



American Academy of Ophthalmic Executives®

Fact Sheet: Goniotomy

As of June 29, 2022

CPT Code

65820 Goniotomy

Definition

Trabecular meshwork is incised and/or excised with a blade or other surgical instrument for at least several clock hours to create an opening into Schlemm canal from the anterior chamber, via an internal approach through the anterior chamber.

Global Period

90-day Append modifier -57 when an exam is performed the same day or the day before the procedure to determine the need for surgery.

Modifiers

- 50 Bilateral procedure. Note: Medicare requires a “1” in the unit field. Correct payment is 150 percent of the allowable.
- 57 Decision for surgery. Always appended to the appropriate level of exam when performed within three days of surgery
- RT Right eye surgery
- LT Left eye surgery

Billing Guidelines

- Payment is per eye.
- Effective July 1, 2020, 65820 is bundled with 66174.
- From CPT Assistant, it would not be appropriate to report code 66174 in conjunction with 65820. Only code 66174 should be reported as this procedure represents the service performed, and the incision through the trabecular meshwork is incidental to 66174.
- CPT code 65820 is appropriate for trabeculotomy ab interno when the trabecular meshwork is opened for at least 3 clock hours or when multiple incisions are performed opening the trabecular meshwork over an area of at least 90 degrees.
- For use of ophthalmic endoscope with 65820, use 66990.
- Goniotomy should not be coded in addition to other angle surgeries, stent insertion(s) or Schlemm canal implants, if the incision into the trabecular meshwork is minimal or incidental to those procedure(s).
- For Medicare Part B patients, when surgery is performed bilaterally, submit one line item with the surgical code appended by modifier -50, per Medically Unlikely Edits (MUEs) effective April 1, 2013. A “1” should be placed in the unit field and the charge should be doubled.
- If the procedure performed consists of several punctures, injection of a small amount of viscoelastic, or other limited interventions report using unlisted CPT code 66999.

Goniotomy type procedures are rapidly evolving, and this guidance will likely need to be updated frequently.

MACs published LCDs and LCAs

Note: Confirm other payer policies.

<p>First Coast Florida Puerto Rico Virgin Islands</p>	<p>Policies posted on aao.org/lcds:</p> <ul style="list-style-type: none"> • A56647 – Billing and Coding: Micro-Invasive Glaucoma Surgery (MIGS) • L38233 – Micro-Invasive Glaucoma Surgery (MIGS) <p>Billing Guidelines</p> <ul style="list-style-type: none"> • Goniotomy procedure performed in conjunction with the insertion of a glaucoma drainage device may be considered not medically reasonable and necessary. Routine performance of goniotomy with insertion of a glaucoma drainage device may be subject to focused medical review.
<p>Novitas JL- Pennsylvania, New Jersey, Maryland, Delaware and the District of Columbia JH- Texas, Oklahoma, Colorado, New Mexico, Arkansas, Louisiana, Mississippi</p>	<p>Policy posted on aao.org/lcds:</p> <ul style="list-style-type: none"> • A56633 - Billing and Coding: Micro-Invasive Glaucoma Surgery (MIGS) • L38223 - Micro-Invasive Glaucoma Surgery (MIGS) <p>Billing guidelines:</p> <ul style="list-style-type: none"> • Goniotomy procedure performed in conjunction with the insertion of a glaucoma drainage device may be considered not medically reasonable and necessary. Routine performance of goniotomy with insertion of a glaucoma drainage device may be subject to focused medical review.