

Coding Clarification: Reporting Goniotomy (65820)

Concerns have been raised as to whether it is appropriate to report Current Procedural Terminology (CPT[®]) code 65820, *Goniotomy*, when a surgeon uses a tool or device to make a single puncture in the trabecular meshwork to either:

- deliver viscoelastic material into Schlemm’s canal or
- insert an aqueous drainage device through or immediately alongside the puncture(s).

Some practices have received guidance that a goniotomy alone without the incision or excision of an appreciable length of trabecular meshwork is sufficient to report code 65820, and that goniotomy may be reported in combination with the code describing the insertion of an aqueous drainage device. To mitigate the risk of misreporting these procedures, this article provides clarification on the correct reporting of code 65820.

As outlined in the July 2018 *CPT[®] Assistant* article titled, “Minimally Invasive Glaucoma Surgery” (p 3), appropriate reporting of code 65820 requires incision of an “extensive” portion of the trabecular meshwork, often using a goniotomy knife. In addition, code 65820 should not be separately reported if the incision into the trabecular meshwork is minimal or incidental to another ophthalmic procedure, nor should it be reported in combination with codes describing aqueous drainage device insertion. The article states:

[Minimally Invasive Glaucoma Surgery (MIGS)] can also be performed through an internal surgical approach without a stent by opening the trabecular meshwork with a knife or other surgical device. This service is called a *goniotomy* and is reported with code 65820.... Although not strictly a [modern] MIGS procedure, goniotomy includes extensive incision of the trabecular meshwork around the eye, rather than just the small portion penetrated by [placing] a stent in MIGS.

The article further clarifies that appropriate reporting of code 65820 requires that the surgeon “slit Barkan’s membrane for the desired area, usually 180 degrees.” The creation of a goniotomy merely as a means to access the canal does not entail the “extensive incision” required for reporting goniotomy. In addition, it would not be appropriate to report code 65820 when a goniotomy is performed to facilitate the injection of a small amount of viscoelastic material, or in addition to a second code describing a stent insertion through the trabecular meshwork and into or through Schlemm’s canal. Instead, the article states that the applicable code describing the aqueous drainage device insertion (eg, 0671T) or puncture with injection of viscoelastic material (66999) would be the only code reported.

Following are questions and answers based on prior guidance provided by the American Medical Association (AMA) to provide further clarification of these procedures.

Question: *Is code 65820 the appropriate code to report when a surgeon uses a tool or device to create one or more punctures in the trabecular meshwork to inject small amounts of viscoelastic material into Schlemm's canal?*

Answer: No, the procedure described by code 65820 requires the incision or excision of the trabecular meshwork, utilizing a blade or other tool, for at least several clock hours to circumferentially cut, unroof, or more of the diseased trabecular meshwork. When the surgeon injects viscoelastic material into a limited portion of the canal via one to three opening(s), report code 66999, *Unlisted procedure, anterior segment of eye*.

Question: *Is it appropriate to report code 65820 when a goniotomy is performed in connection with the insertion of an aqueous drainage device into the trabecular meshwork?*

Answer: No, code 65820 is not typically reported in addition to other angle surgeries or Schlemm's canal implants. Only the applicable code describing the aqueous drainage device insertion (eg, 66989, 66991, 0671T) should be reported, as the aqueous drainage device insertion includes the incision through the trabecular meshwork and thus is incidental to the service performed. If extensive or multiple incision(s) larger than punctures of the trabecular meshwork are performed away from the drainage device and over an area of three or more clock hours, goniotomy may be reported.