

EX-PRESS® Glaucoma Filtration Device Coding and Billing Guide



EX-PRESS® Glaucoma Filtration Device Description and Indication

The EX-PRESS® Glaucoma Filtration Device is a mini glaucoma shunt. It is intended to reduce intraocular pressure in patients where medical and conventional surgical treatments have failed.

Procedure and Device Coding

The EX-PRESS® Glaucoma Filtration Device should be reported using Current Procedural Terminology (CPT®), 66183, insertion of anterior segment aqueous drainage device, without extraocular reservoir; external approach. HCPCS codes used to report the EX-PRESS® Glaucoma Filtration Device are C1783, ocular implant, aqueous drainage assist device, or L8612, aqueous shunt.

Common Coding for Physicians and Facilities

| Payer Type | Physician | Ambulatory Surgery Center | Hospital Outpatient |
|------------|-----------|---------------------------|--------------------------------|
| Medicare | 66183 | 66183 | 66183 and C1783 Ocular Implant |
| Commercial | 66183 | 66183 | 66183 and L8612 Aqueous shunt |

Diagnosis Coding

Diagnosis coding is determined by the patient's condition. The ICD-10 codes listed below are not an inclusive list but are commonly associated with patients receiving the EX-PRESS® Glaucoma Filtration Device.

| ICD-10-CM | Description | |
|---------------------------|---------------------------------|--|
| H40.1 through H40.11 | Open-angle glaucoma | |
| H40.10X0 through H40.10X4 | Unspecified open-angle glaucoma | |

See Important Product Information on back.

Medicare Reimbursement

Medicare package's reimbursement for the EX-PRESS® device with the facility payment.

2021 Medicare National Unadjusted Payment Rates*

| Physician | Ambulatory Surgery Center | Hospital Outpatient |
|------------|---------------------------|-----------------------|
| \$1,038.42 | \$2,730.68 | \$3,917.74 (APC 5492) |

NOTE: 66183 has a 90-day global period.

*Inclusion in a fee schedule is not a guarantee of payment. Special payment rules such as multi-procedure payment reduction, comprehensive ambulatory payment classification (C-APC) in the hospital outpatient setting, and other alternative payment models can impact actual reimbursement. Fees shown are national unadjusted payments and are subject to geographic adjustments. Source CMS.gov

Commercial Payer Reimbursement

Payment from commercial payers will be contingent upon individual contracts that may need to be updated to include CPT® code 66183. Like Medicare, many commercial payer contracts package the cost of the EX-PRESS® device with facility payment for CPT® code 66183, while other commercial payers may allow an additional payment for HCPCS L8612.

Providers and facilities should contact commercial payers to verify coverage and payment for CPT® code 66183 and HCPCS L8612.

EX-PRESS® Glaucoma Filtration Device Important Product Information

CAUTION: Federal (USA) law restricts this device to sale by, or on the order of, a physician.

IMPORTANT PRODUCT INFORMATION

INDICATION: The EX-PRESS® Glaucoma Filtration Device is intended to reduce intraocular pressure in glaucoma patients where medical and conventional surgical treatments have failed.

CONTRAINDICATIONS: The use of this device is contraindicated if one or more of the following conditions exist:

- Presence of ocular disease such as uveitis, ocular infection, severe dry eye, severe blepharitis,
- Pre-existing ocular or systemic pathology that, in the opinion of the surgeon, is likely to cause postoperative complications following implantation of the device, or
- Patients diagnosed with angle closure glaucoma.

WARNINGS / PRECAUTIONS: The EX-PRESS Device should not be implanted in eyes with very thin conjunctiva because of a potential risk of conjunctival erosion. MRI of the head is permitted, however not recommended, in the first two weeks post implantation. The device is for single use only.

ADVERSE REACTIONS: In a clinical study, related adverse events included glaucoma filtering surgery, device removal, revision of bleb without antimetabolites, device-iris touch, hyphema < 2 mm, shallow, AC, hypotony, and revision of bleb with antimetabolites.

ATTENTION: Please refer to the Directions for Use for a complete list of contraindications, warnings and precautions, adverse events, and instructions for use for the EX-PRESS Device.



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