MARS
MARKET ACCESS AND REIMBURSEMENT SERVICES

Hydrus® Microstent Coding and Billing Guide

Indication & Use

The Hydrus® Microstent is indicated for use in conjunction with cataract surgery for the reduction of intraocular pressure (IOP) in adult patients with mild to moderate primary open-angle glaucoma (POAG).

The Hydrus® Microstent is an 8 mm, biocompatible, flexible, nitinol (ie, alloy of nickel and titanium) device designed to be inserted into Schlemm's canal through an opening in the trabecular meshwork using a unique delivery system. It functions as an intracanalicular scaffold to facilitate aqueous drainage from the anterior chamber.

Procedure & Device Coding

In 2022, two new Current Procedural Terminology (CPT ®) codes can be used to report the implantation of Hydrus in conjunction with cataract surgery. The prior CPT ® code, 0191T, was deleted. An additional code, 0617T, was created for the implantation of a stent as a stand-alone procedure; Hydrus is not FDA-approved for this purpose.

For Medicare, facility claims may require a Healthcare Common Procedure Coding System (HCPCS) code to identify the implant. On a UB-04 claim, use HCPCS code C1783 (ocular implant) with revenue code 0278 (other implants). Do not report a HCPCS code for the device on a CMS-1500 claim. Third-party payers may have other instructions, providers should verify billing requirements.

Code	Description	Physician Payment*	ASC Payment*	HOPD Payment*
66991	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification); with insertion of intraocular (e.g., trabecular meshwork, supraciliary, supra-choroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more.	$683	$3,246	$4,251
66989	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), **complex**, requiring devices or techniques not generally used in routine cataract surgery (e.g., iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with insertion of intraocular (e.g., trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more.	$857	$3,246	$4,251

* 2022 Medicare Unadjusted National Payment Rate; payment will vary by geographic area.

See Important Product Information on last page.

HOPD = Hospital Outpatient Department

ASC = Ambulatory Surgery Center

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Diagnosis Coding

Diagnosis coding is determined by the patient's condition. The International Classification of Diseases, 10th Revision (ICD-10-CM) codes listed below are commonly associated with patients receiving the Hydrus Microstent. This is not an inclusive list of all diagnosis codes. It is the provider's responsibility to report the ICD-10-CM diagnosis code that most accurately describes the patient's condition. Common diagnosis codes include:

ICD-10-CM	Description
H25-	Age-related cataract
H26.1-	Traumatic cataract
H26.2-	Complicated cataract
H26.3-	Drug-induced cataract
H40.10XX1- or H40.10XX2-	Unspecified open-angle glaucoma
H40.11XX1- or H40.11XX2-	Primary open-angle glaucoma
H40.12XX1- or H40.12XX2-	Low-tension glaucoma
H40.6XXX1- or H40.6XXX2-	Glaucoma secondary to drugs

Documentation for Prior Authorization (PA) or Claim Appeal

The following documentation may be used to support a PA request or claim appeal:

- Clear and concise letter of medical necessity
- Patient records or narrative of the patient's medical history
- Documentation of cataract consistent with payer criteria
- Diagnostic testing used to confirm the objective measurement to determine stage of glaucoma (mild to moderate)
- Any other information required by the health plan's medical policy

Questions - Alcon is here to help

An experienced team of value and access managers is available to support billing, coding, coverage, and reimbursement questions for your local area. Billing and coding information is also available online: ars.alcon.com

Toll free: (866) 457-0277

Email address: ARS.SupportUS@alcon.com

Hydrus® Microstent Important Product Information

Caution

Federal (US) law restricts this device to sale by or on the order of a physician.

Intended Use

The Hydrus Microstent is indicated for use in conjunction with cataract surgery for the reduction of intraocular pressure (IOP) in adult patients with mild to moderate primary open-angle glaucoma (POAG).

Contraindications

The Hydrus Microstent is contraindicated under the following circumstances or conditions: (1) In eyes with angle closure glaucoma; and (2) In eyes with traumatic, malignant, uveitic, or neovascular glaucoma or discernible congenital anomalies of the anterior chamber (AC) angle.

Warnings and Precautions

Clear media for adequate visualization is required. Conditions such as corneal haze, corneal opacity, or other conditions may inhibit gonioscopic view of the intended implant location. Gonioscopy should be performed prior to surgery to exclude congenital anomalies of the angle, peripheral anterior synechiae (PAS), angle closure, rubeosis, and any other angle abnormalities that could lead to improper placement of the stent and pose a hazard.

The surgeon should monitor the patient postoperatively for proper maintenance of intraocular pressure. The safety and effectiveness of the Hydrus Microstent has not been established as an alternative to the primary treatment of glaucoma with medications, in patients 21 years or younger, eyes with significant prior trauma, eyes with abnormal anterior segment, eyes with chronic inflammation, eyes with glaucoma associated with vascular disorders, eyes with preexisting pseudophakia, eyes with uveitic glaucoma, eyes with pseudoexfoliative or pigmentary glaucoma, eyes with other secondary open angle glaucoma, eyes that have undergone prior incisional glaucoma surgery or cilioablative procedures, eyes that have undergone argon laser trabeculoplasty (ALT), eyes with unmedicated IOP < 22 mm Hg or > 34 mm Hg, eyes with medicated IOP > 31 mm Hg, eyes requiring > 4 ocular hypotensive medications prior to surgery, in the setting of complicated cataract surgery with iatrogenic injury to the anterior or posterior segment, and when implantation is without concomitant cataract surgery with IOL implantation. The safety and effectiveness of use of more than a single Hydrus Microstent has not been established.

Adverse Events

Common post-operative adverse events reported in the randomized pivotal trial included partial or complete device obstruction (7.3%); worsening in visual field MD by > 2.5 dB compared with preoperative (4.3 /o vs 5.3% for cataract surgery alone); device malposition (1.4%); and BCVA loss of 2 ETDRS lines > 3 months (1.4% vs 1.6% for cataract surgery alone). For additional adverse event information, please refer to the Instructions for Use.

MRI Information

The Hydrus Microstent is MR-Conditional meaning that the device is safe for use in a specified MR environment under specified conditions.

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