Billing Primer

VisionGraft® and Glaucoma Tube Shunt Products

Overview

At CorneaGen, we are committed to improving patient access to sight-saving procedures by supporting surgeons and healthcare facilities with expert reimbursement and medical claims assistance. Our goal is to ensure that patients receive the glaucoma care they need by helping providers navigate the complexities of insurance coverage and maximize reimbursement for VisionGraft procedures.

This comprehensive guide is designed to assist surgeons and facilities in effectively billing for reimbursement through Medicare and commercial payers, ensuring that financial and administrative barriers do not prevent patients from receiving the best possible glaucoma treatments.

Table of Contents

Procedure Overview

VisionGraft® is a sterile, non-immunogenic, cross-linked cornea which has successfully been used in more than 150,000+ ocular surgeries. This innovative procedure utilizes a patch graft in preferred sizing specifications to provide treatment for glaucoma.

Sclera is a sterile patch graft that arrives hydrated in saline and is used for tectonic support, revisions of trabeculectomy flaps or exposed tube shunts.

This guide provides a detailed breakdown of billing, reimbursement, and common payer considerations for VisionGraft, Sclera and other products used in glaucoma tube shunt procedures, including tissue acquisition, and facility-specific billing nuances.

Coding & Billing for VisionGraft®

Primary Procedure & Tissue Codes

Code	Description
CPT® 66180	Aqueous shunt to extraocular reservoir, external approach with graft. The graft is integral to the procedure when used and is not separately billable under Medicare OPPS or ASC payment methodologies.
CPT® 66185	Revision of aqueous shunt to extraocular equatorial plate reservoir; with graft.

What Does This Procedure Do

An Aqueous shunt is a tube that is inserted into the anterior chamber of the eye. The tube collects fluids and allows drainage out of the eye. A patch graft from donor tissue is placed over the external portion of the drainage tube at the scleral entry site to reduce the risk of conjunctival erosion and tube exposure, which are known complications of glaucoma drainage device implantation.

Additional Detail

- There are no applicable HCPCS codes needed for reporting the patch graft itself. The cost of the graft is packaged into the payment for the primary surgical CPT procedure under Medicare OPPS and ASC payment systems and is not reimbursed separately. Hospitals should report graft-related charges under the appropriate implantable device or supply revenue code on the institutional claim form, consistent with CMS billing guidelines and applicable MAC instructions.

- CPT 66185 is used in advanced glaucoma patients. The aqueous tube shunt is moved or revised to improve drainage outside of the eye.

- Use CPT 66185 if CPT 66180 has been repeated unsuccessfully and must be revised.
- All patch grafts have a Medicare Payment Rate of N1 which means, “it is a packaged service/ item; no separate payment is made.”

Modifiers to Consider

Modifier	Description	Usage
LT or RT	Left Side OR Right Side Procedure	Modifier(s) used for determination of which eye is receiving the procedure
-22	Increased Procedural Services	Used when the services required to perform the procedure substantially differ than usual requirements. Documentation in the operative report must clearly support the additional complexity, time, or technical difficulty.
-24	Patient Evaluation for Unrelated Procedure	Used when a physician or other qualified healthcare professional provides evaluation services unrelated to the procedure during post-op period
-50	Bilateral Procedure	Used when the procedure occurs for both eyes in the same surgical session
-51	Multiple Procedures	Used when multiple procedures other than anterior lamellar keratoplasty are performed in the same surgical session
-59	Distinct Procedural Service	Used when indicating a procedure or service was performed that is independent of other services on the same day separate from the procedure
-78	Unplanned Return to Procedure Room	Used in circumstances where the patient has returned to the OR for procedures related to the initial procedure during the recovery period
-79	Unrelated Procedure by Same Physician Post-Op	Used in circumstances where an unrelated procedure is performed during the post-operative period

Reimbursement by Payer Type

Medicare Reimbursement for VisionGraft®

Coverage Considerations

- **HCPCS:** 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.

- **CPT:** Under the Medicare Outpatient Prospective Payment System (OPPS), 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). Two commonly reported surgical procedure CPT® codes associated with VisionGraft® grafts are 66180 and 66185.

- Prior authorization is generally not required for Medicare, but documentation of medical necessity and the Eyebank invoice is necessary for billing submissions.

- In Hospital Outpatient Departments (HOPD) and Ambulatory Surgery Centers (ASC) under Medicare guidelines, patch graft materials, including corneal allografts are generally packaged into the facility payment for the primary surgical procedure and are not separately reimbursed under current Medicate policy.

National Medicare Payment by Facility Type CY 2026*

CPT	Hospital Outpatient Department (HOPD)	Medicare Physician Fee Schedule (MPFS)
CPT 66180, APC 5493	$5,436.56	$2,357.81
CPT 66185, APC 5491	$970.63	$733.82

*Payment rates reflect national unadjusted facility payments and do not include physician professional fee adjustments or geographic wage index variations.

Required Documentation for Medicare

- Surgeon's operative report
- Medical necessity justification
- Appropriate revenue code reporting

Commercial Payer Reimbursement for VisionGraft®

Coverage Considerations

- Commercial payer reimbursement may be governed by contract-specific language, including bundled case rates or implant carve-out provisions. Coverage varies widely by insurer, and some commercial plans may require prior authorization. Facilities should review contract terms to determine whether graft materials are included in the contracted surgical rate or eligible for separate reimbursement. Invoice documentation may be required for payment or appeal.

Required Documentation for Medicare

- Prior authorization confirmation
- Medical necessity justification
- Invoice for corneal tissue
- Appropriate revenue code reporting

Key Considerations

- Confirm coverage for the aqueous shunt procedure and review payer policies regarding graft materials prior to scheduling surgery involving Sclera or VisionGraft®.
- **Medicare:** Invoice documentation should be maintained in the billing record and produced upon audit or request. Routine submission is not typically required for packaged graft materials.
- **Commercial Payers:** Invoice submission requirements vary by contract and payer. Some insurers require invoice documentation at claim submission or during payment review. Facilities should confirm payer-specific requirements.
- Be prepared to negotiate reimbursement rates with commercial payers.
- Understand prior authorization processes and documentation requirements for both Medicare and commercial payers.
- Include the eye bank invoice with any payment request submissions to your insurance payer.
- Applicable modifiers must be used correctly to avoid claim denials.

Disclaimer

Coverage and reimbursement policies may change, and private payer policies may differ from Medicare. Always verify details with payers before submitting claims. For reimbursement support for VisionGraft contact **BAL.Tissue@CorneaGen.com.** Additional information on our sterile tissue product lines can be found at **www.CorneaGen.com**