



CLINICAL MEDICAL POLICY	
Policy Name:	Micro-Invasive Glaucoma Surgery (MIGS) (L38223)
Policy Number:	MP-091-MC-PA
Responsible Department(s):	Medical Management
Provider Notice/Issue Date:	02/01/2025; 03/01/2024; 03/01/2023; 03/01/2022; 02/13/2021; 02/17/2020
Effective Date:	03/01/2025; 04/01/2024; 04/01/2023; 04/01/2022; 03/15/2021; 03/16/2020
Next Annual Review:	01/2026
Revision Date:	01/15/2025; 01/17/2024; 01/18/2023; 01/19/2022; 01/20/2021; N /A
Products:	Pennsylvania Medicare Assured
Application:	All participating and nonparticipating practitioners and facilities unless contractually precluded
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Policy History

Date	Activity
03/01/2025	Provider Effective date
01/15/2025	QI/UM Committee review
01/15/2025	Annual Review: No changes to clinical criteria. Updated 'Reference Sources' section.
04/01/2024	Provider Effective date
01/17/2024	QI/UM Committee review
01/17/2024	Annual Review: No changes to clinical criteria. Updated 'Reference Sources' section. CPT code 0671T has been removed from the 'Noncovered Codes' section and has been added to the 'Group 1' section as the device represented by CPT code 0671T received FDA clearance on 08/02/2022. The following ICD-10 codes have been added to the 'Group 1' codes section: H40.1113, H40.1123, and H40.1133. Added the following statement to the 'Coding Requirements' section: "CPT code 0671T should not be billed along with any of the following codes: 66982, 66983, 66984, 66987, and 66988."
04/01/2023	Provider Effective date
01/18/2023	QI/UM Committee review
01/18/2023	Annual Review: No changes to clinical criteria. Updated 'Reference Sources' section.
12/30/2019	Initial policy developed

Disclaimer

Highmark WholecareSM medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

Policy Statement

Highmark WholecareSM may provide coverage under the medical-surgical benefits of the Company's Medicare products for medically necessary micro-invasive glaucoma surgery (MIGS).

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

Procedures

1. Please review the specific National Coverage Determination (NCD), Local Coverage Determination (LCD), and/or Local Coverage Article (LCA) information, as well as other CMS sources, using the links below.
2. Post-payment Audit Statement
The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark WholecareSM at any time pursuant to the terms of your provider agreement.
3. Place of Service
Please refer to the NCD, LCD, LCA, or CMS guidelines for the place of service for micro-invasive glaucoma surgery (MIGS).

Coverage Determination and Links

Highmark WholecareSM follows the coverage determinations made by CMS as outlined in either the NCD or the state-specific LCD/LCA.

CMS Link

- [CMS Website](#)

NCD/LCD Links

- There are no current NCDs related to this topic.
- [LCD: Micro-Invasive Glaucoma Surgery \(MIGS\) \(L38223\)](#)

Article Link

- [LCA: Billing and Coding: Micro-Invasive Glaucoma Surgery \(MIGS\) \(A56633\)](#)

Reference Sources

Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD) Micro-Invasive Glaucoma Surgery (MIGS) (L38223). Original Effective date December 30, 2019. Accessed on December 21, 2024.

Centers for Medicare and Medicaid Services (CMS). Local Coverage Article (LCA) Billing and Coding: Micro-Invasive Glaucoma Surgery (MIGS) (A56633). Original Effective date December 30, 2019. Revision Effective date October 7, 2023. Accessed on December 21, 2024.

Coding Requirements

Procedure Codes

The following CPT/HCPCS codes associated with the services outline in this policy will not have diagnosis limitation applied at this time: **65820, 65850, 66170, and 66172.**

Group 1 Code

CPT Code	Description
66989	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, 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 (eg, 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 (eg, irrigation and aspiration or phacoemulsification); with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more
0671T*	Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without external reservoir, and without concomitant cataract removal, one or more

*CPT code 0671T should not be billed along with any of the following codes: **66982, 66983, 66984, 66987, and 66988.**

Group 2 Code

CPT Code	Description
0449T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device

Noncovered Codes

The following CPT codes are considered not medically reasonable and necessary. These procedure codes will not be reimbursed without Medical Director approval.

CPT Code	Description
0253T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the suprachoroidal space
0450T	Insertion 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 aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space

Diagnosis Codes

Group 1 Codes

The following ICD-10-CM codes support medical necessity and provide coverage for CPT codes **66989** and **66991** and **0671T**:

ICD-10 Code	Description
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
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
H40.1131	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

Group 2 Codes

The following ICD-10-CM codes support medical necessity and provide coverage for CPT code **0449T (XEN)**:

ICD-10 Code	Description
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
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
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

Reimbursement

Participating facilities will be reimbursed per their Highmark WholecareSM contract.