

PHYSICIAN OFFICE

CPT	Descriptor	MPFS	
		Non Facility	Facility
Placement of Biovance® • 3L Ocular			
65778	Placement of amniotic membrane on the ocular surface; without sutures	\$1,345.66	\$52.53
65779	Placement of amniotic membrane on the ocular surface; single layer, sutured	\$1,157.93	\$146.05
Pterygium Procedural Coding			
65426	Excision or transposition of pterygium; <i>with graft</i>	\$674.99	\$476.45
Conjunctivoplasty Procedures			
65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers	\$667.92	\$667.92
68110	Excision of lesion, conjunctiva; up to 1 cm	\$239.24	\$147.75
68115	Excision of lesion, conjunctiva; over 1 cm	\$336.84	\$182.31
68320	Conjunctivoplasty; with conjunctival graft or extensive rearrangement	\$749.59	\$537.79
68326	Conjunctivoplasty, reconstruction cul-de-sac; with conjunctival graft or extensive rearrangement	\$641.15	\$641.15
68330	Repair of symblepharon; conjunctivoplasty, <i>without graft</i>	\$627.93	\$458.16
Glaucoma Procedures			
66170	Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery	\$1,090.15	\$1,090.15
66172	Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)	\$1,190.46	\$1,190.46
66180	Aqueous shunt to extraocular equatorial plate reservoir, external approach; <i>with graft</i>	\$1,134.88	\$1,134.88
66185	Revision of aqueous shunt to extraocular equatorial plate reservoir; <i>with graft</i>	\$848.87	\$848.87

For more information please contact our reimbursement support line at 1-844-963-2273, prompt 5 or email: reimbursement@celularity.com

For product information, contact 1-800-397-0670. For adverse reaction reporting, contact 1-844-963-2273. Please refer to the Biovance 3L Ocular package insert for complete product information.

REFERENCES: 1. CY 2023 Changes to Hospital Outpatient Prospective Payment and Ambulatory Payment Systems – Final Rule with Comment and Final CY 2023 Payment Rates (CMS-1736-CN); Addendum B and ASC Addenda 2. CY 2023 Revision to Payment Policies under the Physician's Fee Schedule and Other Revisions to Part B (CMS-1734-F); Addendum B. 3. 2023 CPT Professional, © American Medical Association 4. ICD-10-CM Expert for Physicians 2020, ©2019 Optum360, LLC. All rights reserved.

This checklist provides general guidelines for providers. Following these guidelines does not guarantee coverage or payment but does provide a basis upon which to support medical necessity for Biovance® • 3L Ocular. The information contained herein is not intended as coding advice. The information contained in this document is provided for informational purposes only and represents no statement, promise or guarantee by Verséa Health or Celularity concerning levels of reimbursement, payment, eligibility, charges or that these policies and codes will be appropriate for specific services or products provided or that reimbursement will be made. It is always the providers' responsibility to determine and submit appropriate codes, charges, modifiers and bills for the services that were rendered. Verséa Health and Celularity recommend that you consult your local CMS MAC or other applicable payor organization with regard to specific reimbursement policies, coverage, documentation and payment.

For product information, contact 1-800-397-0670. For adverse reaction reporting, contact 1-844-963-2273. Please refer to the Biovance® • 3L Ocular Package Insert for complete product information.

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HOSPITAL OUTPATIENT & ASC

CPT	Descriptor	OPPS			ASC
		SI	APC	Payment	Payment
Placement of Biovance® • 3L Ocular					
65778	Placement of amniotic membrane on the ocular surface; without sutures	Q2	5502	\$872.64	Bundled
65779	Placement of amniotic membrane on the ocular surface; single layer, sutured	Q2	5504	\$3,495.50	Bundled
Pterygium Procedures					
65426	Excision or transposition of pterygium; <i>with graft</i>	J1	5514	\$2,114.22	\$903.37
Conjunctivoplasty Procedures					
65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers	J1	5504	\$3,495.50	\$1,805.82
68110	Excision of lesion, conjunctiva; up to 1 cm	J1	5503	\$2,114.22	\$172.82
68115	Excision of lesion, conjunctiva; over 1 cm	J1	5503	\$2,114.22	\$903.37
68320	Conjunctivoplasty; with conjunctival graft or extensive rearrangement	J1	5503	\$2,114.22	\$903.37
68326	Conjunctivoplasty, reconstruction cul-de-sac; with conjunctival graft or extensive rearrangement	J1	5504	\$3,495.50	\$1,406.85
68330	Repair of symblepharon; conjunctivoplasty, <i>without graft</i>	J1	5491	\$2,159.44	\$1,101.05
Glaucoma Procedures					
66170	Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery	J1	5491	\$2,159.44	\$1,101.05
66172	Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)	J1	5491	\$2,159.44	\$1,101.05
66180	Aqueous shunt to extraocular equatorial plate reservoir, external approach; <i>with graft</i>	J1	5492	\$3,995.58	\$2,610.89
66185	Revision of aqueous shunt to extraocular equatorial plate reservoir; <i>with graft</i>	J1	5491	\$2,159.44	\$1,101.05

NOTES:

- **SI** – Status Indicator
- **Q2** - Packaged APC payment if billed on the same claim as a HCPCS code assigned status indicator "T." Otherwise, payment made through separate APC.
- **J1** - All covered Part B services on the claim are packaged with the primary "J1" service for the claim, except services with OPPS SI=F, G, H, L and U; ambulance services; diagnostic and screening mammography; all preventive services; and certain Part B inpatient services.
 - If two or more "J1" services appear on the same claim, the procedure with the higher rank based on cost is considered the "primary" service and payment is based upon the C-APC to which that service is assigned.
- CPT 65426: If the provider uses an amniotic membrane transplant with glue during the procedure instead of using a conjunctival graft, CPT 65426 should still be reported.
- When reporting placement of the amniotic membrane separately, CPT 66999 should be reported if glue is used.