



MEDICAL SURGICAL VISION CLINICAL PROTOCOL

POLICY TITLE **Cataract Related Procedures: Micro/Minimally Invasive Glaucoma Surgery & Goniotomy**

CATEGORY Medical Surgical **POLICY ID NUMBER** 210_NYS

AUTHOR DATE 01/01/2023 **LAST REVIEW DATE**

EXCLUSIONS **Applicable to Government Programs in New York State only.**

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Applicable Codes:

- 66174:** Transluminal dilation of aqueous outflow canal (e.g., canaloplasty); without retention of device or stent
- 65820** Goniotomy
- 66999** Unlisted Procedure, anterior segment

Indication and Limitations¹

- Patient has clear lens which may reduce risk of cataract progression, or;
- Patient has been prescribed ocular hypotensive, has cataract, and cataract surgery will be concurrently performed, or;
- Medical management options have resulted in insufficient progress requiring surgical intervention, with distinction made between tolerance and adherence to past treatment [and];
- Selective Laser Trabeculectomy ‘SLT’ poses additional risk or is deemed less advantageous due to concurrent condition.
 - If goniotomy is concurrently performed, a minimum of three (3) consecutive clock hours is required given intensity.
 - Less than three (3) consecutive clock hours qualifies as an unlisted procedure, anterior segment; all other indications and limitations apply.

Supporting Diagnoses

- H40.10X1-10X4 Unspecified open-angle glaucoma, mild to indeterminate
- H40.1111-1114 Primary open-angle glaucoma, right eye, mild to indeterminate
- H40.1121-1124 Primary open-angle glaucoma, left eye, mild to indeterminate

¹ Physician attests at time of request submission that physician signed documentation across the full timeframe of treatment rendered (chart, procedures, order, testing interpretation) supports all indications and limitations for service based on this policy and industry billing guidance.

H40.1131-1134	Primary open-angle glaucoma, bilateral, mild to indeterminate
H40.1211-1214	Low-tension glaucoma, right eye, mild to indeterminate
H40.1221-1224	Low-tension glaucoma, left eye, mild to indeterminate
H40.1231-1234	Low-tension glaucoma, bilateral, mild to indeterminate
H40.1311-1314	Pigmentary glaucoma, right eye, mild to indeterminate
H40.1321-1324	Pigmentary glaucoma, left eye, mild to indeterminate
H40.1331-1334	Pigmentary glaucoma, bilateral, mild to indeterminate
H40.1411-1414	Capsular glaucoma with pseudoexfoliation of lens, right eye, (stages, mild, moderate, severe, indeterminate)
H40.1421-1424	Capsular glaucoma with pseudoexfoliation of lens, left eye, (stages, mild, moderate, severe, indeterminate)
H40.1431-1434	Capsular glaucoma with pseudoexfoliation of lens, bilateral, (stages, mild, moderate, severe, indeterminate)
H40.151-153	Residual stage of open-angle glaucoma, right/left/bilateral
Q15.0	Congenital glaucoma

References²

National Library of Medicine, Minimally Invasive Glaucoma Surgery. February 22, 2023
 CMS Coverage Center, Proposed LCD DL37244. Micro-Invasive Glaucoma Surgery, July 2023
 CMS Coverage Center, Proposed LCD DL37531. Micro-Invasive Glaucoma Surgery, July 2023
 American Academy of Ophthalmology, Canaloplasty. October 20, 2022
 American Academy of Ophthalmology, Goniotomy. January 12, 2023
 American Academy of Ophthalmology, Canaloplasty. February 10, 2023

Review and Approval Change Log

July 2022	Medical Surgical policy drafted
July 2023	Scope limited to NYS medical surgical prior authorization requirement.

² Retrieved electronically July 2023