

2018 Reimbursement Codes

Healthcare Common Procedure Coding System (HCPCS) Codes for Insertion of the Ocular Telescope Prosthesis

Implantable Miniature Telescope (by Dr. Isaac Lipshitz)

This document provides general reimbursement information for the ocular telescope prosthesis procedure. Additional information on physician and facility coding for the telescope implant, and other reimbursement considerations concerning end-stage AMD patient evaluation and management, are provided by the Corcoran Consulting Group at <http://www.corcoranccg.com>

Telescope Implant Procedure Coding Effective January 1, 2016

CPT Procedure Code
0308T - Insertion of ocular telescope prosthesis including removal of crystalline lens or intraocular lens prosthesis. <i>Do not report 0308T in conjunction with 65800 through 65815, 66020, 66030, 66600 through 66635, 66761, 66825, 66982 through 66986 and 69990.</i>

Device Code Effective January 1, 2011

HCPCS Code
C1840 - Lens, intraocular (telescopic) only recognized by Medicare on hospital outpatient department claims.

Fee-For-Service Medicare Reimbursement

Provider Type	HCPCS Codes	Medicare Payment System	Ambulatory Payment Classification (APC)	Status/Payment Indicator	Medicare Payment Resources
Physician <i>(Place of Service Code 11)</i>	0308T	Physician Fee Schedule	n/a	C (Contractor priced-local fee schedule applies)	Carriers price the code. Carriers will establish RVUs and payment amounts for these services.
Ambulatory Surgery Center <i>(Place of Service Code 24)</i>	0308T	ASC Fee Schedule	Device bundled with payment for procedure	J8 (Device Intensive Procedure)	ASC Addenda
Hospital Outpatient Department <i>(Place of Service Code 22)</i>	0308T	Outpatient Prospective Payment System	Level 5 Intraocular Procedures	J1 (Comprehensive APC 5495)	Hospital Outpatient Addenda
	C1840*		Bundled with payment for procedure	N (Payment is packaged into payment for other services, no separate APC payment.)	

* While Medicare does not make separate payment for most devices described by C codes, procedures that require the implantation of a device that are assigned to a device-intensive APC will require a device code on the claim.

Possible International Classification of Diseases (ICD) Diagnosis Codes – Age-Related Macular Degeneration

Provider and hospital are responsible for reviewing any applicable coverage policy and must verify coding with local Medicare Administrative Contractor or other payer.

Applies ONLY to dates of service BEFORE October 1, 2016

- ICD-10-CM H35.31** – Nonexudative age-related macular degeneration
- Atrophic age-related macular degeneration

Diagnosis Code Applies ONLY to dates of service ON or AFTER October 1, 2016

HCPCS Code – Right Eye
ICD-10-CM H35.3112 – Nonexudative age-related macular degeneration, right eye, intermediate dry stage
ICD-10-CM H35.3113 – Nonexudative age-related macular degeneration, right eye, advanced atrophic without subfoveal involvement advanced dry stage
ICD-10-CM H35.3114 – Nonexudative age-related macular degeneration, right eye, advanced atrophic with subfoveal involvement
HCPCS Code – Left Eye
ICD-10-CM H35.3122 – Nonexudative age-related macular degeneration, left eye, intermediate dry stage
ICD-10-CM H35.3123 – Nonexudative age-related macular degeneration, left eye, advanced atrophic without subfoveal involvement advanced dry stage
ICD-10-CM H35.3124 – Nonexudative age-related macular degeneration, left eye, advanced atrophic with subfoveal involvement

Possible Applicable Revenue Codes

278 – Medical Device and Implants

Contact



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FDA INDICATION FOR USE:

VisionCare's Implantable Miniature Telescope (by Dr. Isaac Lipshitz) (intraocular telescope) is indicated for monocular implantation to improve vision in patients greater than or equal to 65 years of age with stable severe to profound vision impairment (best-corrected distance visual acuity 20/160 to 20/800) caused by bilateral central scotomas associated with end-stage age-related macular degeneration. Full prescribing information can be found at www.CentraSight.com.

DISCLAIMER

This document is for informational purposes only and is not legal advice. It is not intended to increase or maximize reimbursement by any payer. VisionCare does not guarantee that the use of this information will result in coverage or payment for the service or the implantable telescope. Hospitals and physicians should use independent judgment when selecting codes that most appropriately describe the services provided to a patient. Hospitals and physicians are solely responsible for compliance with Medicare and other payors' laws, rules, and requirements, and should confirm the accuracy of any coding or billing practice with these payors prior to submitting claims.

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