

## How to Code for Glaucoma Procedures in the Anterior Chamber Angle

**W**hat does gonioscopy-assisted transluminal trabeculotomy (GATT) using a suture or iTrack microcatheter (Ellex) have in common with procedures that use the Kahook Dual Blade (New World Medical), Trab360 (Sight Sciences), or Trabectome (NeoMedix)? Per the Academy Health Policy Committee, these ab interno trabeculotomy (also known as goniotomy) techniques can be billed using CPT code 65820.

### CPT Code 65820: Goniotomy

**Code description.** Trabecular meshwork is incised and/or excised with a blade or other tool for at least several clock hours to create an opening of Schlemm's canal into the anterior chamber. The approach is internal via a corneal incision into the anterior chamber.

**Rationale.** These new tools and approaches enhance our ability to perform canal-based procedures by allowing better egress of aqueous out of the eye through the physiologic outflow system of collector channels, thereby lowering intraocular pressure (IOP).

**Coding clues.** Keep in mind the following:

- Goniotomy should not be coded in addition to other angle surgeries or canal implants.
- Goniotomy treats congenital glau-

ma and adult open-angle glaucomas.

- If using an ophthalmic endoscope, you can bill 66990 as well as 65820.
- Payment is per eye.
- For Medicare Part B patients, when surgery is performed bilaterally, submit a 1-line item with modifier -50 (bilateral procedure) appended to the surgical code, per the Medically Unlikely Edits (MUEs) that became effective on April 1, 2013. Place a "1" in the unit field and double the charge.
- This procedure does not qualify for coverage for team surgery, cosurgery, or an assistant-at-surgery.

**Reimbursement rates.** The national averages are as follows:

- Surgeon allowable: \$768.59
- Ambulatory surgery center (ASC) allowable: \$1,772.23
- Hospital outpatient allowable: \$3,610

**It is a major surgery.** This means that it has a 90-day global period under Medicare Part B, though that might not be the case for commercial and Medicaid plans.

### CCI Bundling

The Correct Coding Initiative (CCI) lists pairs of codes—known as bundled codes or CCI edits—that should not be billed separately when services are performed by the same physician on the same eye on the same day.

**Some pairs can be unbundled;**

**others are mutually exclusive.** Under certain circumstances, some of those CCI edits can be paid separately if you indicate to the payer (by appending a modifier code) that those circumstances apply. This process is known as unbundling.

**Dozens of codes are bundled with 65820, but some can be unbundled.** The main ones to watch for are 65800, 65810, 65815, 66020, 66030, 67250, and 67500. For a longer list, see this article online.

**Bundled with 65820, and can never be billed separately.** 99149, 99150, 99155, 99156, 99157, 99446, 99447, 99448, 99449, 99495, and 99496.

**65820 is bundled with the following codes but can be unbundled.**

- 65850 *Trabeculectomy ab externo*
- 65855 *Trabeculectomy by laser surgery*
- 66711 *Ciliary body destruction; cyclophotocoagulation, endoscopic*

### Coding for ABiC and Visco360

ABiC and Visco360 are used in ab interno procedures. They viscodilate Schlemm's canal for at least several clock hours, without creating a goniotomy.

Use CPT code 66174 *Transluminal dilation of aqueous outflow canal; without retention of device or stent.*

This should not be coded in addition to any other angle procedure or canal implant.

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