



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

as of October 15, 2018

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

- Applies to iStent and Hydrus® Microstent
- Hydrus received FDA approval August 2018
- Sunset date extended to 2024
- No RVUs are assigned. Payment is at the payer's discretion.
- Covered by all Medicare Part B plans and subsequently all Medicare Advantage Plans when performed in association with cataract surgery.
- Submit
 - 66984 -eye modifier or 66982 -eye modifier if indications for complex cataract surgery are met
 - 0191T -eye modifier
 - No need to append modifier -51 indicating multiple procedures performed during the same operative period.
- If inserted in a pseudophakic patient, sometime after cataract surgery has already been performed, the patient is responsible for all charges. No need for an ABN for the Medicare Part B patient as payment is statutorily excluded.
- 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 0191T, the surgeon's claim is denied. Category III codes do not recognize modifiers other than -RT or -LT.
- To remove iStent, report 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 cataract surgery. Payment will be 80 percent of the allowable.
- To reposition iStent, report CPT code 66999.

+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)

- iStent *inject* received FDA approval in June of 2018
- Claim form should list the cataract surgery, 0191T and 0376T
- Do not append modifier -51 to add-on codes.
- No RVUs assigned. Payment is at the payer's discretion.
- Medicare Administrative Contractor (MAC) coverage currently:
 - Not covered: CGS, Noridian, NGS, Palmetto
 - Covered: WPS
 - Upon review without consistency: FCSO and Novitas

- Medicare facility payment for 0376T is packaged with 0191T, no separate payment.
- Commercial plan payment for the facility will vary and may be contingent on the payer/provider contact.
- Sunset date extended to January 2024

Indication and ICD-10 coverage for iStent *inject* is the same as the first generation iStent. (Mild to moderate open-angle glaucoma, adult patients undergoing cataract surgery, on ocular hypertensive medication.)

Check your payer policy for a list of covered ICD-10 codes as it may vary by payer.