Anterior Segment Aqueous Drainage Device

Guideline Number: MPG011.09
Approval Date: August 12, 2020

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Policy Summary

Overview
Glaucoma is a disease of the eye associated with increased intraocular pressure (IOP). The majority (about 90%) of patients with glaucoma have primary open-angle glaucoma (POAG), a chronic condition in which the IOP is elevated beyond a level compatible with the continued health and function of the eye, with a gonioscopically open angle and a decreased facility of outflow.

Primary open-angle glaucoma (POAG) is a chronic, progressive optic neuropathy in adults in which there is a characteristic acquired atrophy of the optic nerve and loss of retinal ganglion cells and their axons. A risk factor associated with POAG is increased intraocular pressure (IOP) due to a buildup of aqueous fluid within the eye which can lead to visual field loss and optic nerve damage, usually without any associated pain or discomfort. The increased IOP is secondary to an imbalance between aqueous fluid secretion and fluid outflow despite an open angle. Although many patients with POAG present with increased IOP, nearly 40% of those with otherwise characteristic POAG may not have elevated IOP measurements.

Guidelines
Glaucoma surgical aqueous drainage devices will be considered medically reasonable and necessary when approved by the FDA and used within accordance of the FDA-approved/cleared indications.

- A single insertion per eye of an anterior segment aqueous drainage device(s), without extraocular reservoir, via internal approach into the trabecular meshwork or with creation of intraocular reservoir into the supraciliary space is considered medically reasonable and necessary in conjunction with cataract surgery for the treatment of adults with mild or moderate open-angle glaucoma and a cataract when the individual is currently being treated with an ocular hypotensive medication.

- A single insertion per eye of an aqueous drainage device(s) without extraocular reservoir, via internal approach into the subconjunctival space is considered medically reasonable and necessary as a standalone treatment for refractory glaucoma, defined as prior failure of filtering/cilioablative procedure and/or uncontrolled IOP (progressive damage and/or mean diurnal medicated IOP greater than or equal to 20 mmHg) on maximally tolerated medical therapy (i.e., greater than or equal to 4 classes of topical IOP-lowering medications, or fewer in the case of tolerability or efficacy issues).

Other indications remain investigational.
**Coding Guidelines**

The anatomic modifiers left (-LT) or right (-RT) should be appended to the procedure code.

**Applicable Codes**

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

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<tr>
<th>CPT Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>0191T</td>
<td>Insertion of anterior segment aqueous drainage device, without extraocular reservoir; external approach</td>
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<tr>
<td>0253T</td>
<td>Insertion of anterior segment aqueous drainage device, without extraocular reservoir; internal approach, into the suprachoroidal space</td>
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<tr>
<td>0376T</td>
<td>Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork; each additional device insertion (List separately in addition to code for primary procedure)</td>
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<td>0449T</td>
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<tr>
<td>0474T</td>
<td>Insertion of anterior segment aqueous drainage device, with creation of intraocular reservoir, internal approach, into the supraciliary space (Effective 07/01/2017-08/29/2018 due to FDA recall)</td>
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<td>66183</td>
<td>Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach</td>
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**Modifier**

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<th>Description</th>
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<td>50</td>
<td>Bilateral procedure</td>
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<tr>
<td>LT</td>
<td>Left side (used to identify procedures performed on the left side of the body)</td>
</tr>
<tr>
<td>RT</td>
<td>Right side (used to identify procedures perform on the right side of the body)</td>
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**Diagnosis Code**

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<tr>
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<th>Description</th>
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<td>H40.10X1</td>
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<td>H40.10X2</td>
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<td>H40.10X3</td>
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<tr>
<td>H40.10X4</td>
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<tr>
<td>H40.1111</td>
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<tr>
<td>H40.1112</td>
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<td>H40.1121</td>
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<td>H40.1122</td>
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<td>H40.1131</td>
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<tr>
<td>H40.1132</td>
<td>Primary open-angle glaucoma, bilateral, moderate stage</td>
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*CPT® is a registered trademark of the American Medical Association*
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<thead>
<tr>
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<tr>
<td>H40.1211</td>
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<td>H40.1212</td>
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<td>H40.1213</td>
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<td>H40.1224</td>
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<tr>
<td>H40.1231</td>
<td>Low-tension glaucoma, bilateral, mild stage</td>
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<td>H40.1232</td>
<td>Low-tension glaucoma, bilateral, moderate stage</td>
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<td>H40.1234</td>
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<td>H40.1311</td>
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<td>H40.1411</td>
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<td>Capsular glaucoma with pseudoexfoliation of lens, right eye, moderate stage</td>
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<tr>
<td>H40.1413</td>
<td>Capsular glaucoma with pseudoexfoliation of lens, right eye, severe stage</td>
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<td>H40.1414</td>
<td>Capsular glaucoma with pseudoexfoliation of lens, right eye, indeterminate stage</td>
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<td>Capsular glaucoma with pseudoexfoliation of lens, bilateral, mild stage</td>
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<td>H40.1432</td>
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<td>H40.1433</td>
<td>Capsular glaucoma with pseudoexfoliation of lens, bilateral, severe stage</td>
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<td>H40.1434</td>
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<td>H40.151</td>
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<td>H40.153</td>
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<tr>
<td>Q15.0</td>
<td>Congenital glaucoma</td>
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Definitions

**Glaucoma**: Glaucoma is an eye disorder in which the optic nerve suffers damage, permanently damaging vision in the affected eye(s) and progressing to complete blindness if untreated. Glaucoma has been nicknamed the “silent thief of sight” because the loss of vision normally occurs gradually over a long period of time and is often only recognized when the disease is quite advanced. Once lost, this damaged visual field cannot be recovered.

References

### CMS Local Coverage Determinations (LCDs) and Articles

<table>
<thead>
<tr>
<th>LCD</th>
<th>Article</th>
<th>Contractor</th>
<th>Medicare Part A</th>
<th>Medicare Part B</th>
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<td>L35490 Category III Codes</td>
<td>A56902 Billing and Coding: Category III Codes</td>
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</table>
UnitedHealthcare Commercial Policy

Glaucoma Surgical Treatments

Other(s)

CMS Medicare Program Integrity Manual, Chapter 13; § 5.1 Reasonable and Necessary Provisions in LCDs, CMS Website

Social Security Act (SSA):

- § 1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.
- § 1862(a) (1) (A) excludes expenses incurred for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.
- § 1862(a)(1)(D) refers to limitations on items or devices that are investigational or experimental.


Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

<table>
<thead>
<tr>
<th>Date</th>
<th>Summary of Changes</th>
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<tr>
<td>04/01/2021</td>
<td><strong>Template Update</strong>&lt;br&gt;Reformatted policy; transferred content to new template</td>
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<tr>
<td>08/12/2020</td>
<td><strong>Policy Summary</strong>&lt;br&gt;<strong>Overview</strong>&lt;br&gt;Revised language to indicate:&lt;br&gt;  o Glaucoma is a disease of the eye associated with increased intraocular pressure (IOP); the majority (about 90%) of patients with glaucoma have primary open-angle glaucoma (POAG), a chronic condition in which the IOP is elevated beyond a level compatible with the continued health and function of the eye, with a gonioscopically open angle and a decreased facility of outflow&lt;br&gt;  o Primary open-angle glaucoma (POAG) is a chronic, progressive optic neuropathy in adults in which there is a characteristic acquired atrophy of the optic nerve and loss of retinal ganglion cells and their axons</td>
</tr>
</tbody>
</table>
Date | Summary of Changes
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- A risk factor associated with POAG is increased intraocular pressure (IOP) due to a buildup of aqueous fluid within the eye which can lead to visual field loss and optic nerve damage, usually without any associated pain or discomfort
- The increased IOP is secondary to an imbalance between aqueous fluid secretion and fluid outflow despite an open angle
- Although many patients with POAG present with increased IOP, nearly 40% of those with otherwise characteristic POAG may not have elevated IOP measurements

**Guidelines**
- Revised language to indicate:
  - Glaucoma surgical aqueous drainage devices will be considered medically reasonable and necessary when approved by the FDA and used within accordance of the FDA-approved/cleared indications:
    - A single insertion per eye of an anterior segment aqueous drainage device(s), without extraocular reservoir, via internal approach into the trabecular meshwork or with creation of intraocular reservoir into the supraciliary space is considered medically reasonable and necessary in conjunction with cataract surgery for the treatment of adults with mild or moderate open-angle glaucoma and a cataract when the individual is currently being treated with an ocular hypotensive medication
    - A single insertion per eye of an aqueous drainage device(s) without extraocular reservoir, via internal approach into the subconjunctival space is considered medically reasonable and necessary as a standalone treatment for refractory glaucoma, defined as prior failure of filtering/cilioablative procedure and/or uncontrolled IOP (progressive damage and/or mean diurnal medicated IOP greater than or equal to 20 mmHg) on maximally tolerated medical therapy (i.e., greater than or equal to 4 classes of topical IOP-lowering medications, or fewer in the case of tolerability or efficacy issues)
  - Other indications remain investigational

**Supporting Information**
- Updated References section to reflect the most current information
- Archived previous policy version MPG011.08

**Purpose**

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers’ submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:
- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the References section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

**Terms and Conditions**

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.
These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

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*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the Administrative Guide.