

# Article - Billing and Coding: Micro-Invasive Glaucoma Surgery (MIGS) (A56866)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

## Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
<a href="#">Palmetto GBA</a>	A and B MAC	10111 - MAC A	J - J	Alabama
<a href="#">Palmetto GBA</a>	A and B MAC	10112 - MAC B	J - J	Alabama
<a href="#">Palmetto GBA</a>	A and B MAC	10211 - MAC A	J - J	Georgia
<a href="#">Palmetto GBA</a>	A and B MAC	10212 - MAC B	J - J	Georgia
<a href="#">Palmetto GBA</a>	A and B MAC	10311 - MAC A	J - J	Tennessee
<a href="#">Palmetto GBA</a>	A and B MAC	10312 - MAC B	J - J	Tennessee
<a href="#">Palmetto GBA</a>	A and B and HHH MAC	11201 - MAC A	J - M	South Carolina
<a href="#">Palmetto GBA</a>	A and B and HHH MAC	11202 - MAC B	J - M	South Carolina
<a href="#">Palmetto GBA</a>	A and B and HHH MAC	11301 - MAC A	J - M	Virginia
<a href="#">Palmetto GBA</a>	A and B and HHH MAC	11302 - MAC B	J - M	Virginia
<a href="#">Palmetto GBA</a>	A and B and HHH MAC	11401 - MAC A	J - M	West Virginia
<a href="#">Palmetto GBA</a>	A and B and HHH MAC	11402 - MAC B	J - M	West Virginia
<a href="#">Palmetto GBA</a>	A and B and HHH MAC	11501 - MAC A	J - M	North Carolina
<a href="#">Palmetto GBA</a>	A and B and HHH MAC	11502 - MAC B	J - M	North Carolina

## Article Information

### General Information

**Article ID**

A56866

**Article Title**

Billing and Coding: Micro-Invasive Glaucoma Surgery (MIGS)

**Article Type**

Billing and Coding

**Original Effective Date**

08/15/2019

**AMA CPT / ADA CDT / AHA NUBC Copyright Statement**

CPT codes, descriptions and other data only are copyright 2022 American Medical Association. All Rights Reserved. Applicable FARS/HHSARS apply.

Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

Current Dental Terminology © 2022 American Dental Association. All rights reserved.

Copyright © 2023, the American Hospital Association, Chicago, Illinois.

**Revision Effective Date**

10/01/2022

**Revision Ending Date**

N/A

**Retirement Date**

N/A

Reproduced with permission. No portion of the American Hospital Association (AHA) copyrighted materials contained within this publication may be copied without the express written consent of the AHA. AHA copyrighted materials including the UB04 codes and descriptions may not be removed, copied, or utilized within any software, product, service, solution or derivative work without the written consent of the AHA. If an entity wishes to utilize any AHA materials, please contact the AHA at 312 893 6816.

Making copies or utilizing the content of the UB04 Manual, including the codes and/or descriptions, for internal purposes, resale and/or to be used in any product or publication; creating any modified or derivative work of the UB04 Manual and/or codes and descriptions; and/or making any commercial use of UB04 Manual or any portion thereof, including the codes and/or descriptions, is only authorized with an express license from the American Hospital Association. The American Hospital Association (the "AHA") has not reviewed, and is not responsible for, the completeness or accuracy of any information contained in this material, nor was the AHA or any of its affiliates, involved in the preparation of this material, or the analysis of information provided in the material. The views and/or positions presented in the material do not necessarily represent the views of the AHA. CMS and its products and services are not endorsed by the AHA or any of its affiliates.

**CMS National Coverage Policy**

Title XVIII of the Social Security Act, §1833 (e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

CMS Internet-Only Manual, Pub 100-04, Medicare Claims Processing Manual, Chapter 23, §30 Services Paid Under the Medicare Physician's Fee Schedule

**Article Guidance****Article Text**

The information in this article contains billing, coding, or other guidelines that complement the Local Coverage Determination (LCD) for Micro-Invasive Glaucoma Surgery (MIGS) L37531.

CPT/HCPCS code(s) may be subject to National Correct Coding Initiative (NCCI) edits. This information does not supersede NCCI edits. Please refer to NCCI for correct coding guidelines and specific applicable code combinations prior to billing Medicare.

**Coding Guidance:**

For noncomplex cataract removal with insertion of aqueous drainage system, use CPT® 66991.

For complex cataract removal with intraocular lens implant and concomitant intraocular aqueous drainage device, use CPT® code 66989.

iStent®, iStent inject® and Hydrus® must be performed in conjunction with cataract surgery on the same date of service and documented in the medical record.

Since there is no specific CPT® code for goniopuncture or so-called microgoniotomy procedures, the unlisted CPT® code 66999 (unlisted procedure, anterior segment of the eye) should be reported in these instances.

Any procedures performed which consist of single or multiple small punctures and/or injection of small amounts of viscoelastic, or other limited interventions should be reported using unlisted CPT® code 66999. Specifically, goniotomy (CPT® code 65820) should not be coded in addition to other angle surgeries, stent insertions or Schlemm canal implants or if the incision into the trabecular meshwork is minimal or simply incidental to another procedure. In order to report a goniotomy, an extensive incision of the trabecular meshwork around the eye, at the least and generally more than 3 clock hours, must have been performed. Documentation regarding the reasonable and necessary premise for the work must be present. Palmetto GBA may request additional documentation on a case-by-case basis.

### **Utilization:**

Medicare may cover only 1 unit per eye, per date of service of CPT® code 66991 and 66989 for insertion of glaucoma drainage device(s) into the trabecular meshwork, when performed in conjunction with cataract surgery and when the medically reasonable and necessary criteria as stated in the LCD are met.

Although more than 1 drainage device into the trabecular meshwork of a single eye on a single day of service, using an insertion tool loaded with more than 1 device, (e.g., iStent *inject*®), may be performed, once the insertion tool is deployed within the eye, there is negligible increase in work or expense. Therefore, only 1 unit of 66991 and 66989 per eye, per day may be billed, regardless of the number of devices inserted into a single eye on the date of service.

Medicare may cover only **1 unit per eye, per date of service of CPT® code 0449T** for insertion of glaucoma drainage device(s) into the subconjunctival space (e.g., XEN45®), when the medically reasonable and necessary criteria as stated in the LCD are met.

CPT® code 0671T should not be billed with CPT® code 66991 or 66989 for the same beneficiary on the same date of service.

### **Documentation Requirements:**

1. All documentation must be maintained in the patient's medical record and must support the medical necessity of the services as directed in this article and be made available to the contractor upon request.
2. Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, dates of service[s]). The documentation must include the legible signature of the physician or non-physician practitioner responsible for and providing the care to the patient.
3. The submitted medical record must support the use of the selected ICD-10-CM code(s). The submitted CPT/HCPCS code must describe the service performed.

---

## **Coding Information**

**CPT/HCPCS Codes**

**Group 1 Paragraph:**

The CPT® codes are considered medically necessary when the indications of coverage in the Micro-Invasive Glaucoma Surgery (MIGS) L37531 Local Coverage Determination (LCD) are met for the utilized anterior segment drainage device. A reasonable and necessary standard must be met for the surgical cataract treatment. The 90 day global periods apply.

**Group 1 Codes:** (2 Codes)

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 CAPSULORRHESIS) 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

**Group 2 Paragraph:**

The CPT® codes in **Group 2: Codes** are considered medically necessary when the indications of coverage in the Micro-Invasive Glaucoma Surgery (MIGS) L37531 LCD are met. The 90 day global periods apply.

**Group 2 Codes:** (1 Code)

CODE	DESCRIPTION
0449T	INSERTION OF AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR, INTERNAL APPROACH, INTO THE SUBCONJUNCTIVAL SPACE; INITIAL DEVICE

**Group 3 Paragraph:**

The CPT® codes in Group 3 are considered not medically necessary.

**Group 3 Codes:** (3 Codes)

CODE	DESCRIPTION
0253T	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR, INTERNAL APPROACH, INTO THE SUPRACHOROIDAL SPACE
0450T	INSERTION OF AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR

CODE	DESCRIPTION
	RESERVOIR, INTERNAL APPROACH, INTO THE SUBCONJUNCTIVAL SPACE; EACH ADDITIONAL DEVICE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
0474T	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITH CREATION OF INTRAOCULAR RESERVOIR, INTERNAL APPROACH, INTO THE SUPRACILIARY SPACE

**Group 4 Paragraph:**

CPT® code 0671T will be reviewed individually to determine medical necessity.

**Group 4 Codes:** (1 Code)

CODE	DESCRIPTION
0671T	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE INTO THE TRABECULAR MESHWORK, WITHOUT EXTERNAL RESERVOIR, AND WITHOUT CONCOMITANT CATARACT REMOVAL, ONE OR MORE

**CPT/HCPCS Modifiers**

N/A

**ICD-10-CM Codes that Support Medical Necessity**

**Group 1 Paragraph:**

N/A

**Group 1 Codes:** (9 Codes)

CODE	DESCRIPTION
H40.1111	Primary open-angle glaucoma, right eye, mild stage
H40.1112	Primary open-angle glaucoma, right eye, moderate 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
H40.1124	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
H40.1134	Primary open-angle glaucoma, bilateral, indeterminate stage

**Group 2 Paragraph:**

N/A

**Group 2 Codes: (48 Codes)**

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

CODE	DESCRIPTION
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

### ICD-10-CM Codes that DO NOT Support Medical Necessity

#### Group 1 Paragraph:

All other ICD-10-CM codes not listed under "ICD-10-CM Codes that Support Medical Necessity" will be denied as not medically necessary.

#### Group 1 Codes:

N/A

### ICD-10-PCS Codes

N/A

### Additional ICD-10 Information

N/A

### Bill Type Codes

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article should be assumed to apply equally to all claims.

N/A

### Revenue Codes

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the article, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the article should be assumed to apply equally to all Revenue Codes.

N/A

### Other Coding Information

N/A

## Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
10/01/2022	R7	Under <b>Article Text: Utilization</b> added fourth paragraph to read "CPT® code 0671T should not be billed with CPT® code 66991 or 66989 for the same beneficiary on the same date of service." Under <b>CPT/HCPCS Codes Group 3: Codes</b> removed 0671T. Under <b>CPT/HCPCS Codes</b> added <b>Group 4: Paragraph</b> verbiage to read "CPT® code 0671T will be reviewed individually to determine medical necessity," and under <b>CPT/HCPCS Codes Group 4: Codes</b> added 0671T. This revision is retroactive effective for dates of service on or after 10/1/22.
08/01/2022	R6	Under <b>Article Text</b> subheading <b>Coding Guidance</b> replaced CPT® code 69999 with CPT® code 66999 in the fourth and fifth paragraphs. The addition of CPT® code 69999 was done in error. CPT® was inserted throughout the article where applicable. Formatting was corrected throughout the article.
08/01/2022	R5	Under <b>Article Text</b> added additional verbiage following the first paragraph. Under <b>CPT/HCPCS Codes Group 1: Paragraph</b> added the last sentence. Under <b>CPT/HCPCS Codes Group 2: Paragraph</b> revised the first sentence to read, "The



REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
		CPT® codes in <b>Group 2: Codes</b> are considered medically necessary when the indications of coverage in the Micro-Invasive Glaucoma Surgery (MIGS) L37531 LCD are met” and added the second sentence. Under <b>CPT/HCPCS Codes Group 3: Codes</b> added 0474T and 0253T.
01/01/2022	R4	Under <b>CPT/HCPCS Codes Group 1: Paragraph</b> deleted the verbiage “ <b>Group 1: Codes</b> ” and added “the utilized anterior segment drainage device. A reasonable and necessary standard must be met for the surgical cataract treatment” at the end of the paragraph. Under <b>CPT/HCPCS Codes Group 1: Codes</b> added codes 66989 and 66991, and deleted codes 0191T and 0376T. Under <b>CPT/HCPCS Codes Group 3: Codes</b> added code 0671T. This revision is due to the Annual CPT/HCPCS update and is effective on 1/1/22.
02/20/2021	R3	Under <b>ICD-10 Codes that Support Medical Necessity – Group 2 Codes</b> added codes H40.1211, H40.1212, H40.1213, H40.1214, H40.1221, H40.1222, H40.1223, H40.1224, H40.1231, H40.1232, H40.1233, H40.1234, H40.1311, H40.1312, H40.1313, H40.1314, H40.1321, H40.1322, H40.1323, H40.1324, H40.1331, H40.1332, H40.1333, H40.1334, H40.1411, H40.1412, H40.1413, H40.1414, H40.1421, H40.1422, H40.1423, H40.1424, H40.1431, H40.1432, H40.1433, and H40.1434.
02/10/2020	R2	Regulations regarding billing and coding were removed from the <b>CMS National Coverage Policy</b> section of the related Micro-Invasive Glaucoma Surgery (MIGS) L37531 LCD and placed in this article. Under <b>CPT/HCPCS Codes Group 1: Codes</b> added CPT® code 0376T and deleted this code from the <b>CPT/HCPCS Codes Group 3: Codes</b> section. CPT® was inserted throughout the article where applicable.
08/15/2019	R1	All coding located in the <b>Coding Information</b> section has been removed from the related Micro-Invasive Glaucoma Surgery (MIGS) L37531 LCD and added to this article.

## Associated Documents

### Related Local Coverage Documents

#### LCDS

[L37531 - Micro-Invasive Glaucoma Surgery \(MIGS\)](#)

### Related National Coverage Documents

N/A

### Statutory Requirements URLs

N/A

## Rules and Regulations URLs

N/A

## CMS Manual Explanations URLs

N/A

## Other URLs

N/A

## Public Versions

UPDATED ON	EFFECTIVE DATES	STATUS
Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.		
06/13/2023	10/01/2022 - N/A	Currently in Effect (This Version)
07/05/2022	08/01/2022 - 09/30/2022	Superseded
06/23/2022	08/01/2022 - N/A	Superseded
01/03/2022	01/01/2022 - 07/31/2022	Superseded

---

## Keywords

- MIGS
- Micro-Invasive Glaucoma Surgery