

Fact Sheet: 0191T iStent, iStent *inject* and Hydrus® Microstent

Updated February 2020

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For local coverage determination updates, visit aao.org/lcds.

0191T Insertion of anterior segment aqueous drainage device, without extraocular reservoir; internal approach, into the trabecular meshwork; initial insertion

CODING CLUES

- Category III code 0191T
- As a Category III code for newer technology, the service has not been valued by the Relative Update Committee (RUC). Payment is at each payer's discretion.
- Received coverage for all Medicare Part B payers and as such Medicare Advantage Plans must cover too when associated with cataract surgery.
- When preauthorizing, ask for allowable.
- Sunset date extended to 2024.

CODING CLUES FOR WHEN IT IS USED IN CONJUNCTION WITH CATARACT SURGERY

- 66984 -RT/-LT or 66982 -RT/-LT if indications for complex cataract surgery are met.
- 0191T -RT/-LT
- Do not append modifier -51 indicating multiple procedures performed during the same operative period.
- Payment will be 100 percent of the cataract surgery and 100% of the iStent allowable.
- While the iStent is not assigned a global period, the patient is under the 90-day global period of the cataract surgery.

CODING CLUES FOR WHEN IT IS IMPLANTED IN PSEUDOPHAKIC PATIENT

- Patient is responsible for all fees associated with surgery: surgeon, anesthesiologist, facility.
- No need to obtain an ABN from the Medicare Part B patient as coverage is excluded.

MODIFIERS

- -RT and -LT
- Typically, Category III codes do not recognize modifiers -54, 55, 79
- Never append modifier -51 to add on codes

TO REMOVE

- CPT code 65920 Removal of implanted material, anterior segment of eye.
- If removed within the global period of the cataract surgery, append modifier -78 Unplanned return to the operating/procedure room by the same physician following initial procedure for a related procedure during the global period. Do not begin a new global period. Continue the 90 days postop from the original cataract surgery. Payment will be 80% of the allowable.

TO REPOSITION

Report 66999 Unlisted procedure, anterior segment of eye

iStent inject

+0376T Insertion of anterior segment aqueous drainage device, without extraocular reservoir; internal approach into the trabecular meshwork; each additional device insertion (List separately in addition to code for primary procedure)

CODING CLUES

- *iStent inject* received FDA approval in June of 2018.
- Claim form should list the cataract surgery, 0191T and 0376T.
- For MACs that do not have an allowable for *iStent inject* or Xen Gel Stent's second device, the zero doesn't mean the claim is denied and should go to appeal. It means the payer does not have an allowable and the patient may be charged a reasonable amount out-of-pocket.
- For MACs that do have an allowable for *iStent inject* or Xen Gel Stent's second device, the amount will not be reduced by 50% as the secondary surgery.
- Do not append modifier -51 to add-on codes.
- No RVUs assigned. Payment is at the payer's discretion.
- Medicare facility payment for 0376T is packaged with 0191T, no separate payment from insurance or patient.
- Commercial plan payment for the facility will vary and may be contingent on the payer/provider contact.
- Sunset date extended to January 2024.