

Glaucoma Surgical Treatments

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[Instructions for Use](#)

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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 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 states/territories and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [iStent® System](#).

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 for all states/territories and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [CyPass® Micro-Stent System](#).

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 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.

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, 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.

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 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.

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

Important Note: When searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the applicable referenced default policy below for coverage guidelines.

Insertion of Aqueous Drainage Device (iStent® System)				
Accessed July 8, 2021				
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
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

Insertion of Aqueous Drainage Device (iStent® System)

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LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
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 MAC	Wisconsin Physicians Service Insurance Corporation	AK*, AL*, AR*, AZ*, CA*, CO*, CT*, DE*, FL*, GA*, HI*, IA, ID*, IL*, IN, KS, KY*, LA*, MA*, MD*, ME*, MI, MO, MS*, MT*, NC*, ND*, NE, NH*, NJ*, NM*, NV*, OH*, OK*, OR*, PA*, RI*, SC, SD*, TN*, TX*, UT*, VA*, VT*, WA*, WI*, WV*, WY* Note: States notated with an asterisk should follow the other available state-specific LCD/LCA listed in this table. This WPS LCD/LCA only applies to states without asterisk.
L35490 (A56902)	Category III Codes	Part B MAC	Wisconsin Physicians Service Insurance Corporation	IA, IN, KS, MI, MO, NE

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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 July 8, 2021

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

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

Accessed July 8, 2021

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

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

Accessed July 8, 2021

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
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
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 MAC	Wisconsin Physicians Service Insurance Corporation	AK*, AL*, AR*, AZ*, CA*, CO*, CT*, DE*, FL*, GA*, HI*, IA, ID*, IL*, IN, KS, KY*, LA*, MA*, MD*, ME*, MI, MO, MS*, MT*, NC*, ND*, NE, NH*, NJ*, NM*, NV*, OH*, OK*, OR*, PA*, RI*, SC*, SD*, TN*, TX*, UT*, VA*, VT*, WA*, WI*, WV*, WY* Note: States notated with an asterisk should follow the other available state-specific LCD/LCA listed in this table. This WPS LCD/LCA only applies to states without asterisk.
L35490 (A56902)	Category III Codes	Part B MAC	Wisconsin Physicians Service Insurance Corporation	IA, IN, KS, MI, MO, NE

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

Accessed July 8, 2021

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 (CyPass® Micro-Stent System)

Accessed July 8, 2021

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
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
L35490 (A56902)	Category III Codes	Part A MAC	Wisconsin Physicians Service Insurance Corporation	AK*, AL, AR*, AZ*, CA*, CO*, CT*, DE*, FL*, GA, HI*, IA, ID*, IL*, IN, KS, KY*, LA*, MA*, MD*, ME*, MI, MO, MS*, MT*, NC, ND*, NE, NH*, NJ*, NM*, NV*, OH*, OK*, OR*, PA*, RI*, SC, SD*, TN, TX*, UT*, VA, VT*, WA*, WI*, WV, WY* Note: States notated with an asterisk should follow the other available state-specific LCD/LCA listed in this table. This WPS LCD/LCA only applies to states without asterisk.
L35490 (A56902)	Category III Codes	Part B MAC	Wisconsin Physicians Service Insurance Corporation	IA, IN, KS, MI, MO, NE

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Policy History/Revision Information

Date	Summary of Changes
07/20/2021	<p>Coverage Guidelines</p> <p><i>Insertion of Aqueous Drainage Device</i></p> <ul style="list-style-type: none"> Removed reference link to the U.S. Food and Drug Administration (FDA) announcement titled <i>Alcon Announces Voluntary Global Market Withdrawal of CyPass Micro-Stent for Surgical Glaucoma</i> <p>Supporting Information</p> <ul style="list-style-type: none"> Archived previous policy version MCS041.01

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information in making health care decisions. Physicians and patients must exercise their independent clinical discretion and judgment in determining care. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the Member's Evidence of Coverage (EOC)/Summary of Benefits (SB). If there is a discrepancy between this policy and the member's EOC/SB, the member's EOC/SB provision will govern. The information contained in this document is believed to be current as of the date noted.

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.

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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