026. <https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-regulations-and-notices/cms-1834-fc>

<sup>12</sup> About ICD-10-CM: <https://www.cdc.gov/nchs/icd/icd-10-cm/index.html>



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### MARKET ACCESS TEAM

Reimbursement support is available to help answer coverage, coding, and payment questions.

**email:**

sightaccess@sightsciences.com

### SIGHT ACCESS PORTAL

A HIPAA-secure Sight Access Portal is available for providers to submit authorizations and appeals. To register, complete the online form at <https://sightaccess.com>.

### 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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The OMNI® Surgical System and OMNI® Edge Surgical System are FDA 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. Visit [omnisurgical.com/instructionsforuse](https://omnisurgical.com/instructionsforuse) for the indications for use, contraindications, warning, and potential adverse events. The SION® Surgical Instrument is a sterile, single use, manually operated device used in ophthalmic surgical procedures to excise trabecular meshwork. Visit [sionsurgical.com/instructionsforuse](https://sionsurgical.com/instructionsforuse) for the indications for use, contraindications, warnings, and potential adverse events.