Glaucoma & Other Ophthalmic 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

Hydrus® Microstent, iStent®, or iStent inject® (CPT Codes 66989 and 66991)

Medicare does not have a National Coverage Determination (NCD) for insertion of aqueous drainage device (Hydrus® Microstent, iStent®, or iStent inject®). 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 Hydrus® Microstent, iStent®, or iStent inject®.

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled Glaucoma Surgical Treatments.

Notes:

- After checking the Hydrus® Microstent, iStent®, or iStent inject® table and searching the Medicare Coverage Database, if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.
- In September 2018, Alcon Research issued a voluntary market withdrawal of the CyPass® Micro-Stent from the global market.

(Accessed March 12, 2024)

Xen® Glaucoma Treatment System (CPT Codes 0449T and 0450T)

Medicare does not have a National Coverage Determination (NCD) for Xen® Glaucoma Treatment 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 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 Codes 66179, 66180, and 66183 and HCPCS Code L8612)

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 table and searching the Medicare Coverage Database, if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.
(Accessed March 12, 2024)

Dexamethasone Intracanalicular Ophthalmic Insert (e.g., Dextenza®) (CPT Code 68841 and HCPCS Code J1096)

Medicare does not have a National Coverage Determination (NCD) for dexamethasone intracanalicular ophthalmic insert. 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 Dexamethasone Intracanalicular Ophthalmic Insert.

For coverage guidelines for states/territories with no LCDs/LCAs for J1096, refer to the UnitedHealthcare Commercial Medical Benefit Drug Policy titled Intracanalicular and Intravitreal Corticosteroid Implants.

- CPT code 68841 (insertion of drug-eluting implant, including punctal dilation when performed into lacrimal canaliculus, each) is covered when used in combination with J1096, when criteria is met for J1096.

Note: After checking the Dexamethasone Intracanalicular Ophthalmic Insert table and searching the Medicare Coverage Database, if no LCD/LCA is found, then use the criteria referenced above for coverage guidelines.
(Accessed March 12, 2024)

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

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 March 12, 2024

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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Dexamethasone Intracanalicular Ophthalmic Insert
Accessed March 12, 2024

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L38792 (A58392)	Dexamethasone Intracanalicular Ophthalmic Insert (Dextenza®)	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV

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Insertion of Aqueous Drainage Device (Xen® Glaucoma Treatment System) Accessed March 12, 2024				
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
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 and B MAC	*Wisconsin Physicians Service Insurance Corporation	IA, IN, KS, MI, MO, NE
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Insertion of Aqueous Drainage Device (Hydrus® Microstent, iStent®, or iStent inject®) Accessed March 12, 2024				
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
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

Insertion of Aqueous Drainage Device (Hydrus® Microstent, iStent®, or iStent inject®) Accessed March 12, 2024				
LCD/LCA ID	**LCD/LCA Title**	**Contractor Type**	**Contractor Name**	**Applicable States/Territories**
L37531 (A56866)	Micro-Invasive Glaucoma Surgery (MIGS)	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV
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MACs with Corresponding States/Territories	
MACs	**States/Territories**
CGS	KY, OH
First Coast	FL, PR, VI
NGS	CT, IL, ME, MA, MN, NH, NY, RI, VT, WI
Noridian	AS, AK, AZ, CA, GU, HI, ID, MT, NV, ND, Northern Mariana Islands, OR, SD, UT, WA, WY
Novitas	DC, AR, CO, DE, LA, MD, MS, NJ, NM, OK, PA, TX
Palmetto	AL, GA, NC, SC, TN, VA, WV
WPS*	IA, IN, KS, MI, MO, NE
***Note**: Wisconsin Physicians Service Insurance Corporation Contract Number 05901 - applies only to WPS Legacy Mutual of Omaha MAC A Providers	

Policy History/Revision Information

Date	Summary of Changes

06/01/2024	**Title Change**
	• Previously titled *Glaucoma Surgical Treatments*
	Coverage Guidelines
	• Removed content/language addressing:
	  ○ Canaloplasty (CPT codes 66174 and 66175)
	  ○ Viscocanalostomy
	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 Codes 66179, 66180, and 66183 and HCPCS Code L8612)
	• Updated list of applicable CPT/HCPCS codes; removed C1783
	Dexamethasone Intracanalicular Ophthalmic Insert (e.g., Dextenza®) (CPT Code 68841 and HCPCS Code J1096)
	• Updated list of applicable CPT/HCPCS codes; added J1096
	• Revised language to indicate:
	  ○ Medicare does not have a National Coverage Determination (NCD) for dexamethasone intracanalicular ophthalmic insert
	  ○ 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 [in the *Supporting Information* section of the policy]
	  ○ For coverage guidelines for states/territories with no LCDs/LCAs for HCPCS code J1069, refer to the UnitedHealthcare Commercial Medical Benefit Drug Policy titled *Intracanalicular and Intravitreal Corticosteroid Implants*
	  ○ CPT code 68841 (insertion of drug-eluting implant, including punctal dilation when performed into lacrimal canaliculus, each) is covered when used in combination with J1096, when criteria is met for J1096
	  ○ After checking the table [in the *Supporting Information* section of the policy] and searching the Medicare Coverage Database, if no LCD/LCA is found, then use the policy referenced above for coverage guidelines

Date	Summary of Changes
	Supporting Information • Added list of applicable *Medicare Administrative Contractors (MACs) with Corresponding States/Territories* • Updated lists of applicable *LCDs/LCAs* to reflect the most current information; added notation to indicate the Wisconsin Physicians Service Insurance Corporation (WPS) Contract Number 05901 applies only to WPS Legacy Mutual of Omaha MAC A Providers • Removed *Clinical Evidence* and *References* sections **Administrative** • Archived previous policy version MCS041.07

Instructions for Use

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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 are required where applicable.

UnitedHealthcare follows Medicare coverage guidelines found in statutes, regulations, NCDs, and LCDs to determine coverage. The clinical coverage criteria governing the items or services in this coverage summary have not been fully established in applicable Medicare guidelines because there is an absence of any applicable Medicare statutes, regulations, NCDs, or LCDs setting forth coverage criteria and/or the applicable NCDs or LCDs include flexibility that explicitly allows for coverage in circumstances beyond the specific indications that are listed in an NCD or LCD. As a result, UnitedHealthcare applies internal coverage criteria in the UnitedHealthcare commercial policies referenced in this coverage summary. The coverage criteria in these commercial policies was developed through an evaluation of the current relevant clinical evidence in acceptable clinical literature and/or widely used treatment guidelines. UnitedHealthcare evaluated the evidence to determine whether it was of sufficient quality to support a finding that the items or services discussed in the policy might, under certain circumstances, be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.