MEDICAL MUTUAL®

Medical Policy

Policy:	**201721**	**Effective Date:**	**04/14/2026**
SUBJECT:	**Surgical Treatments for Glaucoma**	**Annual Review Date:**	**03/10/2026**
		Last Revised Date:	**03/10/2026**

Prior approval is required for some or all procedure codes listed in this Corporate Medical Policy.

Definition: Glaucoma refers to a group of optic neuropathies characterized by elevated intraocular pressure (IOP), progressive structural damage to the optic nerve, and gradual, irreversible loss of vision. There are several types of glaucoma, but the two primary types are open-angle glaucoma (OAG) and angle-closure glaucoma. Primary OAG is the most common type of glaucoma.

Initial treatment of OAG typically involves medications and/or laser treatments designed to lower IOP. Surgical approaches may be indicated if treatment does not adequately lower IOP or if disease progression continues despite therapy. Surgical treatments aim to either enhance the exit of aqueous humor from the eye or reduce its production. The most common incisional surgical treatment for primary OAG is trabeculectomy, a filtration surgery that creates a controlled drainage pathway to lower IOP. Another option for patients with OAG is implantation of an aqueous shunt, which assists in filtration by physically shunting aqueous humor to the supraciliary or sub-Tenons space.

Medical Necessity:

I. The Company considers glaucoma drainage devices (i.e., Ahmed™ glaucoma valve implant, Baerveldt® glaucoma implant, ExPRESS™ mini glaucoma shunt, Krupin Eye Valve, or the Molteno® implant) **(CPT Codes 66179, 66180, 66183, and HCPCS Codes C1783, L8612) medically necessary** and eligible for reimbursement providing that ***all*** of the following medical criteria are met:

- Refractory OAG; and
- Conventional treatments have failed or are contraindicated.

II. The Company considers the iStent® Trabecular Micro-Bypass Stent **(CPT Codes 66989, 66991)**, the iStent inject® **(CPT Codes 66989, 66991)**, or the Hydrus® Microstent **(CPT Codes 66989, 66991) medically necessary** and eligible for reimbursement providing that ***all*** of the following medical criteria are met:

- Patient has definitive diagnoses of cataract and mild to moderate open angle glaucoma; and
- Implant used to relieve IOP; and
- Implantation is in conjunction with cataract surgery; and
- Single insertion of a device per medically necessary eye; and
- ***One*** of the following medical criteria are met:

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- Patient is currently being treated with ocular hypotensive medication; or
- Ocular hypotensive medications have failed to adequately control IOP.

III. The Company considers the XEN® Glaucoma Treatment System **(CPT Codes 0449T, 0450T)** or the iStent infinite **(CPT Code 0671T) medically necessary** and eligible for reimbursement for management of refractory OAG when both maximum tolerated medical therapy and previous surgical treatments have failed (including laser trabeculoplasty).

IV. The Company considers traditional (ab externo) canaloplasty **(CPT Codes 66174, 66175) medically necessary** and eligible for reimbursement for treatment of primary OAG when conventional medical management has failed or is contraindicated.

V. Based upon our findings, the Company has determined the following interventions have not demonstrated equivalence or superiority to currently accepted standard means of treatment. The Company considers the following interventions **investigational** and **not** eligible for reimbursement (this list is **not** all-inclusive):

- CyPass Micro-Stent **(CPT Codes 0253T, 0474T)**.
  - Please note: the CyPass Micro-Stent was removed from the market and is no longer available.
- Insertion of drug-eluting implants **(CPT codes 68841*, 0444T, 0445T, 0660T, 0661T)**.
- iStent G3 Supra **(CPT Code 0253T)**.
- Laser trabeculostomy **(CPT Codes 0621T, 0622T, 0730T)**.
- Trabectome (ab interno trabeculectomy) **(CPT Code 65820†)**.
- Transciliary fistulization (transciliary filtration, Singh filtration, Fugo Blade transciliary filtration) **(CPT Code 66999††)**.
- Viscocanalostomy (including phacoviscocanalostomy) **(CPT Code 66999††)**.

***NOTE:** CPT Code 68841 may be eligible for reimbursement with certain drugs if the drugs are eligible for reimbursement under pharmacy benefits. Please consult plan documents for details regarding pharmacy benefits.

†When *goniotomy* (**CPT Code 65820**) is determined to be trabectome (ab interno trabeculectomy).

††When *unlisted procedure, anterior segment of eye* (**CPT Code 66999**) is determined to be transciliary fistulization or viscocanalostomy.

The Company considers glaucoma drainage devices for all other clinical conditions, including for indications outside of the FDA approval/clearance, **not medically necessary** and **not** eligible for reimbursement.

The Company considers glaucoma drainage devices that do not have FDA approval/clearance, as well as devices that have been recalled, **not medically necessary** and **not** eligible for reimbursement.

Documentation Requirements:

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The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member, and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results, and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply, and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

NOTE: After reviewing the relevant documentation, the Company reserves the right to apply this policy to the service, or procedure, supply, product, or accommodation performed or furnished regardless of how the service, or procedure, supply, product, or accommodation was coded by the Provider.

Approval or clearance by the U.S. Food and Drug Administration alone is not a basis for coverage.

Coverage may differ for Medicare Advantage plan members; please see any applicable national and/or local coverage determinations for details. This information may be available at the Centers for Medicare & Medicaid Services (CMS) website.

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    - *iStent Inject Trabecular Micro-Bypass Stent (Glaukos Corp.) as a Standalone Procedure for Open-Angle Glaucoma* (2019, September 17). Annual review November 10, 2022.
    - *iStent Trabecular Micro-Bypass (Glaukos Corp.) in Combination with Cataract Surgery for Treatment of Open-Angle Glaucoma* (2019, July 2). Annual review July 06, 2022.
    - *Phacocanaloplasty for Concomitant Cataract and Open-Angle Glaucoma* (2020, February 25). Annual review April 06, 2023.

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Applicable Code(s):	
CPT:	**65820, 66174, 66175, 66179, 66180, 66183, 66989, 66991, 66999, 68841, 0253T, 0444T, 0445T, 0449T, 0450T, 0474T, 0621T, 0622T, 0660T, 0661T, 0730T**
HCPCS:	**C1783, L8612**
ICD10 Procedure Codes:	**08123J4, 08133J4, 089230Z, 089330Z**

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