

**2018 Medicare Reimbursement Summary <sup>1</sup>**

<b>Code</b>	<b>Description</b>	<b>Global</b>	<b>Surgeon Allowable</b>	<b>ASC Facility Fee</b>	<b>HOPD Facility Fee</b>
0191T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir; internal approach, into the trabecular meshwork	N/A Concurrent cataract surgery has 90- day global	MAC discretion	\$2,573.27	\$3,610.75

**Examples of Pertinent ICD Diagnosis Codes <sup>2</sup>**

<b>ICD-10</b>	<b>Description</b>
H40.10X1	Unspecified open-angle glaucoma, mild stage
H40.10X2	Unspecified open-angle glaucoma, moderate stage
H40.1111	Primary open-angle glaucoma, right eye, mild stage
H40.1112	Primary open-angle glaucoma, right eye, moderate stage
H40.1121	Primary open-angle glaucoma, left eye, mild stage
H40.1122	Primary open-angle glaucoma, left eye, moderate stage
H40.1131	Primary open-angle glaucoma, bilateral, mild stage
H40.1132	Primary open-angle glaucoma, bilateral, moderate stage
H40.151	Residual stage of open-angle glaucoma, right eye
H40.152	Residual stage of open-angle glaucoma, left eye
H40.153	Residual stage of open-angle glaucoma, bilateral

**August 7, 2018**

The reimbursement information is provided by Corcoran Consulting Group based on publicly available information from CMS, the AMA, etc. The reader is strongly encouraged to review federal and state laws, regulations, code sets (including ICD-10), and official instructions promulgated by Medicare and other payers. This document is *not an official source* nor is it a complete guide on reimbursement. Although we believe this information is accurate at the time of publication, the reader is reminded that this information, including references and hyperlinks, changes over time, and may be incorrect at any time following publication.

**National Correct Coding (NCCI) Edits <sup>3</sup>**

<b>Primary Code</b>	<b>Do Not Bill These Codes With Primary Code</b>	<b>Do Not Bill Primary Code With These Codes</b>
0191T	0253T 0449T 0450T 0474T 65800 65810 65815 66020 66030 67500 69990 <sup>0</sup>	66170 66172 66179 66180 66183 66184 66185

Codes marked with superscript <sup>0</sup> may not be unbundled for any reason. Other codes may be unbundled in some situations (e.g., other eye).

**August 7, 2018**

<sup>1</sup> Rates shown are Medicare’s national fee schedule amounts. Local reimbursement varies.

<sup>2</sup> Listed codes are a representative of covered diagnoses but differences in payment policies exist for many payers. This list is neither exhaustive nor universally accepted. See your payer bulletins.

<sup>3</sup> NCCI edits in effect as of July 1, 2018. Edits may change quarterly. Bundles shown are common ophthalmic edits; check the complete NCCI edits for all bundles. [Link here](#)

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