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MEDICAL POLICY – 9.03.510

Glaucoma, Invasive Procedures

Ref. Policy: MP-124

Effective Date:	Jul. 1, 2025	RELATED MEDICAL POLICIES:
Last Revised:	Jun. 9, 2025	None
Replaces:	N/A	

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Introduction

Glaucoma is a group of diseases that damage the optic nerve when the pressure in the eye is too high. Glaucoma can cause vision loss and blindness. Certain surgeries and devices can be used to treat glaucoma by improving the eye's drainage system and reducing eye pressure to normal levels. This policy describes when invasive procedures for glaucoma may be considered medically necessary.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Policy Coverage Criteria

Service	Medical Necessity
Invasive procedures for glaucoma	**Use of invasive procedures to treat glaucoma may be considered medically necessary for the following indications that has failed to respond to medical therapy:**

Service	Medical Necessity

	• Failure to respond is defined as the inability to reduce intraocular pressure (IOP) by at least 25% from the IOP measured at diagnosis (aka target pressure).
	• Aqueous Drainage/Filtration Devices
	  ○ Moderate to severe Open-angle Glaucoma (OAG) when:
	  ▪ Medications and laser therapy are insufficient to control disease
	  ▪ Trabeculectomy has failed or is deemed unlikely to succeed
	  ▪ Presence of conjunctival scarring
	  ▪ Poorly controlled IOP presents with a moderate cataract (Performed in advance of the cataract surgery)
	  ▪ Complex glaucoma cases, including neovascular glaucoma, uveitic glaucoma, or significant peripheral anterior synechiae
	• Implantable Stents for mild to moderate OAG:
	  ○ In conjunction with cataract surgery
	  ○ With concurrent phacoemulsification
	  ○ For targeted IOP reduction resulting from specific areas of outflow resistance
	  ○ For individuals with no significant angle abnormalities
	• Canaloplasty for mild to moderate POAG, pigmentary glaucoma, exfoliation glaucoma, or POAG mixed with another mechanism when:
	  ○ Moderate IOP reduction is needed to preserve visual field
	  ○ When trabeculectomy has failed or is deemed unlikely to succeed
	  ○ To spare the conjunctiva and avoid bleb-creation
	  ○ Failed laser trabeculoplasty without scarring
	  ○ Multiple medications and procedures have failed to produce IOP reduction to target range
	  ○ For individuals with healthy angle structures
	  ○ For individuals with high risk of significant continued vision loss
	
	Note: All devices and implants must be FDA approved at the time of surgery.

Coding

Code	Description
CPT	
Ex-PRESS Mini Glaucoma Shunt, FDA-Approved Aqueous Drainage Devices, and iSTENT Trabecular Micro-Bypass Stent:	
66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach
Canaloplasty	
66174	Transluminal dilation of aqueous outflow canal; without retention of device of stent
66175	Transluminal dilation of aqueous outflow canal; with retention device or stent
ICD-10 Codes Covered if Selection Criteria are Met	
H40.10X0-H40.10X4	Open angle glaucoma, unspecified
H40.1110	Primary open-angle glaucoma, right eye, stage unspecified
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, undetermina
H40.1120	Primary open-angle glaucoma, left eye, stage unspecified
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
H40.1130	Primary open-angle glaucoma, bilateral, stage unspecified
H40.1131	Primary open-angle glaucoma, bilateral, mild stage
H40.1132	Primary open-angle glaucoma, bilateral, moderate stage
H40.1132	Primary open-angle glaucoma, bilateral, moderate stage

Code	Description
H40.1133	Primary open-angle glaucoma, bilateral, severe stage
H40.1134	Primary open-angle glaucoma, bilateral, indeterminate stage
H40.1190	Primary open-angle glaucoma, unspecified eye, stage unspecified
H40.1191	Primary open-angle glaucoma, unspecified eye, mild stage
H40.1192	Primary open-angle glaucoma, unspecified eye, moderate stage
H40.1193	Primary open-angle glaucoma, unspecified eye, severe stage
H40.1194	Primary open-angle glaucoma, unspecified eye, indetermi
H40.11X0-H40.11X4	Primary open angle glaucoma
H40.1290	Low-tension glaucoma, unspecified eye, stage unspecified
H40.1310-H40.1394	Pigmentary glaucoma
H40.1410-H40.1494	Pseudoexfoliation glaucoma
H40.151-H40.159	Residual state of open angle glaucoma
H40.50X0-H40.63X4	Glaucoma secondary to other eye disorders/drugs
H40.89-H40.9	Other specified glaucoma
Q15.0	Congenital glaucoma

Related Information

N/A

Evidence Review

N/A

References

1. Gedde SJ, Vinod K, Wright MM, et al. Primary Open-Angle Glaucoma Preferred Practice Pattern®. Ophthalmology. 2021;128(1):P71-P150. doi:10.1016/j.ophtha.2020.10.022
2. Agrawal P, Bradshaw SE. Systematic Literature Review of Clinical and Economic Outcomes of Micro-Invasive Glaucoma Surgery (MIGS) in Primary Open-Angle Glaucoma. Ophthalmol Ther. 2018;7(1):49-73. doi:10.1007/s40123-018-0131-0
3. Balas M, Mathew DJ. Minimally Invasive Glaucoma Surgery: A Review of the Literature. Vision. 2023;7(3):54. doi:10.3390/vision7030054
4. Wagner I V, Towne C, Saade MC, et al. A Review of Canaloplasty in the Treatment and Management of Glaucoma. J Curr Glaucoma Pract. 2024;18(2):79-85. doi:10.5005/jp-journals-10078-1442
5. Khaimi M, Koerber N, Ondrejka S, Gallardo M. Consistency in Standalone Canaloplasty Outcomes Using the iTrack Microcatheter. Clinical Ophthalmology. 2024;Volume 18:173-183. doi:10.2147/OPTH.S441113

History

Date	Comments
09/16/19	New policy, approved August 13, 2019, effective January 1, 2020. Invasive procedures (stents and canaloplasty) for use in the treatment of glaucoma may be considered medically necessary when criteria are met.
10/01/20	Annual Review, approved September 17, 2020. No changes to policy statement, references updated.
05/01/21	Annual Review, approved April 1, 2021. No changes to policy statement, references updated.
07/01/22	Annual Review, approved June 27, 2022. No changes to policy statement, references updated. Removed CPT codes 0191T and 0253T.
10/01/22	Interim Review, approved September 12, 2022. References updated, no other changes to the policy.
03/01/23	Annual Review, approved February 6, 2023. References updated, no other changes to the policy. Changed the wording from "patient" to "individual" throughout the policy for standardization.
07/01/24	Annual Review, approved June 24, 2024. No changes to policy statement, references updated.

Date	Comments
07/01/25	Annual Review, approved June 9, 2025. Policy criteria updated for Aqueous drainage/filtration devices, Implantable Stents, and Canaloplasty. Background section was removed; references updated.

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply.

Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy only applies to Individual Plans.