Corcoran Consulting Group
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MEDICARE REIMBURSEMENT FOR OMNI® SURGICAL SYSTEM

1 ***QUESTION:*** What is the OMNI® Surgical System?

ANSWER: The Sight Sciences OMNI Surgical System is an ophthalmic surgical tool for the delivery of controlled amounts of viscoelastic fluid into the anterior segment and the cutting of trabecular meshwork when a trabeculotomy is indicated.[1] The surgical approach to the anterior chamber angle, trabecular meshwork, and Schlemm's canal is from inside the eye (*i.e.,* ab interno) rather than from outside the eye (*i.e.,* ab externo) as with trabeculectomy and tube shunt procedures.

2 ***QUESTION:*** What are the indications for OMNI Surgical System?

ANSWER: As cleared by the FDA, the OMNI Surgical System is indicated for canaloplasty (microcatheterization and transluminal viscodilation of Schlemm's canal) followed by trabeculotomy (cutting of trabecular meshwork) to reduce intraocular pressure in adult patients with primary open-angle glaucoma.[1]

3 ***QUESTION:*** Are there contraindications for use of the OMNI Surgical System?

ANSWER: It should not be used in cases where there is insufficient visualization of the anterior chamber as may occur when any of the following conditions are present: corneal edema, corneal haze, or corneal opacity.[2]

4 ***QUESTION:*** What CPT codes describe ab interno canaloplasty and ab interno trabeculotomy?

ANSWER: On a claim for reimbursement, report canaloplasty with CPT code 66174 "*Transluminal dilation of aqueous outflow canal; without retention of device or stent".* Goniotomy (65820) is the descriptor in CPT for ab interno trabeculotomy rather than ab externo trabeculotomy (65850). In the parenthetical notation with 66174, CPT instructs, "*Do not report 66174 in conjunction with 65820".*[3] The manual references the September 2019 CPT Assistant which explains, "*The incision inherent in code 65820, Goniotomy, does not involve any additional physician work; therefore, code 65820 should not be reported separately in conjunction with 66174*." [4]

Consistent with these CPT instructions, CMS established a mutually exclusive edit that prohibits separate payment of 65820 with 66174.[5] A mutually exclusive edit identifies procedures that cannot reasonably be performed together based on the code definitions or anatomic considerations.

5 ***QUESTION:*** What does Medicare allow for the surgeon for this procedure?

ANSWER: The 2022 national Medicare Physician Fee Schedules (MPFS) allowed amount for 66174 is $761. This value is modified by local indices, so actual payments vary. Other payers set their own rates which may differ significantly from Medicare's fee schedule.

January 1, 2022

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6 ***QUESTION:*** What does Medicare allow for the facility for this procedure?

ANSWER: The 2022 ambulatory surgery center (ASC) allowed amount for 66174 is $1,919. For a hospital outpatient department (HOPD), it is $4,000.

7 ***QUESTION:*** Is there separate Part B Medicare reimbursement for the insertable OMNI device?

ANSWER: No. Part B Medicare payment for the device is included in the facility reimbursement for APC 5492. On a UB-04 claim, use HCPCS code C1889 with revenue code 278 to identify the device.[6] Do not report a HCPCS code for the device on a CMS-1500 claim. For other third-party payers, check their instructions and your contract.

8 ***QUESTION:*** May gonioscopy (92020) be billed with the claim for the surgery?

ANSWER: No. Gonioscopy is required during surgery to insert the OMNI instrument and is an incidental part of the service. CPT instructs that a code designated as a *"separate procedure"*, such as gonioscopy, should not be reported in addition to the code for the total procedure of which it is considered an integral component.

9 ***QUESTION:*** Are there other NCCI edits for CPT 66174?

ANSWER: Yes. Medicare's National Correct Coding Initiative (NCCI) edits include paracentesis, iridotomy, iridectomy, and scleral reinforcement. Cataract extraction is not among the edits. NCCI edits are updated quarterly. Most third-party payers follow NCCI edits, but not all; check your payer contracts.

10 ***QUESTION:*** For a combined cataract and glaucoma operation with OMNI, what is the 2022 Medicare reimbursement?

ANSWER: In 2022, when 66984 (cataract extraction and IOL) and 66174 are performed in the same session, the surgeon is reimbursed $1,033; an ASC is reimbursed $2,450; an HOPD is reimbursed $4,000.

11 ***QUESTION:*** What is the global surgery period for 66174?

ANSWER: In the Medicare Physician Fee Schedule, the global period for 66174 is 90 days.

1 FDA Clearance K202678. Link here. Accessed 12/29/21
2 Sight Sciences Press Release. Link here. Accessed 12/29/21
3 2022 CPT Professional Edition
4 CPT Assistant, September 2019. Vol 29 Issue 9, page 11
5 CMS NCCI Procedure To Procedure Edit File
6 Federal Register. Vol 83 No 225 p 58948, 58950 November 21, 2018 Link here. Accessed 12/29/21

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