

# 2015 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

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

### Device Code

HCPCS Level II Code
<b>C1840</b> – Lens, intraocular (telescopic) only recognized by Medicare on hospital outpatient department claims.

### Fee-For-Service Medicare Reimbursement Effective January 1, 2015

Provider Type	HCPCS Codes	Medicare Payment System	Ambulatory Payment Classification (APC)	Status/Payment Indicator	2015 Rate National Rate (unadjusted)
<b>Physician</b> (Place of Service Code 11)	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.
<b>Ambulatory Surgery Center</b> (Place of Service Code 24)	0308T	ASC Fee Schedule	n/a	J8 (Device Intensive Procedure)	\$22,674.60 <sup>1</sup> (US Average Subject to Local Adjustments)
<b>Hospital Outpatient Department</b> (Place of Service Code 22)	0308T	Outpatient Prospective Payment System	0351 Level V Intraocular Procedures	J1 (Comprehensive APC)	\$23,075.30 <sup>2</sup> (US Average Subject to Local Adjustments)
	C1840*		Bundled with payment for procedure	N (Payment is packaged into payment for other services, no separate APC payment.)	

<sup>1</sup> 2015 CMS Final Rule with Comment-ASC

<sup>2</sup> 2015 CMS Final Rule with Comment-HOPD

\* While Medicare does not make separate payment for most devices described by C codes, CMS expects hospitals to accurately report and code procedures and report C codes when applicable.

### Possible ICD-9 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.

**362.51** – Nonexudative senile macular degeneration of retina

### 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](http://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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