



VisionGraft® Glaucoma Reimbursement Primer

Coding Guidelines for VisionGraft® Patch Graft.



Overview

At CorneaGen, we are advocates for you and your patients. We are committed to removing systemic barriers that limit patients' access to care and surgeons' ability to provide the best corneal treatments to their patients.

This primer is meant to provide facilities that are performing glaucoma surgeries using patch grafts with information regarding how to properly bill for reimbursement through Medicare. Eye banks are not Medicare providers, and their services are to be billed as a pass through for payment at acquisition cost (invoice).

- In a hospital outpatient department many devices, supplies and other items used by hospitals and physicians do not have HCPCS II codes. This indicates that CMS and other payers do not have a need for these items such as the VisionGraft® patch graft to be individually identified, although the associated charges must still be reported. CMS providers use revenue codes to report these devices, supplies, etc. on the claim submitted to their respective Medicare Administrative Contractor for claims billing purposes.
- Under the Medicare OPPS program, the VisionGraft® patch grafts are packaged into the OPPS payment which is identified by the procedure CPT® code listed under an Ambulatory Payment Classification (APC).

Procedure CPT® Code Guidelines:

- Two commonly reported surgical procedure CPT® codes associated with the VisionGraft® patch grafts are 66180 and 66185.

There are no other HCPCS Level II codes eligible to report the VisionGraft® patch grafts separately.

CPT® code 66180:

The descriptor for **CPT® code 66180** is, "Aqueous shunt to extraocular equatorial plate reservoir; external approach; **with graft**".

By definition, CPT® code 66180 is a tube that is inserted into the anterior chamber of the eye. The tube collects fluid and allows it to drain out of the eye, such as under a muscle or at near the equator of the eye. A patch graft from donor tissue may be placed over the plate to keep it in position and reduce the incidence of conjunctival ulceration. This procedure is used in advanced glaucoma".

In an ASC, CPT® code 66180 has a national Medicare payment of \$2,524.46 which will vary based on the adjustment for facility's [ASC] geography. This single payment includes the patch graft since there is no separate payment for it. All patch grafts have a Medicare Payment Rate of N1 which means, "it is a packaged service/item; no separate payment is made".

In a Hospital Outpatient Department (HOPD), the national 2021 **OPPS (Medicare)** payment rate for CPT® code 66180 is \$3,917.74 located in APC 5492.

CPT® code 66185:

The descriptor for CPT® code 66185 is, “Revision of aqueous shunt to extraocular equatorial plate reservoir; with graft”.

By definition, CPT® 66185 is used in advanced glaucoma patients. The tube is moved or revised to improve drainage outside the eye.

Use CPT® 66185 if CPT® 66180 has been repeated unsuccessfully and must be revised.

In an ASC, CPT® code 66185 has a national Medicare payment of \$1,039.30 which will vary based on the adjustment for facility’s [ASC] geography. This single payment includes the patch graft since there is no separate payment for it. All patch grafts have a Medicare Payment Rate of N1 which means, “it is a packaged service/ item; no separate payment is made”.

In a Hospital Outpatient Department (HOPD), the national 2021 OPSS (Medicare) payment rate for CPT® 66185 is \$2,079.16 located in APC 5491.

The 2021 national Medicare Physician Fees Schedule (MPFS) rates are:

CPT® 66180 is \$1,147.63 and for CPT® 66185 is \$855.58

Final Note:

In both a Hospital Outpatient Department (HOPD) and in an Ambulatory Surgery Center (ASC) setting under Medicare guidelines all allografts whether bioengineered or native are not separately reimbursed by Medicare. Both types of facilities (ASC and HOPD) payments above include the allograft, i.e., patch graft. For commercial payer patients, the providers will need to not only consult their provider payer agreed upon contracts but also verify the benefit plan for the patients to determine whether a separate payment is made or if the patch graft is bundled into the payment with the procedure.

Disclaimer:

All customers be aware that coverage and reimbursement can change and private payer policies can be different from Medicare depending on a provider's contract. Contact payers directly for reimbursement information and instructions.

For Questions on VisionGraft contact 800-858-2020 or BAL.Tissue@CorneaGen.com.