



## 0449T XEN Gel Stent Fact Sheet

as of November 27, 2018

**0499T Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach into the subconjunctival space; initial device**

- New Category III code January 2017
- No RVUs are assigned. Payment is at the payer's discretion.
- FDA approved when inserted with or without cataract surgery.
- Visit [aao.org/lcds](http://aao.org/lcds) or your Medicare Administrative Contractor website for articles or local coverage determinations.

Example:

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| First Coast<br>Florida   | A56179 includes 0449T as a covered service as of October 31, 2018.<br>The fee reflects the fact that this procedure can be performed alone, or in conjunction with a cataract surgery.  |
| National Government Services<br><br>JK - Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island and Vermont<br><br>J6 - Illinois, Minnesota and Wisconsin                                | L37244 includes 0449T as a covered service effective March 1, 2018.<br>One XEN45 device per eye is covered for the management of refractory glaucoma, defined as prior failure of filtering/cilioablative procedure and/or uncontrolled IOP (progressive damage and mean diurnal medicated IOP $\geq 20$ mm Hg) on maximally tolerated medical therapy (i.e., $\geq 4$ classes of topical IOP-lowering medications, or fewer in the case of tolerability or efficacy issues).   |
| Noridian<br><br>JE - California, Hawaii, Nevada, American Samoa, Guam, Northern Mariana Islands<br><br>JF - Alaska, Arizona, Idaho, Montana, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming | As there is no global period assigned to XEN, usage of either E/M or Eye visit codes for follow up visits is appropriate.<br><br>As of May 2018<br>Pricing for CPT Code 0449T<br>The service described by CPT Code 0449T (Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device) will be allowed for reimbursement when reasonable and medically necessary criteria is met. A Local Coverage Determination (LCD) for Micro Invasive Glaucoma Surgery (MIGS) is in draft and will describe the reasonable and necessary conditions once completed.<br><br>In the meantime, coverage determinations are made on a case-by-case basis. CPT 0449T will be paid as a zero-day global period, so all post- |

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|  | <p>operative visits after the day of surgery should be billed separately using the appropriate Evaluation and Management (E/M) codes.</p> <p>Payment will be based on the relative value units (RVUs) with the appropriate geographic practice cost index (GPCI): 4.5 RVUs for physician work, 2.5 RVUs for practice expense, and 0.5 RVUs for liability insurance.</p> |
| <p>Palmetto GBA</p> <p>JJ - Alabama, Georgia, Tennessee</p> <p>JM - North Carolina, South Carolina, Virginia and West Virginia</p> | <p>On February 26, 2018, 0449T became a covered benefit, despite L34555 as of Dec. 31, 2017, stating it is not a covered service. Fee schedule should be published within a few months.</p>   |
| <p>WPS</p> <p>J5 - Iowa, Kansas, Missouri, Nebraska J8 - Indiana and Michigan</p>  | <p>L35490 as of Jan. 1, 2018 determined by WPS to be reasonable and medically necessary.</p> <p>Coverage will only be allowed when the service is delivered in clinical situations meeting medical necessity.</p>   |

- If in doubt of coverage as your MAC is not listed above, the Medicare Part B patient should sign an ABN and append modifier -GA to 0449T.
- When performed in conjunction with cataract surgery, submit:
  - 66984 -eye modifier or 66982 -eye modifier if indications for complex cataract surgery are met
  - 0449T -eye modifier
- No need to append modifier -51 indicating multiple procedures performed during the same operative period.
- When performed without cataract surgery, submit
  - 0449T -eye modifier
- Note: Category III codes are typically not assigned a global period.
- Coverage varies by commercial payers. When preauthorizing, always ask for the allowed amount. Having an assigned fee almost always guarantees payment. Otherwise best to alert the patient that they may be responsible for payment.
- Practices have confirmed that when appending comanagement modifier -54 to 0449T, the surgeon's claim is denied. Category III codes do not recognize modifiers other than -RT or -LT.
- To remove Xen Gel Stent, report CPT code 65920 Removal of implanted material, anterior segment of eye. If removed within the global period of 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 initial surgery. Payment will be 80 percent of the allowable.
- To reposition Xen Gel Stent, report CPT code 66999.
- When revising Xen Gel Stent, one of the following CPT codes may be applicable:
  - 66250 Bleb revision

- 66184 Revision of a tube shunt without graft
  - 66185 Revision of a tube shunt with graft
- Sunset January 2022

**+0450T each additional device (list separately in addition to code for primary procedure)**

- To be reported when more than one Xen Gel Stent device is inserted at the same time as the initial device.
- No RVUs assigned. Payment is at the payer's discretion
- No payment is made to HOPD/ASC as it is bundled in with the primary stent.
- When the payer doesn't cover the Xen Gel Stent, the patient is responsible for payment of any additional stent placed at the same time.
- Do not append modifier -51 to add-on codes
- Sunset January 2022

#### **ICD-10 coverage according to WPS:**

H40.10X3 Unspecified open-angle glaucoma, severe stage  
 H40.10X4 Unspecified open-angle glaucoma, indeterminate stage  
 H40.1113 Primary open-angle glaucoma, right eye, severe stage  
 H40.1114 Primary open-angle glaucoma, right eye, indeterminate stage  
 H40.1123 Primary open-angle glaucoma, left eye, severe stage  
 H40.1124 Primary open-angle glaucoma, left eye, indeterminate stage  
 H40.1133 Primary open-angle glaucoma, bilateral, severe stage  
 H40.1134 Primary open-angle glaucoma, bilateral, indeterminate stage  
 H40.1313 Pigmentary glaucoma, right eye, severe stage  
 H40.1314 Pigmentary glaucoma, right eye, indeterminate stage  
 H40.1323 Pigmentary glaucoma, left eye, severe stage  
 H40.1324 Pigmentary glaucoma, left eye, indeterminate stage  
 H40.1333 Pigmentary glaucoma, bilateral, severe stage  
 H40.1334 Pigmentary glaucoma, bilateral, indeterminate stage  
 H40.1413 Capsular glaucoma with pseudoexfoliation of lens, right eye, severe stage  
 H40.1414 Capsular glaucoma with pseudoexfoliation of lens, right eye, indeterminate stage  
 H40.1423 Capsular glaucoma with pseudoexfoliation of lens, left eye, severe stage  
 H40.1424 Capsular glaucoma with pseudoexfoliation of lens, left eye, indeterminate stage  
 H40.1433 Capsular glaucoma with pseudoexfoliation of lens, bilateral, severe stage  
 H40.1434 Capsular glaucoma with pseudoexfoliation of lens, bilateral, indeterminate stage

#### **ICD-10 coverage according to NGS:**

H40.10X1 Unspecified open-angle glaucoma, mild stage  
 H40.10X2 Unspecified open-angle glaucoma, moderate stage  
 H40.10X3 Unspecified open-angle glaucoma, severe stage  
 H40.10X4 Unspecified open-angle glaucoma, indeterminate stage  
 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  
 H40.1121 Primary open-angle glaucoma, left eye, mild stage  
 H40.1122 Primary open-angle glaucoma, left eye, moderate stage

H40.1123 Primary open-angle glaucoma, left eye, severe stage  
H40.1124 Primary open-angle glaucoma, left eye, indeterminate stage  
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  
H40.1211 Low-tension glaucoma, right eye, mild stage  
H40.1212 Low-tension glaucoma, right eye, moderate stage  
H40.1213 Low-tension glaucoma, right eye, severe stage  
H40.1214 Low-tension glaucoma, right eye, indeterminate stage  
H40.1221 Low-tension glaucoma, left eye, mild stage  
H40.1222 Low-tension glaucoma, left eye, moderate stage  
H40.1223 Low-tension glaucoma, left eye, severe stage  
H40.1224 Low-tension glaucoma, left eye, indeterminate stage  
H40.1231 Low-tension glaucoma, bilateral, mild stage  
H40.1232 Low-tension glaucoma, bilateral, moderate stage  
H40.1233 Low-tension glaucoma, bilateral, severe stage  
H40.1234 Low-tension glaucoma, bilateral, indeterminate stage  
H40.1311 Pigmentary glaucoma, right eye, mild stage  
H40.1312 Pigmentary glaucoma, right eye, moderate stage  
H40.1313 Pigmentary glaucoma, right eye, severe stage  
H40.1314 Pigmentary glaucoma, right eye, indeterminate stage  
H40.1321 Pigmentary glaucoma, left eye, mild stage  
H40.1322 Pigmentary glaucoma, left eye, moderate stage  
H40.1323 Pigmentary glaucoma, left eye, severe stage  
H40.1324 Pigmentary glaucoma, left eye, indeterminate stage  
H40.1331 Pigmentary glaucoma, bilateral, mild stage  
H40.1332 Pigmentary glaucoma, bilateral, moderate stage  
H40.1333 Pigmentary glaucoma, bilateral, severe stage  
H40.1334 Pigmentary glaucoma, bilateral, indeterminate stage  
H40.1411 Capsular glaucoma with pseudoexfoliation of lens, right eye, mild stage  
H40.1412 Capsular glaucoma with pseudoexfoliation of lens, right eye, moderate stage  
H40.1413 Capsular glaucoma with pseudoexfoliation of lens, right eye, severe stage  
H40.1414 Capsular glaucoma with pseudoexfoliation of lens, right eye, indeterminate stage  
H40.1421 Capsular glaucoma with pseudoexfoliation of lens, left eye, mild stage  
H40.1422 Capsular glaucoma with pseudoexfoliation of lens, left eye, moderate stage  
H40.1423 Capsular glaucoma with pseudoexfoliation of lens, left eye, severe stage  
H40.1424 Capsular glaucoma with pseudoexfoliation of lens, left eye, indeterminate stage  
H40.1431 Capsular glaucoma with pseudoexfoliation of lens, bilateral, mild stage  
H40.1432 Capsular glaucoma with pseudoexfoliation of lens, bilateral, moderate stage  
H40.1433 Capsular glaucoma with pseudoexfoliation of lens, bilateral, severe stage  
H40.1434 Capsular glaucoma with pseudoexfoliation of lens, bilateral, indeterminate stage