GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

DESCRIPTION
Glaucoma consists of a group of disease, frequently characterized by raised intraocular pressure (IOP) which affects the optic nerve. It is the second leading cause of blindness in the world. Therapy for glaucoma mainly consists of reducing the intraocular pressure by medical or surgical means. Historically, trabeculectomy (penetrating) has been considered the gold standard for surgical intervention. More recently a minimally penetrating glaucoma surgery has developed with the use of an aqueous drainage device. It is indicated in patients who are refractory to medical intervention (first line and second line drugs).

Although there are a limited number of published, well-designed clinical trials evaluating the safety and efficacy of aqueous shunts/aqueous drainage devices implantation of these devices (e.g., Ahmed™ Glaucoma Valve, Baerveldt® glaucoma implants, ExPRESS™ Mini Glaucoma Shunt, Krupin eye valve, Molteno® implant) has become a well-established surgical intervention for patients with refractory glaucoma who are unresponsive to medical and standard surgical intervention or in whom medical and surgical treatment is not tolerated or is contraindicated. Implantation of a microstent (e.g., iStent Trabecular Micro Bypass Stent) may be a reasonable treatment option when performed in conjunction with cataract surgery in an individual with mild to moderate glaucoma being treated with ocular hypotensive medication.

POLICY
Does not require prior authorization for all product lines:
- FDA-approved Aqueous Drainage Devices (66183)

Non-covered for all product lines:
- iStent G3 Supra (0253T)
- Drug-eluting ocular devices (0356T, 0444T, 0445T)
- XEN Glaucoma Treatment System (XEN45 Gel Stent and XEN Injector) (0449T, 0450T)

Does not require prior authorization for HMO, PPO, Individual Marketplace, & Elite:
- CyPass System (0474T)
- iStent Trabecular Micro-Bypass Stent system (0191T, 0376T)

Non-covered for Advantage:
- CyPass System (0474T)
- iStent Trabecular Micro-Bypass Stent system (0191T, 0376T)

Insertion of Food and Drug Administration (FDA) approved aqueous drainage devices/aqueous shunts (66183) are considered medically necessary for the treatment of refractory glaucoma when there is failure, intolerance or contraindication to conventional medical (i.e., topical or oral medication) and surgical (i.e., laser therapy, trabeculectomy) treatment:

1. Ahmed glaucoma implant
2. Baerveldt seton glaucoma implant
3. Ex-PRESS mini glaucoma shunt
4. Glaucoma pressure regulator
5. Krupin-Denver valve implant
6. Molteno implant
7. Schocket shunt
Paramount does not cover an aqueous shunt/aqueous drainage device for ANY other indication because it is considered experimental, investigational or unproven.

Paramount does not cover ANY of the following devices for any indication because each is considered experimental, investigational or unproven:

- iStent G3 Supra (0253T)
- Drug-eluting ocular devices (0356T, 0444T, 0445T)
- XEN Glaucoma Treatment System (XEN45 Gel Stent and XEN Injector) (0449T, 0450T)

**HMO, PPO, Individual Marketplace, Elite**

Implantation of FDA approved microstent iStent Trabecular Micro-Bypass Stent system (0191T, 0376T) or CyPass System (0474T) in conjunction with cataract surgery is considered medically necessary as a treatment to reduce intraocular pressure in adults with mild to moderate open-angle glaucoma where medical therapies have failed to adequately control intraocular pressure.

Paramount does not cover a microstent for ANY other indication because it is considered experimental, investigational or unproven.

**Advantage**

Procedures 0191T, 0376T, 0474T are non-covered.

**CODING/BILLING INFORMATION**

The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

<table>
<thead>
<tr>
<th>CPT CODES</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0191T</td>
<td>Insertion of anterior segment aqueous drainage device, without extraocular reservoir; internal approach, into the trabecular meshwork.</td>
</tr>
<tr>
<td>0253T</td>
<td>Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the suprachoroidal space.</td>
</tr>
<tr>
<td>0356T</td>
<td>Insertion of drug-eluting implant (including punctal dilation and implant removal when performed) into lacrimal canaliculus, each.</td>
</tr>
<tr>
<td>0376T</td>
<td>Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork; each additional device insertion (List separately in addition to code for primary procedure).</td>
</tr>
<tr>
<td>0444T</td>
<td>Initial placement of a drug-eluting ocular insert under one or more eyelids, including fitting, training, and insertion, unilateral or bilateral.</td>
</tr>
<tr>
<td>0445T</td>
<td>Subsequent placement of a drug-eluting ocular insert under one or more eyelids, including re-training, and removal of existing insert, unilateral or bilateral.</td>
</tr>
<tr>
<td>0449T</td>
<td>Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device (New code effective 01/01/2017).</td>
</tr>
<tr>
<td>0450T</td>
<td>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) (New code effective 01/01/2017).</td>
</tr>
<tr>
<td>0474T</td>
<td>Insertion of anterior segment aqueous drainage device, with creation of intraocular reservoir, internal approach, into the supraciliary space (Effective 07/01/2017).</td>
</tr>
<tr>
<td>66179</td>
<td>Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft.</td>
</tr>
<tr>
<td>66180</td>
<td>Aqueous shunt to extraocular equatorial plate reservoir, external approach; with graft.</td>
</tr>
<tr>
<td>66183</td>
<td>Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach.</td>
</tr>
<tr>
<td>66184</td>
<td>Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft.</td>
</tr>
<tr>
<td>66185</td>
<td>Revision of aqueous shunt to extraocular equatorial plate reservoir; with graft.</td>
</tr>
</tbody>
</table>

**TAWG REVIEW DATES:** 04/23/2015, 01/27/2017, 09/22/2017

**REVISION HISTORY EXPLANATION**

04/23/15: Glaucoma Treatment with Aqueous Drainage Device (L32733) reviewed. Policy created to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).

01/27/17: Added code 0356T as non-covered for all product lines. Added codes 0444T, 0445T effective 07/01/2016 as non-covered for all product lines. Added codes 0449T, 0450T effective 01/01/2017 as non-covered for all product lines. Code 0253T is now non-covered for all product lines. Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).

09/22/17: Added effective 07/01/2017 new code 0474T as covered without prior authorization for HMO, PPO, Individual Marketplace, & Elite per CMS guidelines. Procedure 0474T is non-covered per ODM guidelines. Policy
reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).

REFERENCES/RESOURCES
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid http://jfs.ohio.gov/
American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Industry Standard Review
Hayes, Inc.