

REIMBURSEMENT GUIDELINES

GLAUCOMA VALVED & NON-VALVED DRAINAGE DEVICES

SUPPLY CODES

Medicare claim for reimbursement for valved & non-valved shunts	L8612	HICFA Code 0234 APC – T
Medicare claim for reimbursement for graft	L8499	HICFA Code 0237 APC – T

CPT CODES

Surgeon's Fee for Valved/Non-Valved Shunt	66180	Aqueous shunt to extraocular reservoir
Surgeon's Fee for Graft	67255	Scleral reinforcement, with graft (Non-Medicare only)
Revision of Aqueous Valved/Non-Valved Shunt	66185	For products TE, PS2 & PS3
C Code for Valved/Non-Valved shunt	C1783	Ocular implant, aqueous drainage system

DRY EYE

DIAGNOSIS CODES	375.15	Tear Film Insufficiency (Dry Eye Syndrome)
CPT PROCEDURE CODES	68761	Punctal Closure by Implant
SUPPLY CODES	99070	Miscellaneous Supply Code – Most Private Insurance/HMOs
MODIFIERS	50	Bilateral
	51	Additional Procedure

Note: Necessary post-operative period between Collagen Inserts and Permanent Silicone Plugs: 10 days.

FOUR PUNCTA (TWO PER EYE)

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate items 1, 2, 3, or 4 to item 24E by line)							
1	375.15	3					
2	379.99	4					
24.	A	B	C	D	E	G	
DATE(S) OF SERVICE from		PLACE OF SERVICE	TYPE OF SERVICE	PROCEDURES, SERVICES, OR SUPPLIES (explain unusual circumstances) CPT/HCPCS MODIFIER	DIAGNOSIS CODE	\$ CHARGES	DAYS OR UNITS
M	D	Y	M	D	Y		
12	1	99	12	1	99		
12	1	99	12	1	99		I
12	1	99	12	1	99		I

TWO PUNCTA (ONE PER EYE)

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate items 1, 2, 3, or 4 to item 24E by line)							
1	375.15	3					
2		4					
24.	A	B	C	D	E	G	
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M	D	Y	M	D	Y		
12	1	99	12	1	99		
12	1	99	12	1	99		I