

# Anterior Segment Aqueous Drainage Device

**Guideline Number:** MPG011.14

**Approval Date:** February 14, 2024

[Terms and Conditions](#)

Table of Contents	Page
<a href="#">Policy Summary</a> .....	1
<a href="#">Applicable Codes</a> .....	2
<a href="#">Definitions</a> .....	4
<a href="#">References</a> .....	4
<a href="#">Guideline History/Revision Information</a> .....	5
<a href="#">Purpose</a> .....	5
<a href="#">Terms and Conditions</a> .....	6

## Related Medicare Advantage Policy Guideline

- [Category III CPT Codes](#)

## Related Medicare Advantage Coverage Summary

- [Glaucoma Surgical Treatments](#)

## Policy Summary

[See Purpose](#)

### 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.

CPT Code	Description
0253T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir; internal approach, into the suprachoroidal space
0449T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device
0450T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; each additional device (List separately in addition to code for primary procedure)
0474T	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)
0671T	Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without external reservoir, and without concomitant cataract removal, one or more
66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach
66989	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g., iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with insertion of intraocular (e.g., trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more
66991	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification); with insertion of intraocular (e.g., trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more

*CPT® is a registered trademark of the American Medical Association*

Modifier	Description
50	Bilateral procedure
LT	Left side (used to identify procedures performed on the left side of the body)
RT	Right side (used to identify procedures perform on the right side of the body)

Diagnosis Code	Description
H40.10X1	Unspecified open-angle glaucoma, mild stage
H40.10X2	Unspecified open-angle glaucoma, moderate stage
H40.10X3	Unspecified open-angle glaucoma, severe stage
H40.10X4	Unspecified open-angle glaucoma, indeterminate stage
H40.1111	Primary open-angle glaucoma, right eye, mild stage
H40.1112	Primary open-angle glaucoma, right eye, moderate stage
H40.1113	Primary open-angle glaucoma, right eye, severe stage

Diagnosis Code	Description
H40.1114	Primary open-angle glaucoma, right eye, indeterminate stage
H40.1121	Primary open-angle glaucoma, left eye, mild stage
H40.1122	Primary open-angle glaucoma, left eye, moderate stage
H40.1123	Primary open-angle glaucoma, left eye, severe stage
H40.1124	Primary open-angle glaucoma, left eye, indeterminate stage
H40.1131	Primary open-angle glaucoma, bilateral, mild stage
H40.1132	Primary open-angle glaucoma, bilateral, moderate stage
H40.1133	Primary open-angle glaucoma, bilateral, severe stage
H40.1134	Primary open-angle glaucoma, bilateral, indeterminate stage
H40.1211	Low-tension glaucoma, right eye, mild stage
H40.1212	Low-tension glaucoma, right eye, moderate stage
H40.1213	Low-tension glaucoma, right eye, severe stage
H40.1214	Low-tension glaucoma, right eye, indeterminate stage
H40.1221	Low-tension glaucoma, left eye, mild stage
H40.1222	Low-tension glaucoma, left eye, moderate stage
H40.1223	Low-tension glaucoma, left eye, severe stage
H40.1224	Low-tension glaucoma, left eye, indeterminate stage
H40.1231	Low-tension glaucoma, bilateral, mild stage
H40.1232	Low-tension glaucoma, bilateral, moderate stage
H40.1233	Low-tension glaucoma, bilateral, severe stage
H40.1234	Low-tension glaucoma, bilateral, indeterminate stage
H40.1311	Pigmentary glaucoma, right eye, mild stage
H40.1312	Pigmentary glaucoma, right eye, moderate stage
H40.1313	Pigmentary glaucoma, right eye, severe stage
H40.1314	Pigmentary glaucoma, right eye, indeterminate stage
H40.1321	Pigmentary glaucoma, left eye, mild stage
H40.1322	Pigmentary glaucoma, left eye, moderate stage
H40.1323	Pigmentary glaucoma, left eye, severe stage
H40.1324	Pigmentary glaucoma, left eye, indeterminate stage
H40.1331	Pigmentary glaucoma, bilateral, mild stage
H40.1332	Pigmentary glaucoma, bilateral, moderate stage
H40.1333	Pigmentary glaucoma, bilateral, severe stage
H40.1334	Pigmentary glaucoma, bilateral, indeterminate stage
H40.1411	Capsular glaucoma with pseudoexfoliation of lens, right eye, mild stage
H40.1412	Capsular glaucoma with pseudoexfoliation of lens, right eye, moderate stage
H40.1413	Capsular glaucoma with pseudoexfoliation of lens, right eye, severe stage
H40.1414	Capsular glaucoma with pseudoexfoliation of lens, right eye, indeterminate stage
H40.1421	Capsular glaucoma with pseudoexfoliation of lens, left eye, mild stage
H40.1422	Capsular glaucoma with pseudoexfoliation of lens, left eye, moderate stage
H40.1423	Capsular glaucoma with pseudoexfoliation of lens, left eye, severe stage
H40.1424	Capsular glaucoma with pseudoexfoliation of lens, left eye, indeterminate stage
H40.1431	Capsular glaucoma with pseudoexfoliation of lens, bilateral, mild stage

Diagnosis Code	Description
H40.1432	Capsular glaucoma with pseudoexfoliation of lens, bilateral, moderate stage
H40.1433	Capsular glaucoma with pseudoexfoliation of lens, bilateral, severe stage
H40.1434	Capsular glaucoma with pseudoexfoliation of lens, bilateral, indeterminate stage
H40.151	Residual stage of open-angle glaucoma, unspecified eye
H40.152	Residual stage of open-angle glaucoma, right eye
H40.153	Residual stage of open-angle glaucoma, left eye
Q15.0	Congenital glaucoma

## 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

LCD	Article	Contractor	Medicare Part A	Medicare Part B
<a href="#">L35490 Category III Codes</a>	<a href="#">A56902 Billing and Coding: Category III Codes</a>	WPS	IA, IN, KS, MI, MI, NE	IA, IN, KS, MI, MI, NE
N/A	<a href="#">A52432 Billing and Coding: Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach (0192T 66183)</a>	CGS	OH, KY	OH, KY
<a href="#">L37578 Micro-Invasive Glaucoma Surgery (MIGS)</a>	<a href="#">A56491 Billing and Coding: Micro-Invasive Glaucoma Surgery (MIGS)</a>	CGS	KY, OH	KY, OH
<a href="#">L38233 Micro-Invasive Glaucoma Surgery (MIGS)</a>	<a href="#">A56647 Billing and Coding: Micro-Invasive Glaucoma Surgery (MIGS)</a>	First Coast	FL, PR, VI	FL, PR, VI
<a href="#">L37244 Micro-Invasive Glaucoma Surgery (MIGS)</a>	<a href="#">A56588 Billing and Coding: Micro-Invasive Glaucoma Surgery (MIGS)</a>	NGS	CT, IL, MA, ME, MN, NH, NY (Entire State), RI, VT, WI	CT, IL, MA, ME, MN, NH, NY (Upstate, Downstate, Queens), RI, VT, WI
<a href="#">L38299 Micro-Invasive Glaucoma Surgery (MIGS)</a>	<a href="#">A57863 Billing and Coding: Micro-Invasive Glaucoma Surgery (MIGS)</a>	Noridian	AS, CA (Entire State), GU, HI, MP, NV	AS, CA (Northern), CA (Southern), GU, HI, MP, NV
<a href="#">L38301 Micro-Invasive Glaucoma Surgery (MIGS)</a>	<a href="#">A57864 Billing and Coding: Micro-Invasive Glaucoma Surgery (MIGS)</a>	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY

LCD	Article	Contractor	Medicare Part A	Medicare Part B
<a href="#">L38223 Micro-Invasive Glaucoma Surgery (MIGS)</a>	<a href="#">A56633 Billing and Coding: Micro-Invasive Glaucoma Surgery (MIGS)</a>	Novitas	AR, CO, DC, DE, LA, MD, MS, NM, NJ, OK, PA, TX	AR, CO, DC, DE, LA, MD, MS, NM, NJ, OK, PA, TX
<a href="#">L37531 Micro-Invasive Glaucoma Surgery (MIGS)</a>	<a href="#">A56866 Billing and Coding: Micro-Invasive Glaucoma Surgery (MIGS)</a>	Palmetto	AL, GA, TN, NC, SC, VA, WV	AL, GA, TN, NC, SC, VA, WV
N/A	<a href="#">A56869 Billing and Coding: Use of Laterality Modifiers</a>	Palmetto	AL, GA, TN, NC, SC, VA, WV	AL, GA, TN, NC, SC, VA, WV

## 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.](#)

Recall Announcement-CyPass® Micro-Stent System (CPT code 0474T): On August 29, 2018, the manufacturer of the CyPass device (CPT code 0474T) announced an immediate, voluntary market withdrawal from the global market for patient safety reasons. Refer to <https://www.fda.gov/Safety/Recalls/ucm619109.htm>.

- [FDA Recalls, Corrections and Removals \(Devices\).](#)
- [Class 1 Device Recall CyPass MicroStent, Model 241S \(fda.gov\).](#)

## 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.

Date	Summary of Changes
02/14/2024	<b>Supporting Information</b> <ul style="list-style-type: none"> <li>• Updated <i>References</i> section to reflect the most current information</li> <li>• Archived previous policy version MPG011.13</li> </ul>

## 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 above 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.

Medicare Advantage Policy Guidelines are the property of UnitedHealthcare. Unauthorized copying, use, and distribution of this information are strictly prohibited.

\*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](#).