Coverage Summary

Glaucoma Surgical Treatments

Approved by: UnitedHealthcare Medicare Benefit Interpretation Committee  Last Review Date: 11/20/2018

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).

INDEX TO COVERAGE SUMMARY

I. COVERAGE

1. Insertion of Aqueous Drainage Device such as the iStent® Trabecular Micro-Bypass Stent System, CyPass® Micro-Stent System
2. Insertion of Aqueous Drainage Device (Xen® Glaucoma Treatment System) (CPT code 0449T)
3. 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)
4. Canaloplasty
5. Viscocanalostomy
6. Transciliary Fistulization

II. DEFINITIONS

III. REFERENCES

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 such as the iStent® Trabecular Micro-Bypass Stent System, CyPass® Micro-Stent System (CPT codes 0191T, 0253T, 0376T, 0450T and 0474T)
   - 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 and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, see the LCD Availability Grid (Attachment A).
   - 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: November 20, 2018
   - Accessed March 26, 2019


2. Insertion of Aqueous Drainage Device (Xen® Glaucoma Treatment System) (CPT code 0449T)
   - 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 and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, see the LCD Availability Grid (Attachment D).
   - For states with no LCDs/LCAs, see the UnitedHealthcare Commercial Medical Policy for Glaucoma Surgical Treatments for coverage guideline with individual consideration for the following:
     Management of refractory glaucoma, including cases where previous surgical treatment has failed, cases of primary open angle glaucoma, and pseudoexfoliative or pigmentary glaucoma with open angles that are unresponsive to maximum tolerated medical therapy.
     (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: November 20, 2018
   - Accessed March 26, 2019

3. 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 Glaucoma 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 17, 2018

Accessed March 26, 2019

4. 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 Glaucoma 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 17, 2018

   Accessed July 9, 2018

5. 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 Glaucoma 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 17, 2018

   Accessed July 9, 2018

6. 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 17, 2018

   Accessed March 26, 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
IV. REVISION HISTORY

04/01/2019  • Updated policy introduction; added language to clarify:
  o There are instances where [the Coverage Summary] may direct readers to a
    UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug
    Policy, and/or Coverage Determination Guideline (CDG)
  o 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)
  • Retitled reference links that direct users to UnitedHealthcare Commercial
    policies

11/20/2018  Re-review with the following updates:

Guideline 1 [Insertion of Aqueous Drainage Device such as the iStent® Trabecular
Micro-Bypass Stent System, Xen® Glaucoma Treatment System, CyPass® Micro-
Stent System (CPT codes 0191T, 0253T, 0376T, 0449T, 0450T and 0474T)]
  • Deleted the guideline for Xen® Glaucoma Treatment System (CPT code
    0449T) from Guideline 1; moved to Guideline 2
  • Added the following note regarding the recall of CyPass Devices (CPT code
    0474T):

    Recall Announcement - CyPass Device (CPT code 0474T): On August 29,
    2018, the manufacturer of the CyPass device (0474T) announced an
    immediate, voluntary market withdrawal from the global market for patient
    safety reasons. See the FDA Recall Announcement at

  • Updated the LCD Availability Grid (Attachment A) to include the following
    note to the specific LCDs that have not been updated with the recall
    information for Cypass Device (CPT code 0474T)

    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

Guideline 2 [ Insertion of Aqueous Drainage Device (Xen® Glaucoma Treatment
System) (CPT code 0449T)]
  • Added as separate guideline; moved from Guideline 1

09/18/2018  Updated Local Coverage Determination (LCD) Availability Grids; removed
            instruction to “use the applicable LCD based on member’s residence/place
            and type of service” (this note only applies when selecting the appropriate
            DME LCD Policy)

07/17/2018  Annual review; no updates at this time.
04/17/2018  Re-review with the following updates:
Guideline 1 [Insertion of Aqueous Drainage Device such as the iStent® Trabecular Micro-Bypass Stent System, (CPT codes 0191T, 0253T, 0376T, 0449T, 0450T)]
- Added “Xen® Glaucoma Treatment System and CyPass® Micro-Stent System” to the guideline
- Added CPT code 0474T

01/16/2018  Re-review with the following updates:
Guideline 1 (Insertion of Aqueous Drainage Device such as the iStent® Trabecular Micro-Bypass Stent System) - Updated the applicable LCDs to include the most recent website links and effective dates related to the Cahaba-Palmetto jurisdiction transition; no change in guideline.

Guideline 1 (Implantation of Glaucoma Drainage Devices) - Updated the applicable LCDs to include the most recent website links and effective dates related to the Cahaba-Palmetto jurisdiction transition; no change in guideline.

07/17/2017  Annual review with the following updates:
Guideline 1 [Insertion of Aqueous Drainage Device such as the iStent® Trabecular Micro-Bypass Stent System (CPT codes 0191T, 0253T, 0376T, 0449T and 0450T)]:
- Removed language stating “for all 50 states”.
- Added the following language “For states with no LCDs, see the UnitedHealthcare Medical Policy for Glaucoma Surgical Treatments for coverage guidelines. (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD or Local Article is found, then use the above referenced policy.)”

01/17/2017  Re-review with the following updates:
- Re-review; Guideline 1 [Insertion of Aqueous Drainage Device such as the iStent® Trabecular Micro-Bypass Stent System (CPT codes 0191T, 0253T, 0376T, 0449T and 0450T)] – Added new 2017 CPT codes 0449T and 0450T.
- Guideline 2 [Implantation of Glaucoma Drainage Devices (e.g., ExPRESS™ mini glaucoma shunt, Molteno implant, Baerfeldt tube shunt, Krupin Eye Valve, or the Ahmed glaucoma valve implant) (CPT code 66183)] – Added the following language “(IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD or Local Article is found, then use the above referenced policy.)”
- Guideline 3 [Canaloplasty (CPT codes 66174 and 66175)] – Removed all references to the availability of LCDs, the only LCD available retired

07/26/2016  Annual review with the following updates:
Guideline 1 (Aqueous Drainage Device)
- Changed title to Insertion of Aqueous Drainage Device such as the iStent® Trabecular Micro-Bypass Stent System
- Removed CPT code 66183 from Guideline 1; moved to Guideline 2

Guideline 2 [Implantation of Glaucoma Drainage Devices (e.g., ExPRESS™ mini glaucoma shunt, Molteno implant, Baerfeldt tube shunt, Krupin Eye Valve, or the
Ahmed glaucoma valve implant)]
- Added new guideline for CPT code 66183

06/21/2016  Re-review with the following updates:
Guideline 4 Transciliary Fistulization
- Updated CPT code from 0123T to 66999 (code replaced)
- Replaced default policy for states with no LCDs from UHC MP for Glaucoma Surgical Treatments to First Coast LCD for Category III CPT® Codes (L33777). This procedure/code is no longer addressed in the UHC MP.

01/20/2016  Updated reference link(s) of the applicable LCDs to reflect the new condensed LCD link(s).

08/18/2015  Annual review, with the following updates:
Guideline 1 (Aqueous Drainage Device)
- Updated guideline to state that all 50 states now have LCDs
- Removed the reference to the default policy for states with no LCDs, i.e., LCD for Glaucoma Treatment with Aqueous Drainage Device (L32733).
Guideline 2 (Canaloplasty)
- Removed statement about the alignment of the available LCD guidelines and UHC Medical Policy (internal only)
Guideline 3 (Viscocanalostomy and Transciliary Fistulization)
- Removed guideline for Transciliary Fistulization from Guideline 3 and moved to Guideline 4 since there are now available LCDs for this procedure
Guideline 4 (Transciliary Fistulization)
- Added new guideline as separate section with default for states with no LCDs to the UHC MP for Glaucoma Surgical Treatments

08/19/2014  Annual review; added reference to the LCDs for Glaucoma Treatment with Aqueous Drainage Device to the definition of “glaucoma”.

08/20/2013  Annual review; no updates.

02/19/2013  Guidelines #1 (Aqueous Drainage Device) revised; changed the default guidelines for states with no Local Coverage Determinations (LCDs), from Pinnacle LCD for Glaucoma Treatment with Aqueous Device (L30517) to Novitas LCD for Glaucoma Treatment with Aqueous Drainage Device (L32733). Added the CPT Codes 0191T, 0192T and 0253T.
Guidelines #2 (Canaloplasty) updated to include the statement that the available Local Articles and the UnitedHealthcare Medical Policy for Glaucoma Surgical Treatments align in coverage. Added the CPT codes 66174 and 66175.

08/20/2012  Annual review; no updates.
## Attachment A - LCD Availability Grid

**Insertion of Aqueous Drainage Device**
(CPT codes 0191T, 0253T, 0376T, 0450T and 0474T)

CMS website accessed March 26, 2019

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>L34555</td>
<td>Non-Covered Category III CPT Codes</td>
<td>A and B MAC</td>
<td>Palmetto GBA</td>
<td>AL, GA, NC, SC, TN, VA, WV</td>
</tr>
<tr>
<td>L33777</td>
<td>Noncovered Services</td>
<td>A and B MAC</td>
<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
</tr>
<tr>
<td>L35008</td>
<td>Non-Covered Services</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>AK., ID, OR, WA, AZ, MT, ND, SD, UT, WY</td>
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<tr>
<td>L36219</td>
<td>Non Covered Services</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>AS, CA, HI, MP, NV</td>
</tr>
<tr>
<td>A55607</td>
<td>Additional Information Required for Coverage and Pricing for Category III CPT® Codes</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>AS, CA, GU, HI, MP, NV</td>
</tr>
<tr>
<td>A55681</td>
<td>Additional Information Required for Coverage and Pricing for Category III CPT® Codes</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>AK., ID, OR, WA, AZ, MT, ND, SD, UT, WY</td>
</tr>
<tr>
<td>L35490</td>
<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>
</tr>
<tr>
<td>L35490</td>
<td>Category III Codes</td>
<td>MAC - Part A</td>
<td>Wisconsin Physicians Service Insurance Corporation</td>
<td>AK, AL, AR, AZ, CT, FL, GA, IA, ID, IL, IN, KS, KY, LA, MA, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, OH, OR, RI, SC, SD, TN, UT, VA, VI, VT, WA, WI, WV, WY</td>
</tr>
</tbody>
</table>
### Attachment A - LCD Availability Grid

**Insertion of Aqueous Drainage Device**

(CPT codes 0191T, 0253T, 0376T, 0450T and 0474T)

CMS website accessed March 26, 2019

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
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<tbody>
<tr>
<td>L33392</td>
<td>Category III CPT® Codes</td>
<td>MAC - Part A and B</td>
<td>National Government Services, Inc.</td>
<td>IL, MN, WI, CT, NY, ME, MA, NH, RI, VT</td>
</tr>
<tr>
<td>L37578</td>
<td>Micro-Invasive Glaucoma Surgery (MIGS)</td>
<td>MAC - Part A and B</td>
<td>CGS Administrators, LLC</td>
<td>KY, OH</td>
</tr>
<tr>
<td>L37244</td>
<td>Micro-Invasive Glaucoma Surgery (MIGS)</td>
<td>MAC - Part A and B</td>
<td>National Government Services, Inc.</td>
<td>IL, MN, WI, CT, NY, ME, MA, NH, RI, VT</td>
</tr>
</tbody>
</table>

End of Attachment A

### Attachment B - LCD Availability Grid

**Transciliary Fistulization**

(CPT code 66999)

CMS website accessed March 26, 2019

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
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</thead>
<tbody>
<tr>
<td>L33777</td>
<td>Noncovered Services</td>
<td>A and B MAC</td>
<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
</tr>
</tbody>
</table>

End of Attachment B

### Attachment C - LCD Availability Grid

**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)

CMS website accessed March 26, 2019

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>A52432</td>
<td>Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach (0192T)</td>
<td>MAC - Part A and B</td>
<td>CGS Administrators, LLC</td>
<td>KY, OH</td>
</tr>
</tbody>
</table>

End of Attachment C

### Attachment D - LCD Availability Grid

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

(CPT code 0449T)

CMS website accessed March 26, 2019

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<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
</tr>
</thead>
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<tr>
<td>A55607</td>
<td>Additional Information Required for Coverage and Pricing for Category III CPT® Codes</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>AS, CA, GU, HI, MP, NV</td>
</tr>
<tr>
<td>A55681</td>
<td>Additional Information Required for Coverage and Pricing for Category III CPT® Codes</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>AK., ID, OR, WA, AZ, MT, ND, SD, UT, WY</td>
</tr>
<tr>
<td>L35490</td>
<td>Category III Codes</td>
<td>MAC - Part A and B</td>
<td>Wisconsin Physicians Service Insurance</td>
<td>IA, IN, KS, MI, MO, NE</td>
</tr>
</tbody>
</table>
### Attachment D - LCD Availability Grid

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

*(CPT code 0449T)*

CMS website accessed March 26, 2019

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>L35490</td>
<td>Category III Codes</td>
<td>MAC - Part A</td>
<td>Wisconsin Physicians Service Insurance Corporation</td>
<td>AK, AL, AR, AZ, CT, FL, GA, IA, ID, IL, IN, KS, KY, LA, MA, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, OH, OR, RI, SC, SD, TN, UT, VA, VI, VT, WA, WI, WV, WY</td>
</tr>
<tr>
<td>L37578</td>
<td>Micro-Invasive Glaucoma Surgery (MIGS)</td>
<td>MAC - Part A and B</td>
<td>CGS Administrators, LLC</td>
<td>KY, OH</td>
</tr>
<tr>
<td>L37244</td>
<td>Micro-Invasive Glaucoma Surgery (MIGS)</td>
<td>MAC - Part A and B</td>
<td>National Government Services, Inc.</td>
<td>IL, MN, WI, CT, NY, ME, MA, NH, RI, VT</td>
</tr>
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<td>L37531</td>
<td>Micro-Invasive Glaucoma Surgery (MIGS)</td>
<td>A and B MAC</td>
<td>Palmetto GBA</td>
<td>AL, GA, NC, SC, TN, VA, WV</td>
</tr>
</tbody>
</table>

End of Attachment D