# Coverage Summary

## Glaucoma Surgical Treatments

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<tr>
<td>Approved by: UnitedHealthcare Medicare Benefit Interpretation Committee</td>
<td>Last Review Date: 07/23/2019</td>
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</tbody>
</table>

Related Medicare Advantage Policy Guidelines:
- Anterior Segment Aqueous Drainage Device
- Category III CPT Codes

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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 is required where applicable.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence (Medicare IOM Pub. No. 100-16, Ch. 4, §90.5).

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4. 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)
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6. Viscocanalostomy
7. Transciliary Fistulization

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### IV. REVISION HISTORY

### V. ATTACHMENTS

### I. COVERAGE

**Coverage Statement:** Glaucoma surgical treatments are covered when the Medicare covered criteria are met.
Guidelines/Notes:

1. **Insertion of Aqueous Drainage Device (iStent®) (CPT codes 0191T, 0376T and, 0253T)**
   - Medicare does not have a National Coverage Determination (NCD) for insertion of aqueous drainage device.
   - Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) which address aqueous drainage device exist for all 50 states and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, see the LCD Availability Grid (Attachment A).
   - **Committee approval date:** July 23, 2019
   - Accessed August 23, 2019

2. **Insertion of Aqueous Drainage Device (CyPass® Micro-Stent System) (CPT code 0474T)**
   - Medicare does not have a National Coverage Determination (NCD) for insertion of aqueous drainage device (CyPass® Micro-Stent System).
   - Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, see the LCD Availability Grid (Attachment E).
   - For states with no LCDs/LCAs, see the UnitedHealthcare Commercial Medical Policy for Glaucoma Surgical Treatments for coverage guideline. (IMPORTANT NOTE: After checking the LCD Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
   - **Committee approval date:** July 23, 2019
   - Accessed August 23, 2019


3. **Insertion of Aqueous Drainage Device (Xen® Glaucoma Treatment System) (CPT codes 0449T and 0450T)**
   - Medicare does not have a National Coverage Determination (NCD) for Xen® Glaucoma Treatment System (CPT code 0449T).
   - Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist for all 50 states and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, see the LCD Availability Grid (Attachment D).
   - **Committee approval date:** July 23, 2019
   - Accessed August 23, 2019

4. **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 state-specific LCDs/LCAs, see the LCD Availability Grid (Attachment C).
   - For states with no LCDs/LCAs, see the UnitedHealthcare Commercial Medical Policy for
Glaucma Surgical Treatments. (IMPORTANT NOTE: After checking the LCD Availability grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)

- **Committee approval date: July 23, 2019**
- Accessed August 23, 2019

5. **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 at this time.
   - For coverage guidelines, see the UnitedHealthcare Commercial Medical Policy for Glaucma Surgical Treatments. (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
   - **Committee approval date: July 23, 2019**
   - Accessed August 23, 2019

6. **Viscocanalostomy**
   - Medicare does not have a National Coverage Determination (NCD) for viscocanalostomy.
   - Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time.
   - For coverage guideline, see the UnitedHealthcare Commercial Medical Policy for Glaucma Surgical Treatments. (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
   - **Committee approval date: July 23, 2019**
   - Accessed August 23, 2019

7. **Transciliary Fistulization (CPT code 66999)**
   - Medicare does not have a National Coverage Determination (NCD) for transciliary fistulization.
   - Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. See the LCD Availability Grid (Attachment B).
   - For states with no LCDs/LCAs, see the First Coast LCD for Noncovered Services (L33777) for coverage guideline. (IMPORTANT NOTE: After checking the LCD Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
   - **Committee approval date: July 23, 2019**
   - Accessed August 23, 2019

**II. 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.

**III. REFERENCES**

See above.
IV. REVISION HISTORY

07/23/2019

Guideline 1 [Insertion of Aqueous Drainage Device iStent® (CPT codes 0191T, 0376T and 0253T)]
- Changed guideline title; previously titled Insertion of Aqueous Drainage Device (such as the iStent® Trabecular Micro-Bypass Stent System CyPass® Micro-Stent System) (CPT codes 0191T, 0376T, 0253T, 0450T and 0474T)
- Updated list of applicable CPT codes:
  - Removed/relocated 0450T (refer to Guideline 3)
  - Removed/relocated 0474T (refer to Guideline 2)
- Removed/relocated language pertaining to CyPass® Micro-Stent System (refer to Guideline 2)
- Revised language pertaining to applicable Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) to indicate LCDs/LCAs exist for all 50 states and compliance with these policies is required where applicable
- Removed default guidelines for states with no LCDs/LCAs

Guideline 2 [Insertion of Aqueous Drainage Device (CyPass® Micro-Stent System) (CPT code 0474T)]
- Updated list of applicable CPT codes; added 0474T
- Added coverage guidelines (rellocated from Guideline 1) to indicate:
  - Medicare does not have a National Coverage Determination (NCD) for insertion of aqueous drainage device (CyPass® Micro-Stent System)
  - LCDs/LCAs exist and compliance with these policies is required, where applicable
  - For states with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled Glaucoma Surgical Treatments for applicable coverage guidelines

Guideline 3 [Insertion of Aqueous Drainage Device (Xen® Glaucoma Treatment System) (CPT codes 0449T and 0450T)]
- Updated list of applicable CPT codes; added 0450T
- Revised language pertaining to applicable (LCDs)/(LCAs) to indicate LCDs/LCAs exist for all 50 states and compliance with these policies is required where applicable
- Removed default guidelines for states with no LCDs/LCAs
- Removed reference link to the UnitedHealthcare Commercial Medical Policy titled Glaucoma Surgical Treatments

Attachments
- Updated Local Coverage Determination (LCD) Availability Grids to reflect the most current reference links

V. ATTACHMENT(S)
### Attachment A - LCD Availability Grid

**Insertion of Aqueous Drainage Device (iStent® System)**

(CPT codes 0191T, 0376T and 0253T)

CMS website accessed August 23, 2019

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<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor Type</th>
<th>States</th>
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<td>A and B MAC</td>
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<td>L36219</td>
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<td>Additional Information Required for Coverage and Pricing for Category III CPT® Codes</td>
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<td>L35490</td>
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<td>A and B MAC</td>
<td>Palmetto GBA</td>
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### Attachment B - LCD Availability Grid

**Transciliary Fistulization**

(CPT code 66999)

CMS website accessed August 23, 2019

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<tr>
<th>LCD ID</th>
<th>LCD Title</th>
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<th>Contractor Type</th>
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### Attachment C - LCD Availability Grid

**Implantation of Glaucoma Drainage Devices**

(CPT code 66183)

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### Attachment D - LCD Availability Grid

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

(CPT code 0449T and 0450T)

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<td>National Government Services, Inc.</td>
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<td>A and B MAC</td>
<td>Palmetto GBA</td>
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End of Attachment C

End of Attachment D
## Insertion of Aqueous Drainage Device (CyPass® Micro-Stent System) (CPT code 0474T)

### Attachment E - LCD Availability Grid

**CMS website accessed August 23, 2019**

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<td></td>
<td><strong>Note:</strong> On 8/29/2018, there was a recall by the manufacturer of the CyPass device (CPT code 0474T). Therefore, this device is considered non-covered for services rendered on or after 8/29/2018. See the FDA Recall Announcement at <a href="https://www.fda.gov/Safety/Recalls/ucm619109.htm">https://www.fda.gov/Safety/Recalls/ucm619109.htm</a>. (Accessed August 22, 2019)</td>
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<td>Category III Codes</td>
<td>MAC - Part A and B</td>
<td>Wisconsin Physicians Service Insurance Corporation</td>
<td>IA, IN, KS, MI, MO, NE</td>
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<td>L35490</td>
<td>Category III Codes</td>
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<td>Wisconsin Physicians Service Insurance Corporation</td>
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<td></td>
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### Attachment E - LCD Availability Grid

**Insertion of Aqueous Drainage Device (CyPass® Micro-Stent System)**

(CPT code 0474T)

CMS website accessed August 23, 2019

<table>
<thead>
<tr>
<th>LCD ID</th>
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<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
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<tbody>
<tr>
<td>L37578</td>
<td>Micro-Invasive Glaucoma Surgery (MIGS)</td>
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<td>KY, OH</td>
</tr>
</tbody>
</table>

*Note: On 8/29/2018, there was a recall by the manufacturer of the CyPass device (CPT code 0474T). Therefore, this device is considered non-covered for services rendered on or after 8/29/2018. See the FDA Recall Announcement at [https://www.fda.gov/Safety/Recalls/ucm619109.htm](https://www.fda.gov/Safety/Recalls/ucm619109.htm). (Accessed August 22, 2019)*

| L37244 | Micro-Invasive Glaucoma Surgery (MIGS) | MAC - Part A and B | National Government Services, Inc. | IL, MN, WI, CT, NY, ME, MA, NH, RI, VT |

*Note: On 8/29/2018, there was a recall by the manufacturer of the CyPass device (CPT code 0474T). Therefore, this device is considered non-covered for services rendered on or after 8/29/2018. See the FDA Recall Announcement at [https://www.fda.gov/Safety/Recalls/ucm619109.htm](https://www.fda.gov/Safety/Recalls/ucm619109.htm). (Accessed August 22, 2019)*

End of Attachment E