

Glaucoma Surgical Treatments

Policy Number: MCS041.06

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[Instructions for Use](#)

Table of Contents	Page
Coverage Guidelines	1
• Insertion of Aqueous Drainage Device	1
• Implantation of Glaucoma Drainage Devices	2
• Canaloplasty	2
• Viscocanalostomy	2
Definitions	2
Supporting Information	2
Policy History/Revision Information	5
Instructions for Use	5

Related Medicare Advantage Policy Guidelines

- [Anterior Segment Aqueous Drainage Device](#)
- [Category III CPT Codes](#)

Coverage Guidelines

Glaucoma surgical treatments are covered when the Medicare covered criteria are met.

Insertion of Aqueous Drainage Device

iStent® (CPT Code 0253T)

Medicare does not have a National Coverage Determination (NCD) for insertion of aqueous drainage device (iStent). Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) **exist for all states/territories** and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [iStent® System](#).

Hydrus® Microstent (CPT Codes 66991 and 66989)

Medicare does not have a National Coverage Determination (NCD) for insertion of aqueous drainage device (Hydrus® Microstent). Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Hydrus® Microstent](#).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled [Glaucoma Surgical Treatments](#).

Notes:

- After checking the [Hydrus® Microstent](#) and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.
- In September 2018, Alcon Research issued a voluntary market withdrawal of the CyPass® Micro-Stent from the global market.

(Accessed December 6, 2023)

Xen® Glaucoma Treatment System (CPT Codes 0449T and 0450T)

Medicare does not have a National Coverage Determination (NCD) for Xen® Glaucoma Treatment System). Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) **exist for all states/territories** and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Xen® Glaucoma Treatment System](#).

Implantation of Glaucoma Drainage Devices (e.g., ExPRESS™ Mini Glaucoma Shunt, Molteno Implant, Baerveldt Tube Shunt, Krupin Eye Valve, or the Ahmed Glaucoma Valve Implant) (CPT Code 66183)

Medicare does not have a National Coverage Determination (NCD) for the implantation of glaucoma drainage devices. Local Coverage Determinations (LCDs)/ Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Implantation of Glaucoma Drainage Devices](#).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled [Glaucoma Surgical Treatments](#).

Note: After checking the [Implantation of Glaucoma Drainage Devices](#) and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.
(Accessed December 6, 2023)

Canaloplasty (CPT Codes 66174 and 66175)

Medicare does not have a National Coverage Determination (NCD) for canaloplasty. Local Coverage Determinations (LCDs)/ Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Glaucoma Surgical Treatments](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.
(Accessed December 6, 2023)

Viscocanalostomy

Medicare does not have a National Coverage Determination (NCD) for viscocanalostomy. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Glaucoma Surgical Treatments](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.
(Accessed December 6, 2023)

Definitions

Glaucoma: Consists of a group of disease, frequently characterized by raised intraocular pressure which affects the optic nerve. It is the second leading cause of blindness in the world. Multiple LCDs for glaucoma treatment with aqueous drainage device.

Supporting Information

Insertion of Aqueous Drainage Device (iStent® System)				
Accessed December 6, 2023				
LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L37578 (A56491)	Micro-Invasive Glaucoma Surgery (MIGS)	Part A and B MAC	CGS Administrators, LLC	KY, OH
L38233 (A56647)	Micro-Invasive Glaucoma Surgery (MIGS)	Part A and B MAC	First Coast Service Options, Inc.	FL, PR, VI

Insertion of Aqueous Drainage Device (iStent® System)

Accessed December 6, 2023

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L37244 (A56588)	Micro-Invasive Glaucoma Surgery (MIGS)	Part A and B MAC	National Government Services, Inc.	CT, IL, ME, MA, MN, NH, NY, RI, VT, WI
L38299 (A57863)	Micro-Invasive Glaucoma Surgery (MIGS)	Part A and B MAC	Noridian Healthcare Solutions, LLC	AS, CA, GU, HI, MP, NV
L38301 (A57864)	Micro-Invasive Glaucoma Surgery (MIGS)	Part A and B MAC	Noridian Healthcare Solutions, LLC	AK, ID, OR, WA, AZ, MT, ND, SD, UT, WY
L38223 (A56633)	Micro-Invasive Glaucoma Surgery (MIGS)	Part A and B MAC	Novitas Solutions, Inc.	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L37531 (A56866)	Micro-Invasive Glaucoma Surgery (MIGS)	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV
L35490 (A56902)	Category III Codes	Part A and B MAC	Wisconsin Physicians Service Insurance Corporation	IA, IN, KS, MI, MO, NE
Back to Guidelines				

Implantation of Glaucoma Drainage Devices (e.g., Express™ mini glaucoma shunt, Molteno implant, Baerveldt tube shunt, Krupin Eye Valve, or the Ahmed glaucoma valve implant)

Accessed December 6, 2023

LCA ID	LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
A52432	Billing and Coding: Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach (0192T 66183)	Part A and B MAC	CGS Administrators, LLC	KY, OH
Back to Guidelines				

Insertion of Aqueous Drainage Device (Xen® Glaucoma Treatment System)

Accessed December 6, 2023

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L37578 (A56491)	Micro-Invasive Glaucoma Surgery (MIGS)	Part A and B MAC	CGS Administrators, LLC	KY, OH
L38233 (A56647)	Micro-Invasive Glaucoma Surgery (MIGS)	Part A and B MAC	First Coast Service Options, Inc.	FL, PR, VI
L37244 (A56588)	Micro-Invasive Glaucoma Surgery (MIGS)	Part A and B MAC	National Government Services, Inc.	CT, IL, ME, MA, MN, NH, NY, RI, VT, WI

Insertion of Aqueous Drainage Device (Xen® Glaucoma Treatment System)

Accessed December 6, 2023

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L38299 (A57863)	Micro-Invasive Glaucoma Surgery (MIGS)	Part A and B MAC	Noridian Healthcare Solutions, LLC	AS, CA, GU, HI, MP, NV
L38301 (A57864)	Micro-Invasive Glaucoma Surgery (MIGS)	Part A and B MAC	Noridian Healthcare Solutions, LLC	AK, ID, OR, WA, AZ, MT, ND, SD, UT, WY
L38223 (A56633)	Micro-Invasive Glaucoma Surgery (MIGS)	Part A and B MAC	Novitas Solutions, Inc.	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L37531 (A56866)	Micro-Invasive Glaucoma Surgery (MIGS)	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV
L35490 (A56902)	Category III Codes	Part A and B MAC	Wisconsin Physicians Service Insurance Corporation	IA, IN, KS, MI, MO, NE
Back to Guidelines				

Insertion of Aqueous Drainage Device (Hydrus® Microstent)

Accessed December 6, 2023

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L37578 (A56491)	Micro-Invasive Glaucoma Surgery (MIGS)	Part A and B MAC	CGS Administrators, LLC	KY, OH
L38233 (A56647)	Micro-Invasive Glaucoma Surgery (MIGS)	Part A and B MAC	First Coast Service Options, Inc.	FL, PR, VI
L37244 (A56588)	Micro-Invasive Glaucoma Surgery (MIGS)	Part A and B MAC	National Government Services, Inc.	CT, IL, ME, MA, MN, NH, NY, RI, VT, WI
L38301 (A57864)	Micro-Invasive Glaucoma Surgery (MIGS)	Part A and B MAC	Noridian Healthcare Solutions, LLC	AK, ID, OR, WA, AZ, MT, ND, SD, UT, WY
L38299 (A57863)	Micro-Invasive Glaucoma Surgery (MIGS)	Part A and B MAC	Noridian Healthcare Solutions, LLC	AS, CA, GU, HI, MP, NV
L38223 (A56633)	Micro-Invasive Glaucoma Surgery (MIGS)	Part A and B MAC	Novitas Solutions, Inc.	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L37531 (A56866)	Micro-Invasive Glaucoma Surgery (MIGS)	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV
Back to Guidelines				

Policy History/Revision Information

Date	Summary of Changes
10/11/2023	<p>Template Update</p> <ul style="list-style-type: none"> Updated <i>Instructions for Use</i> <p>Coverage Guidelines</p> <p><i>Hydrus® Microstent (CPT Codes 66991 and 66989)</i></p> <ul style="list-style-type: none"> Modified content heading Added instruction to refer to the UnitedHealthcare Commercial Medical Policy titled <i>Glaucoma Surgical Treatments</i> for coverage guidelines for states/territories with no Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) Added notation to indicate Alcon Research issued a voluntary market withdrawal of the CyPass® Micro-Stent from the global market in Sep. 2018 Replaced language indicating: <ul style="list-style-type: none"> “Medicare does not have a National Coverage Determination (NCD) for insertion of aqueous drainage device (<i>CyPass® Micro-Stent System</i>)” with “Medicare does not have a NCD for insertion of aqueous drainage device (<i>Hydrus® Microstent</i>)” “Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) <i>exist for all states and territories</i> and compliance with these policies is required where applicable” with “LCDs/LCAs <i>exist</i> and compliance with these policies is required where applicable” Updated list of applicable CPT codes: <ul style="list-style-type: none"> Added 66991 and 66989 Removed 0474T <p>Supporting Information</p> <ul style="list-style-type: none"> Archived previous policy version MCS041.05

Instructions for Use

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The benefit information in this Coverage Summary is based on existing national coverage policy; however, Local Coverage Determinations (LCDs) may exist and compliance with these policies are required where applicable.

UnitedHealthcare follows Medicare coverage guidelines found in statutes, regulations, NCDs, and LCDs to determine coverage. The clinical coverage criteria governing the items or services in this coverage summary have not been fully established in applicable Medicare guidelines because there is an absence of any applicable Medicare statutes, regulations, NCDs, or LCDs setting forth coverage criteria and/or the applicable NCDs or LCDs include flexibility that explicitly allows for coverage in circumstances beyond the specific indications that are listed in an NCD or LCD. As a result, UnitedHealthcare applies internal coverage criteria in the UnitedHealthcare commercial policies referenced in this coverage summary. The coverage criteria in these commercial policies was developed through an evaluation of the current relevant clinical evidence in acceptable clinical literature and/or widely used treatment guidelines. UnitedHealthcare evaluated the evidence to determine whether it was of sufficient quality to support a finding that the items or services discussed in the policy might, under certain circumstances, be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

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