Article - Billing and Coding: Micro-Invasive Glaucoma Surgery (MIGS) (A56491)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
CGS Administrators, LLC	MAC - Part A	15101 - MAC A	J - 15	Kentucky
CGS Administrators, LLC	MAC - Part B	15102 - MAC B	J - 15	Kentucky
CGS Administrators, LLC	MAC - Part A	15201 - MAC A	J - 15	Ohio
CGS Administrators, LLC	MAC - Part B	15202 - MAC B	J - 15	Ohio

Article Information

General Information

Article ID
A56491

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

Article Type
Billing and Coding

Original Effective Date
09/26/2019

Revision Effective Date
07/06/2023

Revision Ending Date
N/A

Retirement Date
N/A

AMA CPT / ADA CDT / AHA NUBC Copyright Statement

CMS National Coverage Policy

N/A

Article Guidance

Article Text

This article gives guidance for billing, coding, and other guidelines in relation to local coverage policy for L37578-Micro-Invasive Glaucoma Surgery (MIGS).

The Current Procedural Terminology (CPT)/Healthcare Common Procedure Coding System (HCPCS) code(s) may be subject to National Correct Coding Initiative (NCCI) edits. This information does not take precedence over 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.

Please refer to the "Limitations" section in the related LCD for additional information.

For Part A claims:

- Line SV202-7 for 837I electronic claim
- Block 80 for the UB04 claim form

For Part B claims:

- Loop 2400 or SV101-7 for the 5010A1 837P
- Box 19 for paper claim

Frequency Limitations

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 (e.g., iStent®, or iStent *inject*®), 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 one drainage device into the trabecular meshwork of a single eye on a single day of service, using an insertion tool loaded with more than one 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 one 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.

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:

Note: Providers are reminded to refer to the long descriptors of the CPT codes in their CPT book.

The CPT codes in Group 1 are considered medically necessary when the Indications of Coverage are met. The 90 day global periods applies.

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 CAPSULORRHEXIS) OR PERFORMED ON PATIENTS IN THE AMBLYOGENIC DEVELOPMENTAL STAGE; WITH INSERTION OF INTRAOCULAR (EG,

CODE	DESCRIPTION
	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 are considered medically necessary when the Indications of Coverage are met. The 90 day global periods applies.

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 following CPT codes are considered not medically reasonable and necessary (non-covered).

Do not report 0671T in conjunction with 66989 or 66991

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 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

CPT/HCPCS Modifiers

N/A

ICD-10-CM Codes that Support Medical Necessity

Group 1 Paragraph:

It is the provider's responsibility to select codes carried out to the highest level of specificity and selected from the ICD-10-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

Medicare is establishing the following limited coverage for CPT codes 66989 and 66991.

Group 1 Codes: (6 Codes)

CODE	DESCRIPTION
H40.1111	Primary open-angle glaucoma, right eye, mild stage
H40.1112	Primary open-angle glaucoma, right eye, moderate stage
H40.1121	Primary open-angle glaucoma, left eye, mild stage
H40.1122	Primary open-angle glaucoma, left eye, moderate stage
H40.1131	Primary open-angle glaucoma, bilateral, mild stage
H40.1132	Primary open-angle glaucoma, bilateral, moderate stage

Group 2 Paragraph:

Medicare is establishing the following limited coverage for **CPT code 0449T (XEN):**

Group 2 Codes: (52 Codes)

CODE	DESCRIPTION
H40.10X1	Unspecified open-angle glaucoma, mild stage
H40.10X2	Unspecified open-angle glaucoma, moderate stage
H40.10X3	Unspecified open-angle glaucoma, severe stage
H40.10X4	Unspecified open-angle glaucoma, indeterminate stage
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

CODE	DESCRIPTION
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

CODE	DESCRIPTION
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:

Any ICD-10-CM code not listed in Group 1 "ICD-10 Codes that Support Medical Necessity" section

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.

CODE	DESCRIPTION
013x	Hospital Outpatient
083x	Ambulatory Surgery Center
085x	Critical Access Hospital

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.

CODE	DESCRIPTION
036X	Operating Room Services - General Classification
045X	Emergency Room - General Classification
049X	Ambulatory Surgical Care - General Classification
076X	Specialty Services - General Classification

Other Coding Information

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
07/06/2023	R8	R8 Revision Effective: 07/06/2023 Revision Explanation: Remove 0671T from group 3 CPT/HCPCS code list retro effective to 01/01/2023.
03/23/2023	R7	R7 Revision Effective: 03/23/2023 Revision Explanation: Annual review, no changes were made.
03/31/2022	R6	R6 Revision Effective: 03/31/2022 Revision Explanation: Annual review, no changes were made.
01/01/2022	R5	R5 Revision Effective : 01/01/2022 Revision Explanation: Codes 0191T and 0376T were end dated and replaced with

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
		new codes 66989 and 66991. New code 0671T was added as non covered as this is not FDa approved and code 0450T was move to non-covered as only one XEn is allowed per eye. Article text was updated to refelct the new codes and removed the information for 0450T that indicated this would be allowed..
04/01/2021	R4	R4 Revision Effective: 04/01/2021 Revision Explanation: Annual review no changes made.
03/01/2021	R3	R3 Revision Effective: Revision Explanation: Listed codes 0376T and 0450T as payable for perspective procedures.
12/30/2019	R2	Revision Effective: n/a Revision Explanation: Annual review, no changes
12/30/2019	R1	R1 Revision Effective: 12/30/2019 Revision Explanation: Updating article to follow updated policy information that was taken to open meeting on June 26, 2019. New ICd-10 sections added as there are separate codes for 0191T and 0449T. Also added new codes that are not covered for these services.

Associated Documents

Related Local Coverage Documents

LCDs

L37578 - 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
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06/26/2023	07/06/2023 - N/A	Currently in Effect (This Version)
03/15/2023	03/23/2023 - 07/05/2023	Superseded
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Keywords

N/A