### QUESTION: What is endoscopic cyclophotocoagulation?

**Answer:** Endoscopic cyclophotocoagulation (ECP) is a cyclodestructive procedure which minimizes the disadvantages of transscleral cyclodestructive procedures while maximizing the advantage of ablating the ciliary body epithelium to decrease intraocular pressure (IOP). It uses a laser endoscope to precisely deliver laser energy to the ciliary processes which limits damage to the underlying ciliary body and surrounding tissue.¹

### QUESTION: What is the goal of ECP?

**Answer:** The goal of endoscopic cyclophotocoagulation is to reduce IOP and diminish or eliminate nontolerated glaucoma medications.

### QUESTION: What are the indications for ECP?

**Answer:** According to the guidelines from the American Academy of Ophthalmology² and others,³ patients with following indications may undergo ECP:

1. Refractory glaucoma who have failed trabeculectomy or tube shunt procedures; or
2. Minimal useful vision and elevated, poorly controlled, IOP (even with multiple medications) with or without cataracts; or
3. Complicated, advanced glaucoma and conjunctival scarring from previous surgery; or
4. General medical condition precludes invasive surgery or who refuse more aggressive surgery; (i.e., filter or tube shunt) or
5. Emergency situations, such as the acute onset of neovascular glaucoma.

### QUESTION: Can I use ECP as a primary or initial line of treatment for glaucoma?

**Answer:** Rarely. The medical record must explain the reason for deviating from standard of care and why medical treatment was not attempted first. Traditionally, the medical necessity for surgery depends on the failure or contraindication of pharmaceuticals.⁴

### QUESTION: Does Medicare cover endoscopic cyclophotocoagulation (ECP), alone or with cataract surgery?

**Answer:** Yes. Cyclophotocoagulation of the ciliary body performed with a diode laser is a covered procedure when it is medically necessary. Combining treatment of cataract and glaucoma in the same operation, when medically appropriate, is likewise covered.⁵

### QUESTION: What CPT code describes ECP?

**Answer:** Use CPT code 66711 (Ciliary body destruction; cyclophotocoagulation, endoscopic). Additionally, CPT instructs: "Do not report 66711 in conjunction with 66990."⁶

### QUESTION: What is the global surgery period for 66711?

**Answer:** ECP is considered a major surgical procedure with a 90-day postoperative period.
**Medicare Reimbursement for Endoscopic Cyclophotocoagulation (ECP)**

**8.** **Question:** What is the Medicare physician reimbursement for ECP?

**Answer:** The national Medicare Physician Fee Schedule for the second half of 2015 allows $652 for ECP. This amount is adjusted by local indices. When ECP is combined with routine cataract surgery in the same operative session, the Medicare reimbursement for the 66984, normally $650, is reduced by 50% due to the impact of the multiple surgery rule.

**9.** **Question:** Does Medicare allow a facility fee to an ASC or HOPD for ECP?

**Answer:** Yes. Under current Medicare regulations, 66711 is eligible for a facility fee. It is paid under APC 233. The 2015 national ambulatory surgery center (ASC) allowed amount is $960.64; in the hospital outpatient department (HOPD), the allowable is $1,752.62. Allowed amounts are adjusted by local indices. APC 233 also contains cataract surgery; the Medicare facility payment rate is the same for ECP and cataract surgery.

**10.** **Question:** Can 65875 (severing posterior synechiae) be billed with 66711, since the iris is lifted with viscoelastic?

**Answer:** No. ECP requires the use of viscoelastic to elevate the iris and provide access to the ciliary processes; breaking posterior synechiae (if any) is an incidental part of ECP. Furthermore, NCCI bundles 65875 with 66711, so no separate reimbursement is available.

**August 13, 2015**

The reader is strongly encouraged to review federal and state laws, regulations, code sets (including ICD-9 and 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. The reader is reminded that this information, including references and hyperlinks, changes over time, and may be incorrect at any time following publication.

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All links accessed 08/13/15.

7. CMS. *PFS Relative Value files,* 2015.
8. CMS. *Ambulatory Surgical Center Payment,* 2015.