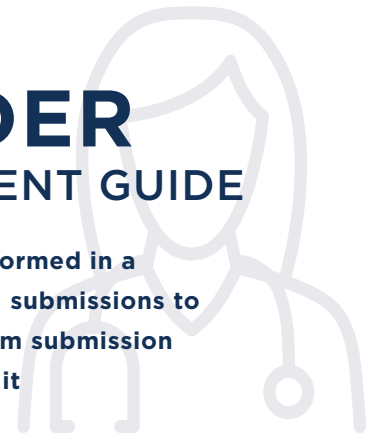




**SION**<sup>™</sup>  
Surgical Instrument

# 2022 PROVIDER REIMBURSEMENT GUIDE

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

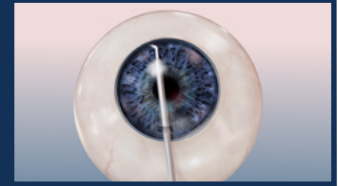


# CODING AND MEDICARE PAYMENT WHEN USING SION™ TO PERFORM A GONIOTOMY PROCEDURE

## INDICATION FOR USE

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>

CPT	GLOBAL PERIOD	TOTAL RVUS	NATIONAL AVERAGE REIMBURSEMENT RATE
65820	90	24.22	\$838.16

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.

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 OPPI/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 x 50% = \$373.06*	\$1,062.68 x 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 x 50% = \$272.35*	\$1,062.68 x 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
-54	Surgical care only	This modifier is submitted when one physician performs a surgical procedure and another provides preoperative and/or postoperative management
-55	Postoperative management only	This modifier is used to indicate that payment for the postoperative care is split between two or more physicians
-79	Unrelated procedure	Unrelated procedure or service by the same physician during the postoperative period

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



## CO-MANAGEMENT OF OPHTHALMIC SURGERY POSTOPERATIVE CARE

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In clinically appropriate situations, an operating ophthalmologist and patient may determine that a co-management arrangement is medically appropriate based on the patient's individual circumstances or needs. A co-management arrangement is a relationship between an operating ophthalmologist and a non-operating practitioner where they have shared responsibilities for a patient's postoperative care (e.g., patient request, unavailability of the operating ophthalmologist, patient's inability or unwillingness to return to the operating ophthalmologist, changes in follow-up plans). The operating ophthalmologist is ultimately responsible for the care of the patient, from the initial determination of the need for surgery through completion of postoperative care and medical stability of the patient.<sup>5</sup>

### PLEASE CONSIDER:

- Consulting legal counsel before entering into any co-management or referral arrangements to ensure it complies with all applicable state and federal laws.
- Confirming payer policies and reimbursement for co-management arrangements with a particular payer.
- Obtaining patient's informed consent to the co-management arrangement in writing. Retain a copy of the informed consent in the patient's medical record.
- Completing a written co-management agreement outlining the specific co-management protocols for the patient. Retain a copy in the patient's medical record.
- Operating ophthalmologist determines whether/if transfer of postoperative care is clinically appropriate and discusses potential co-management arrangement with the patient.
- Operating ophthalmologist identifies a qualified provider to which they would delegate the postoperative care of their patient.
- Both providers cite appropriate co-management modifiers on claim forms.
- Both providers confirm completeness and accuracy of claim forms, including date of surgery, date that postoperative care is relinquished/assumed, and number of postoperative care days.

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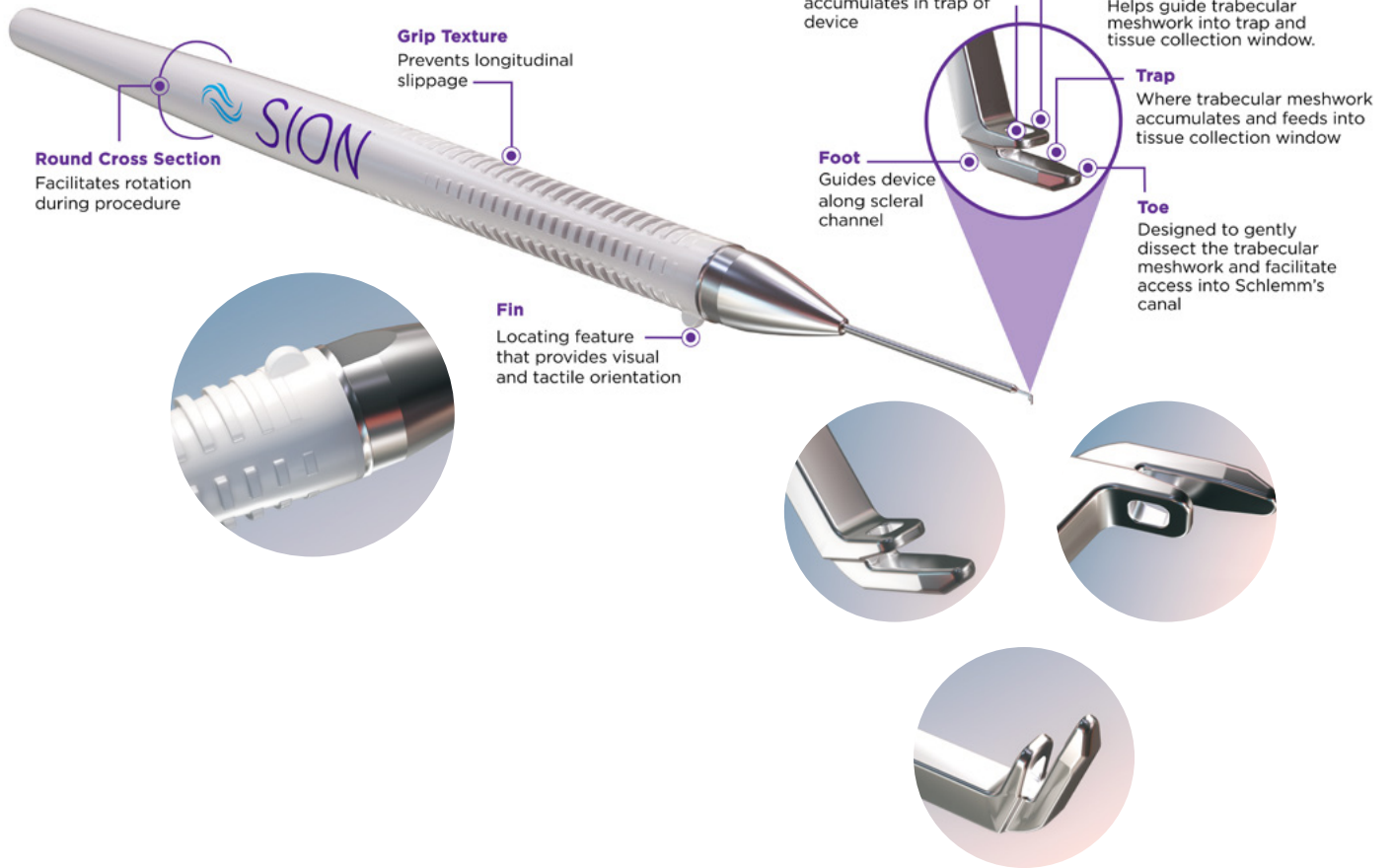
5. AAO Comprehensive Guidelines for Co-Management of Ophthalmic Postop Care, Sept 7, 2016. <https://www.aao.org/ethics-detail/guidelines-comanagement-postoperative-care>





# 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			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					
b. RESERVED FOR NUCC USE				b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		SEX M <input type="checkbox"/> F <input type="checkbox"/>					
c. RESERVED FOR NUCC USE				c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		b. OTHER CLAIM ID (Designated by NUCC)					
d. INSURANCE PLAN NAME OR PROGRAM NAME				10d. CLAIM CODES (Designated by NUCC)		RANCE PLAN NAME OR PROGRAM NAME					
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.		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>					
SIGNED _____ DATE _____				SIGNED _____		<div style="background-color: #0070C0; color: white; padding: 5px; text-align: center;"> <b>Prior authorization/ predetermination information if applicable</b> </div>					
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.			15. OTHER DATE QUAL. MM DD YY			16. DATES PATIENT FROM MM DD YY TO MM DD YY					
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE				17a. _____		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY					
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. _____						23. PRIOR AUTHORIZATION NUMBER _____					
A. HXX.XX		B. _____		E. _____		F. _____		I. ID. QUAL.		J. RENDERING PROVIDER ID. #	
C. _____		D. _____		G. _____		H. _____		NPI			
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	
<div style="background-color: #0070C0; color: white; padding: 5px; text-align: center;"> <b>65820 for Goniotomy</b> </div>											
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>6</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.

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6. 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>





## **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

## **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>6</sup>

## **CAN SIGHT SCIENCES HELP?**

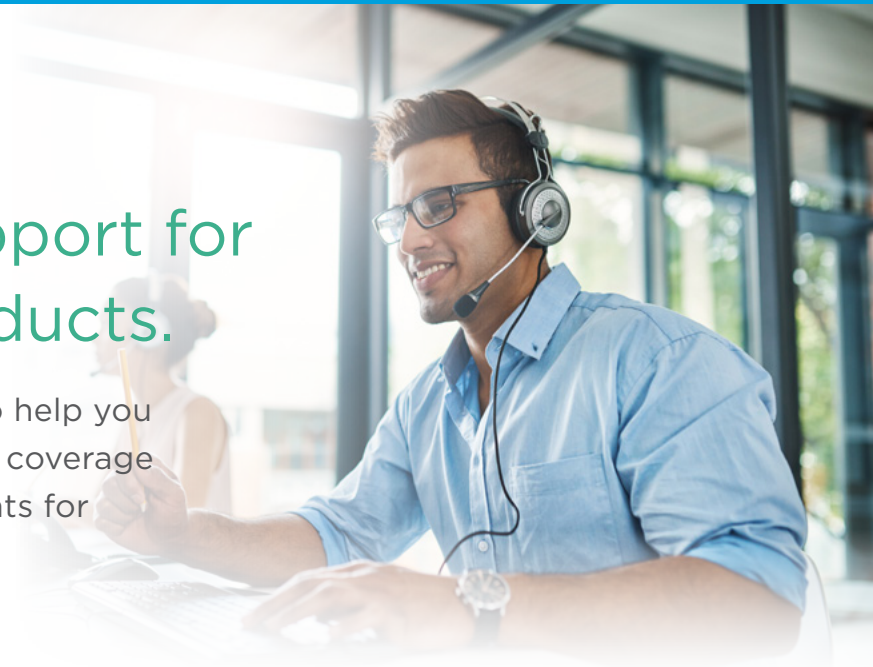
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Yes. As part of our commitment to facilitating patient access, Sight Sciences has invested in Sight Access to support you. The following pages will describe the support that Sight Access can provide.



# 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.




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**
- **Provide Payor Policy Links and Policy Review**
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- **Discuss Payor Contracting Considerations**
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