



0449T XEN Gel Stent Fact Sheet

as of May 16, 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 or your Medicare Administrative Contractor website for articles or local coverage determinations.

Example:

First Coast Florida	L33777 as of Jan. 18, 2018, not a covered service
National Government Services JK - Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island and Vermont J6 - Illinois, Minnesota and Wisconsin	L37244 as of Dec. 1, 2017, considered not medically necessary
Noridian JE - California, Hawaii, Nevada, American Samoa, Guam, Northern Mariana Islands JF - Alaska, Arizona, Idaho, Montana, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming	L3629 Non-Covered Services added XEN to list of covered services as of Jan 1, 2017 Draft policy DL37655, will be accepting comments through April 13, 2018. Language in draft states that it is reasonable and medically necessary.
Palmetto GBA JJ - Alabama, Georgia, Tennessee JM - North Carolina, South Carolina, Virginia and West Virginia	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.
WPS J5 - Iowa, Kansas, Missouri, Nebraska J8 - Indiana and Michigan	L35490 as of Jan. 1, 2018 determined by WPS to be reasonable and medically necessary. Coverage will only be allowed when the service is delivered in clinical situations meeting medical necessity.

- 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
- 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