**QUESTION:** What is trabeculotomy *ab interno*, also known as goniotomy?

**ANSWER:** Trabeculotomy *ab interno* is an ophthalmic surgical procedure to incise and partially remove trabecular meshwork to create an opening into Schlemm’s canal by way of the anterior chamber angle. The procedure is carried out by means of an *ab interno* approach from inside the anterior chamber under indirect visualization with a goniolens. So, the longstanding term for this procedure is *goniotomy*.

**QUESTION:** What are the indications for goniotomy?

**ANSWER:** The primary indication for goniotomy is to clear the obstruction to aqueous outflow and associated abnormal internal drainage, which in turn lowers the intraocular pressure (IOP). Goniotomy is primarily performed to treat congenital glaucoma. Other indications include: aniridia, uveitic glaucoma associated with juvenile rheumatoid arthritis, juvenile open-angle glaucoma, and other abnormalities that create a blockage in trabecular meshwork.

**QUESTION:** What are the contraindications to goniotomy?

**ANSWER:** In order to perform the surgery, the surgeon must clearly visualize the angle structures. Good corneal clarity is required. The inability to see the anterior chamber angle is a contraindication to goniotomy.

**QUESTION:** Can I use goniotomy as a primary or initial line of treatment for congenital glaucoma?

**ANSWER:** Yes. According to the guidelines from the American Academy of Ophthalmology, the primary treatment for congenital glaucoma is angle surgery, either goniotomy or trabeculotomy *ab externo*, and “[goniotomy is preferred when the cornea is clear enough to permit visualization of anterior segment structures”.

**QUESTION:** What CPT code describes trabeculotomy *ab interno* or goniotomy?

**ANSWER:** Use CPT code 65820 (Goniotomy). Additionally, CPT instructs: “For use of ophthalmic endoscope with 65820, use 66990.” Trabeculotomy *ab externo* (CPT 65850) is not equivalent to trabeculotomy *ab interno* – the surgical approach to Schlemm’s canal differs. Do not use CPT 65850 for an *ab interno* procedure.

**QUESTION:** Does health insurance cover glaucoma surgery using goniotomy?

**ANSWER:** Yes, health insurance does cover glaucoma surgery for medically necessary procedures to treat conditions such as congenital glaucoma.

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REIMBURSEMENT FOR GONIOTOMY OR TRABECULOTOMY AB INTERNO

**QUESTION:** Is goniotomy bundled with other services?

**ANSWER:** Yes. According to Medicare’s National Correct Coding Initiative (NCCI), 65820 is bundled with some other ophthalmic procedures, although not with cataract surgery. For example, goniotomy and ECP (66711) are bundled. Check the NCCI edits for details.

**QUESTION:** What is the Medicare physician reimbursement for goniotomy?

**ANSWER:** The 2017 national Medicare Physician Fee Schedule (MPFS) allows $760 for goniotomy. This amount is adjusted by local indices so actual payment amounts vary. Other third party payers set their own rates.

**QUESTION:** Is goniotomy compatible with ophthalmic endoscopy for reimbursement?

**ANSWER:** Yes. Ophthalmic endoscopy is defined in CPT as +66990. The “+” indicates an add-on code, which is not subject to the multiple procedure rule. Only a few ophthalmic procedures are eligible to be billed with +66990 – goniotomy is one of those. It adds $92 to the surgeon’s reimbursement.

**QUESTION:** Does Medicare allow a facility fee for goniotomy performed in an ASC or HOPD?

**ANSWER:** Yes. Under current Medicare regulations, 65820 is eligible for a facility fee. The national 2017 ambulatory surgery center (ASC) allowed amount is $1,747; in the hospital outpatient department (HOPD), the allowable is $3,417. Allowed amounts are adjusted by local indices.

ASC: As with surgeons, when goniotomy and another major ophthalmic surgery are performed in the same operative session in an ASC, then the multiple procedure rules apply and reimbursement for the second procedure is reduced by 50%.

HOPD: When goniotomy and another major ophthalmic surgery are performed in the same operative session in a HOPD, then the multiple procedure rule does NOT apply. Goniotomy is assigned a J1 indicator and classified in APC 5492, a comprehensive APC. All covered Part B services on the claim are packaged with the primary J1 service for reimbursement, with few exceptions.

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January 1, 2017

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