



**SION**<sup>™</sup>  
Surgical Instrument

# 2022 FACILITY REIMBURSEMENT GUIDE



**Surgical procedures performed in a facility require two claim submissions to the payer. This quick claim submission guide will help you submit facility-specific claims.**

## DISCLAIMER

This Reimbursement Guide is provided for informational purposes only. This Guide describes codes that may be applicable to the SION<sup>™</sup> Surgical Instrument. It does not constitute legal or reimbursement advice or recommendations regarding clinical practice. Sight Sciences makes no guarantee that use of this information will result in coverage or payment or prevent disagreement by payers regarding billing, coverage, or amount of payment. Sight Sciences reminds providers of their responsibility to submit accurate and appropriate claims. Coding, coverage, and payment policies are complex and are frequently updated. Sight Sciences recommends that you consult with your legal counsel, applicable payers' policies, or reimbursement experts regarding coding, coverage, and reimbursement.

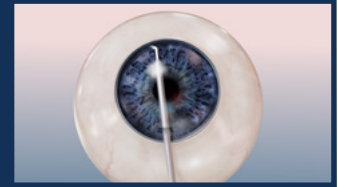


# CODING AND MEDICARE PAYMENT WHEN USING SION™ TO PERFORM A GONIOTOMY PROCEDURE

## INDICATION FOR USE

The SION™ Surgical Instrument is a manually operated device used in ophthalmic surgical procedures to excise trabecular meshwork. The SION™ Surgical Instrument is a sterile, single use device.<sup>1</sup>

### GONIOTOMY



## SION™ CODING FOR GONIOTOMY

CPT <sup>2</sup>	DESCRIPTION
65820	<b>Goniotomy</b> Trabecular meshwork is incised and/or excised with a blade or other surgical instrument for at least several clock hours to create an opening into Schlemm canal from the anterior chamber, via an internal approach through the anterior chamber.

## SION™ USED TO PERFORM GONIOTOMY 2022 MEDICARE PAYMENT<sup>3</sup>

FACILITY TYPE	CPT	NATIONAL AVERAGE REIMBURSEMENT RATE
Ambulatory Surgical Center	65820	\$1,917.31
Hospital Outpatient Procedure Department	65820	\$3,999.59

Note: This payment information listed does not guarantee coverage or payment. Actual payment may vary by location. Commercial and Medicare Advantage payments are based on contractual agreements or negotiated fees between the physician and the health plan. Questions regarding your contracted payment rates should be directed to your health plan's provider representative.

## ADDITIONAL HOPD CODING FOR SION™

For a claim submitted on a UB-04 form, the codes listed below are required to report the device costs to Medicare in addition to the CPT code 65820. Commercial payor requirements vary. Questions regarding specific payor requirements should be directed to your payor provider representative.

CODING SYSTEM	CODE	DESCRIPTOR
HCPCS	C1889	Implantable / insertable device, not otherwise classified
Revenue Code	278	Medical / surgical supplies: other implants

1. U.S. Food & Drug Administration (FDA), Class I 510(k) exempt.

2. CPT Copyright 2021 American Medical Association (AMA). All rights reserved. CPT® is a registered trademark of the American Medical Association.

3. 2022 CMS OPPTS/ASC Final Rule, Addendum B (available on CMS website), 86 Fed. Reg. 218 (Nov. 16, 2021).

## CODING AND MEDICARE PAYMENT WHEN USING SION™ IN COMBINATION WITH CATARACT SURGERY

SION™ is intended to be used in ophthalmic surgical procedures to excise trabecular meshwork. Surgeons may decide to use SION™ alone or in combination with other procedures, such as cataract surgery.

### SION™ IN COMBINATION WITH COMPLEX CATARACT

PROCEDURES	CPT CODE	PHYSICIAN PAYMENT**	ASC PAYMENT**	HOPD PAYMENT**
SION™	65820	\$838.16	\$1,917.31	\$3,999.59
	C1889 (rev code 0278)			No additional payment
<b>Complex Cataract</b>	66982	$\$746.11 \times 50\% = \$373.06^*$	$\$1,062.68 \times 50\% = \$531.34^*$	No payment due to comprehensive APC
<b>Totals</b>		<b>\$1,211.22</b>	<b>\$2,448.65</b>	<b>\$3,999.59</b>

### SION™ IN COMBINATION WITH ROUTINE CATARACT

PROCEDURES	CPT CODE	PHYSICIAN PAYMENT**	ASC PAYMENT**	HOPD PAYMENT**
SION™	65820	\$838.16	\$1,917.31	\$3,999.59
	C1889 (rev code 0278)			No additional payment
<b>Routine Cataract</b>	66984	$\$544.70 \times 50\% = \$272.35^*$	$\$1,062.68 \times 50\% = \$531.34^*$	No payment due to comprehensive APC
<b>Totals</b>		<b>\$1,110.51</b>	<b>\$2,448.65</b>	<b>\$3,999.59</b>

\* Payment reduced due to multiple procedure reduction rules.

\*\* Rates listed are national averages, and the local rate may vary above or below this number.

Check your local MAC site for the specific reimbursement rate for your market.

## COMMON MODIFIERS<sup>4</sup>

Modifiers are designed to provide additional information to the payor regarding the procedure that may be needed to process the claim. This list is not all-inclusive. Providers should consult reimbursement experts or the payors directly for questions regarding the use of modifiers.

MODIFIER	DESCRIPTION	DEFINITION
-RT	Right side	Indicates procedure was performed on the right eye
-LT	Left side	Indicates procedure was performed on the left eye
-50	Bilateral procedure	Indicates procedure was performed on both eyes that day
-51	Multiple procedures	Indicates procedure was performed with other procedures that day
-73	Discontinued HOPD/ASC	Discontinued procedure prior to administration of anesthesia
-74	Discontinued HOPD/ASC	Discontinued procedure after the administration of anesthesia
-79	Unrelated procedure	Unrelated procedure or service by the same physician during the postoperative period

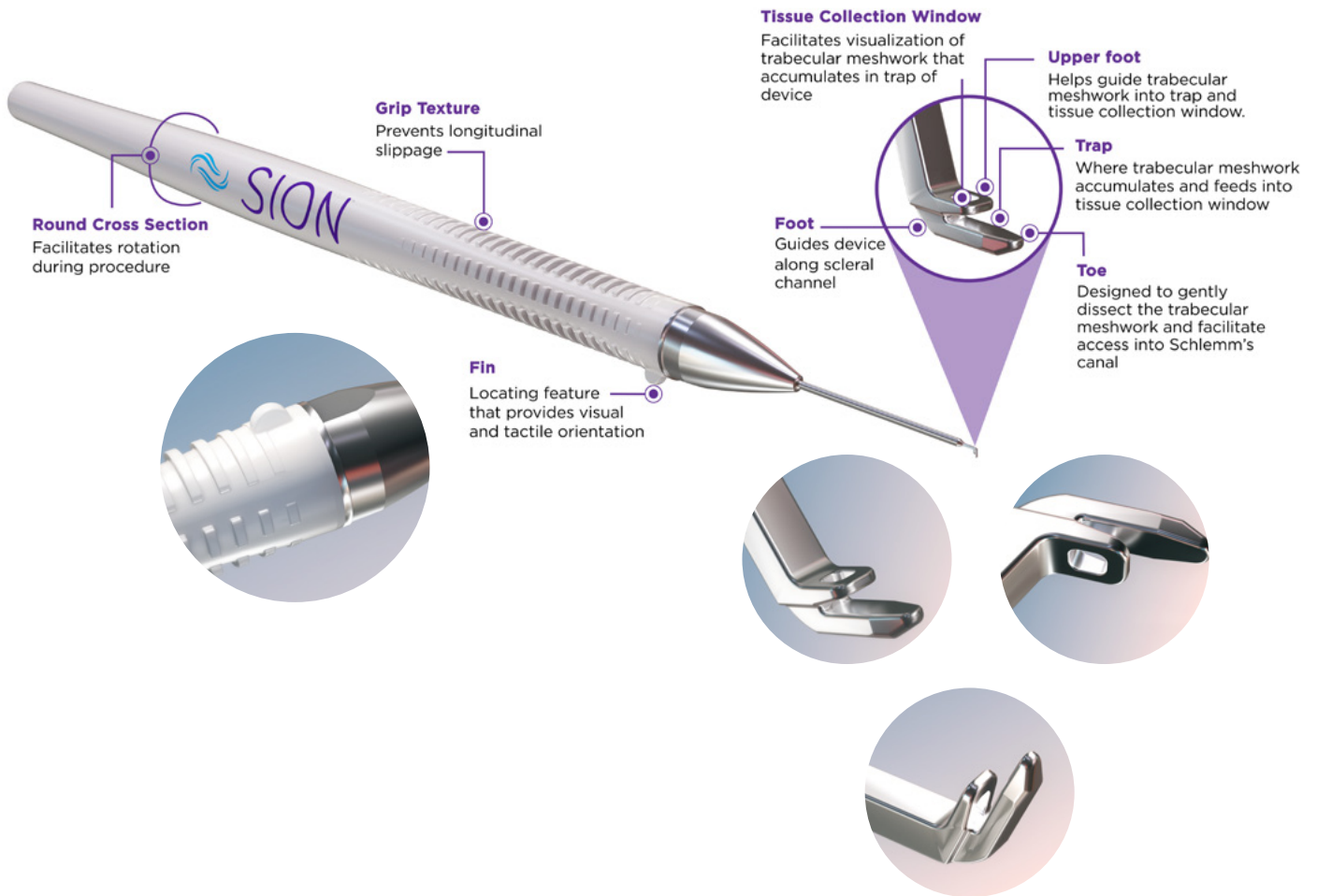
4. <https://med.noridianmedicare.com/web/jeb/topics/modifiers>





# SION™

Surgical Instrument





# SAMPLE CMS-1500 FORM

## HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA										PICA				
1. MEDICARE <input type="checkbox"/> (Medicare#)	MEDICAID <input type="checkbox"/> (Medicaid#)	TRICARE <input type="checkbox"/> (ID#/DoD#)	CHAMPVA <input type="checkbox"/> (Member ID#)	GROUP HEALTH PLAN <input type="checkbox"/> (ID#)	FECA BLK LUNG <input type="checkbox"/> (ID#)	OTHER <input type="checkbox"/> (ID#)	1a. INSURED'S I.D. NUMBER (For Program in Item 1)							
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)				3. PATIENT'S BIRTH DATE MM DD YY		SEX M <input type="checkbox"/> F <input type="checkbox"/>	4. INSURED'S NAME (Last Name, First Name, Middle Initial)							
5. PATIENT'S ADDRESS (No., Street)				6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		7. INSURED'S ADDRESS (No., Street)								
CITY		STATE		8. RESERVED FOR NUCC USE				CITY		STATE				
ZIP CODE		TELEPHONE (Include Area Code) ( )		ZIP CODE				TELEPHONE (Include Area Code) ( )						
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)				10. IS PATIENT'S CONDITION RELATED TO:		11. INSURED'S POLICY GROUP OR FECA NUMBER								
a. OTHER INSURED'S POLICY OR GROUP NUMBER				a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO		a. INSURED'S DATE OF BIRTH MM DD YY				SEX M <input type="checkbox"/> F <input type="checkbox"/>				
b. RESERVED FOR NUCC USE				b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		b. OTHER CLAIM ID (Designated by NUCC)								
c. RESERVED FOR NUCC USE				c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		RANCE PLAN NAME OR PROGRAM NAME								
d. INSURANCE PLAN NAME OR PROGRAM NAME				10d. CLAIM CODES (Designated by NUCC)		d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, complete items 9, 9a, and 9d.</i>								
<b>READ BACK OF FORM BEFORE COMPLETING &amp; SIGNING THIS FORM.</b>														
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.						13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.								
SIGNED _____			DATE _____			SIGNED _____		<b>Prior authorization/ predetermination information if applicable</b>		ON YY				
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY		15. OTHER DATE QUAL. MM DD YY		16. DATES PATIENT FROM MM DD YY		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY								
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE				17a. _____		17b. NPI _____		20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO						
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)						22. RESUBMISSION CODE		ORIGINAL REF. NO.						
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. _____						22. RESUBMISSION CODE								
A. HXX.XX	B. _____	C. _____	E. _____	F. _____	G. _____	I. ID. QUAL.	J. RENDERING PROVIDER ID. #							
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSTD Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
XX   XX   XX				65820	XX		SXXX XX	1				NPI		
<b>65820 for Goniotomy</b>														
25. FEDERAL TAX I.D. NUMBER				SSN EIN		26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT? (For gov. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$	29. AMOUNT PAID \$	30. Rsvd for NUCC Use		
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)						32. SERVICE FACILITY LOCATION INFORMATION			33. BILLING PROVIDER INFO & PH # ( )					
SIGNED _____		DATE _____		a. NPI		b. NPI		a. NPI		b. NPI				

NUCC Instruction Manual available at: [www.nucc.org](http://www.nucc.org)

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION



# FREQUENTLY ASKED QUESTIONS

## WHEN IS IT APPROPRIATE TO USE 65820 FOR A GONIOTOMY?

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According to the AAO Fact Sheet: Goniotomy from June 29, 2022, “CPT code 65820 is appropriate for trabeculotomy ab interno when the trabecular meshwork is opened for at least 3 clock hours or when multiple incisions are performed opening the trabecular meshwork over an area of at least 90 degrees. If the procedure performed consists of several punctures, injection of a small amount of viscoelastic, or other limited interventions report using unlisted CPT code 66999.”<sup>5</sup>

## IS THE PROCEDURE USING THE SION™ SURGICAL INSTRUMENT COVERED BY INSURERS?

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Coverage may vary by payor, or even by health plan within a particular payor. To determine coverage for a particular patient, a benefit verification should be conducted, and the payor policy should be reviewed. Coverage is typically based on medical necessity and may require a pre-authorization or pre-determination. Once a patient is identified, the practice or the facility should allow enough time to complete these steps prior to scheduling a patient for surgery.

## IS A PRIOR AUTHORIZATION REQUIRED FOR SION™, AND WHAT DOCUMENTATION SHOULD BE PROVIDED WITH A PRIOR AUTHORIZATION REQUEST?

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Medicare does not require prior authorizations for this procedure. Other health plans may require them as part of the conditions for coverage. Conducting a benefit investigation prior to treatment can uncover this information. Prior Authorization submissions to the payor generally include the following:

- Include the payor specific prior authorization form, if required
- Check the payor’s medical policy to understand coverage criteria, if available
- Include documentation and chart notes that support medical necessity which might include diagnostic testing results, previous treatment(s) along with outcomes, patient specific goals like target IOP, and reason for current treatment selection
- Include a letter of medical necessity describing the specific patient story

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5. Fact Sheet: Goniotomy. (June 29, 2022). Fact Sheet: Goniotomy. American Academy of Ophthalmology. Accessed July 25, 2022: <https://www.aao.org/Assets/c1c5ad6a-f611-4c41-988c-991514f68602/637896975656770000/goniotomy-fs-pdf?inline=1>





## **HOW DO I BILL SION™ WHEN PERFORMED IN CONJUNCTION WITH CATARACT SURGERY?**

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SION™ is intended to be used in ophthalmic surgical procedures to excise trabecular meshwork. Surgeons may decide to use SION™ alone or in combination with other procedures, such as cataract surgery. If both procedures are performed, it is appropriate to bill/report the CPT code 65820 (goniotomy) and the specific CPT code for the cataract procedure performed (routine or complex).

## **CAN GONIOTOMY (65820) BE BILLED WITH OTHER ANGLE SURGERIES?**

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According to the AAO Fact Sheet: Goniotomy from June 29, 2022, “Goniotomy should not be coded in addition to other angle surgeries, stent insertion(s) or Schlemm canal implants, if the incision into the trabecular meshwork is minimal or incidental to those procedures(s).”<sup>5</sup>

## **WHAT HCPCS CODE SHOULD BE USED TO TRACK AND/OR REPORT THE SION™ SURGICAL INSTRUMENT IN THE HOSPITAL OUTPATIENT DEPARTMENT SETTING?**

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The SION™ Surgical Instrument should be reported with C1889 (Implantable/insertable device, not otherwise classified) along with the associated Revenue Code 0278 (Medical/Surgical Supplies: Other implants for the device).

## **SHOULD HCPCS CODE C1889 BE USED TO REPORT THE SION™ SURGICAL INSTRUMENT IN THE ASC SETTING?**

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In most cases, the HCPCS Code, C1889, would not be needed on ASC claims; however, there could be a commercial payor that may ask for it to be included in order to receive appropriate payment.

## **CAN SIGHT SCIENCES HELP?**

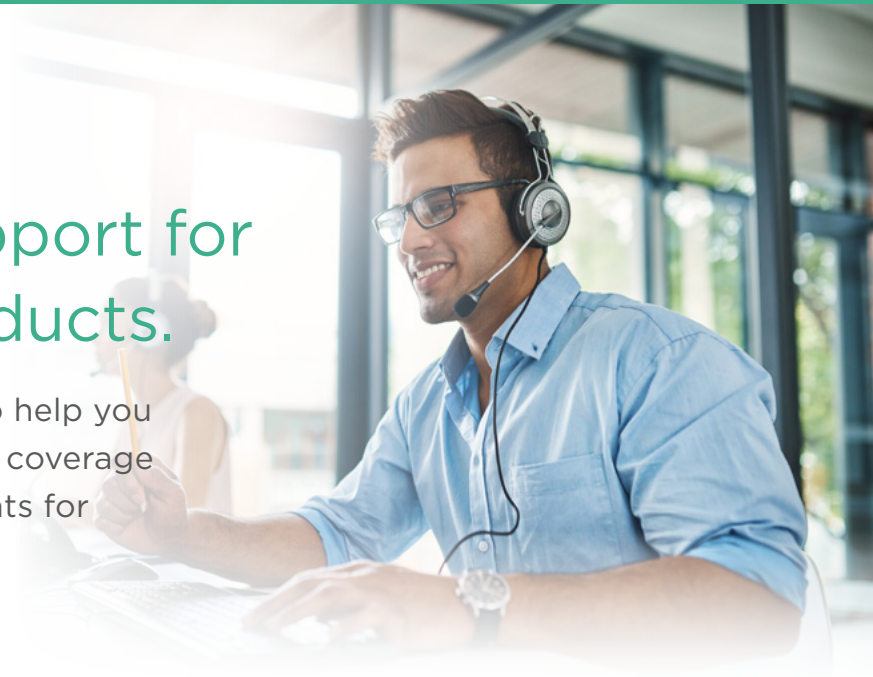
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Yes. As part of our commitment to facilitating patient access, Sight Sciences has invested in Sight Access to support you. The following pages will describe the support that Sight Access can provide.



# Comprehensive reimbursement support for Sight Sciences products.

A reimbursement support program to help you and your patients understand patient coverage details and payor-specific requirements for Sight Sciences products.



## **Sight Access** ENROLL


A reimbursement support portal for you and your patients.

- **Benefit Verification**
- **Prior Authorization and Appeal Requirements**
- **Track Clinic Submitted Forms and Letters**
- **Billing and Coding Support**

### **Sight Access offers a simplified enrollment process.**

Benefit verification summaries are faxed back so you can understand eligibility and potential cost-sharing.

 Fill and Fax **Single-Page Enrollment Form**

 Fill and Submit from the **Online Enrollment Portal**  
([www.sightaccess.com](http://www.sightaccess.com))

[www.sightaccess.com](http://www.sightaccess.com)





# Reimbursement Support Is Available Across the Nation



Sight Sciences' Reimbursement Account Executives partner with you to help minimize reimbursement barriers and support access for Sight Sciences' products.

- **Personalized Reimbursement Support**
- **Review Documentation Considerations**
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- **Discuss Payor Contracting Considerations**
- **Educate on Advocacy Initiatives**



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