



Medical Policies

Print

Policy Number: S-236

Policy Name: Aqueous Shunts and Stents for Glaucoma

Policy Type: Medical

Effective Date: 09-15-2025

Policy Subtype: Surgery

End Date: 11-02-2025

Description

Glaucoma surgery is intended to reduce intraocular pressure (IOP) when the target IOP cannot be reached with medications. Due to complications with established surgical approaches such as trabeculectomy, a variety of devices, including aqueous shunts, are being evaluated as alternative surgical treatments for individuals with inadequately controlled glaucoma. Microstents are also being evaluated in individuals with mild to moderate open-angle glaucoma currently treated with ocular hypotensive medication.

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date

Insertion of ab externo aqueous shunts approved by the United States Food and Drug Administration (U.S. FDA) may be considered medically necessary as a method to reduce IOP in individuals with glaucoma where first-line drugs, and second-line drugs have failed to adequately control IOP.

Insertion of ab interno aqueous stents approved by the FDA may be considered medically necessary as a method to reduce IOP in individuals with glaucoma where first-line drugs, and second-line drugs have failed to adequately control IOP.

Use of ab externo or ab interno aqueous shunt(s) not meeting the criteria as indicated in this policy is considered experimental/investigational and therefore non-covered, because the safety and/or effectiveness of this service cannot be established by the available published peer-reviewed literature.

Procedure Codes

66174	66183	0449T	0450T	0671T
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Implantation of one (1) or two (2) FDA-approved interno stents in conjunction with cataract surgery may be considered medically necessary in individuals with mild-to-moderate open-angle glaucoma treated with ocular hypotensive medication.

Use of ab interno stents not meeting the criteria as indicated in this policy is considered experimental/investigational and therefore non-covered, because the safety and/or effectiveness of this service cannot be established by the available published peer-reviewed literature.

Procedure Codes

0253T	0474T	66175	66989	66991
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Diagnosis Codes

Covered Diagnosis Codes for Procedure odes 66174; 66183; 0449T; 0450T and 0671T

H40.001	H40.002	H40.003	H40.011	H40.012	H40.013	H40.021
H40.022	H40.023	H40.041	H40.042	H40.043	H40.051	H40.052
H40.053	H40.061	H40.062	H40.063	H40.10X0	H40.10X1	H40.10X2
H40.10X3	H40.10X4	H40.1110	H40.1111	H40.1112	H40.1113	H40.1114

H40.1120	H40.1121	H40.1122	H40.1123	H40.1124	H40.1130	H40.1131
H40.1132	H40.1133	H40.1134	H40.1210	H40.1211	H40.1212	H40.1213
H40.1214	H40.1220	H40.1221	H40.1222	H40.1223	H40.1224	H40.1230
H40.1231	H40.1232	H40.1233	H40.1234	H40.1310	H40.1311	H40.1312
H40.1313	H40.1314	H40.1320	H40.1321	H40.1322	H40.1323	H40.1324
H40.1330	H40.1331	H40.1332	H40.1333	H40.1334	H40.1410	H40.1411
H40.1412	H40.1413	H40.1414	H40.1420	H40.1421	H40.1422	H40.1423
H40.1424	H40.1430	H40.1431	H40.1432	H40.1433	H40.1434	H40.151
H40.152	H40.153	H40.20X0	H40.20X1	H40.20X2	H40.20X3	H40.20X4
H40.211	H40.212	H40.213	H40.2210	H40.2211	H40.2212	H40.2213
H40.2214	H40.2220	H40.2221	H40.2222	H40.2223	H40.2224	H40.2230
H40.2232	H40.2233	H40.2234	H40.231	H40.232	H40.233	H40.241
H40.242	H40.243	H40.31X0	H40.31X1	H40.31X2	H40.31X3	H40.31X4
H40.32X0	H40.32X1	H40.32X2	H40.32X3	H40.32X4	H40.33X0	H40.33X1
H40.33X2	H40.33X3	H40.33X4	H40.41X0	H40.41X1	H40.41X2	H40.41X3
H40.41X4	H40.42X0	H40.42X1	H40.42X2	H40.42X3	H40.42X4	H40.43X0
H40.43X1	H40.43X2	H40.43X3	H40.43X4	H40.51X0	H40.51X1	H40.51X2
H40.51X3	H40.51X4	H40.52X0	H40.52X1	H40.52X2	H40.52X3	H40.52X4
H40.53X0	H40.53X1	H40.53X2	H40.53X3	H40.53X4	H40.61X0	H40.61X1
H40.61X2	H40.61X3	H40.61X4	H40.62X0	H40.62X1	H40.62X2	H40.62X3
H40.62X4	H40.63X0	H40.63X1	H40.63X2	H40.63X3	H40.63X4	H40.811
H40.812	H40.813	H40.821	H40.822	H40.823	H40.831	H40.832
H40.833	H40.89	H42	Q15.0			

#### Covered Diagnosis Codes for Procedure Codes 0253T; 66175' 66989 and 66991

H25.011	H25.012	H25.013	H25.019	H25.031	H25.032	H25.033
H25.039	H25.041	H25.042	H25.043	H25.049	H25.091	H25.092
H25.093	H25.099	H25.10	H25.11	H25.13	H25.811	H25.812
H25.813	H25.89	H25.9	H26.001	H26.002	H26.003	H26.009
H26.011	H26.012	H26.013	H26.019	H26.031	H26.032	H26.033
H26.039	H26.041	H26.042	H26.043	H26.049	H26.051	H26.052
H26.053	H26.059	H26.061	H26.062	H26.063	H26.069	H26.09
H26.101	H26.102	H26.103	H26.109	H26.111	H26.112	H26.113
H26.119	H26.121	H26.122	H26.123	H26.129	H26.131	H26.132
H26.133	H26.139	H26.20	H26.211	H26.212	H26.213	H26.219

H26.221	H26.222	H26.223	H26.229	H26.231	H26.232	H26.233
H26.239	H26.30	H26.31	H26.32	H26.33	H26.40	H26.411
H26.412	H26.413	H26.419	H26.491	H26.492	H26.493	H26.499
H26.8	H26.9	H40.10X0	H40.10X1	H40.10X2	H40.10X3	H40.10X4
H40.1110	H40.1111	H40.1112	H40.1113	H40.1114	H40.1120	H40.1121
H40.1122	H40.1123	H40.1124	H40.1130	H40.1131	H40.1132	H40.1133
H40.1134	H40.1210	H40.1211	H40.1212	H40.1213	H40.1214	H40.1220
H40.1221	H40.1222	H40.1223	H40.1224	H40.1230	H40.1231	H40.1232
H40.1233	H40.1234	H40.1310	H40.1311	H40.1312	H40.1313	H40.1314
H40.1320	H40.1321	H40.1322	H40.1323	H40.1324	H40.1330	H40.1331
H40.1332	H40.1333	H40.1334	H40.1410	H40.1411	H40.1412	H40.1413
H40.1414	H40.1420	H40.1421	H40.1422	H40.1423	H40.1424	H40.1430
H40.1431	H40.1432	H40.1434	H40.151	H40.152	H40.153	H40.61X0
H40.61X1	H40.61X2	H40.61X3	H40.61X4	H40.62X0	H40.62X1	H40.62X2
H40.62X3	H40.62X4	H40.63X0	H40.63X1	H40.63X2	H40.63X3	H40.63X4
H42	Q15.0					

## CURRENT CODING

### CPT:

0253T	INSERT ANT SGM DRAINAGE DEV W/O RESERVR INT APPR	Commercial
0449T	INSJ AQUEOUS DRAIN DEV W/O EO RSVR INITIAL DEV	Commercial
0450T	INSJ AQUEOUS DRAIN DEV W/O EO RSVR EACH ADDL DEV	Commercial
0474T	INSJ ANT SEG AQUEOUS DRG DEV W/IO RSVR	Commercial
0671T	INSJ ANT SGM DRG DEV TRAB MW W/O RES&CTRC RMVL1+	Commercial
66174	TRLUML DILAT AQUEOUS O/F CAN WO RETENTION DEV/ST	Commercial
66175	TRLUML DILAT AQUEOUS O/F CAN W/RETENTION DEV/ST	Commercial
66183	INSERT ANTER DRAINAGE DEV W/O EXTRAOC RESERVOIR	Commercial
66989	XCAPSL CTRC RMVL INSJ IO LENS PRSTH CPLX INSJ 1+	Commercial
66991	XCAPSL CTRC RMVL INSJ IO LENS PROSTH INSJ 1+	Commercial
0253T	INSERT ANT SGM DRAINAGE DEV W/O RESERVR INT APPR	Medicaid Expansion
0449T	INSJ AQUEOUS DRAIN DEV W/O EO RSVR INITIAL DEV	Medicaid Expansion
0450T	INSJ AQUEOUS DRAIN DEV W/O EO RSVR EACH ADDL DEV	Medicaid Expansion
0474T	INSJ ANT SEG AQUEOUS DRG DEV W/IO RSVR	Medicaid Expansion
0671T	INSJ ANT SGM DRG DEV TRAB MW W/O RES&CTRC RMVL1+	Medicaid Expansion
66174	TRLUML DILAT AQUEOUS O/F CAN WO RETENTION DEV/ST	Medicaid Expansion
66175	TRLUML DILAT AQUEOUS O/F CAN W/RETENTION DEV/ST	Medicaid Expansion
66183	INSERT ANTER DRAINAGE DEV W/O EXTRAOC RESERVOIR	Medicaid Expansion
66989	XCAPSL CTRC RMVL INSJ IO LENS PRSTH CPLX INSJ 1+	Medicaid Expansion

66991	XCAPSL CTRC RMVL INSJ IO LENS PROSTH INSJ 1+	Medicaid Expansion
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## ND Committee Review

Internal Medical Policy Committee 1-22-2020 Revision *Effective March 2, 2020*

- *Differentiates* between ab externo and ab interno

Internal Medical Policy Committee 3-17-2021 Annual Review- updated language *Effective May 3, 2021*

Internal Medical Policy Committee 9-21-2021 Revision *Effective November 1, 2021*

- *Updated* criteria, and
- *Updated* language

Internal Medical Policy Committee 11-23-2021 Coding update- *Effective January 01, 2022*

- *Added* Procedure Code 0671T; 66991 and 66989
- *Removed* Procedure Codes 0191T and 0376T

Internal Medical Policy Committee 7-21-2022 Annual Review, no changes in criteria *Effective September 5, 2022*

Internal Medical Policy Committee 7-26-2023 Annual Review, no changes in criteria *Effective September 4, 2023*

Internal Medical Policy Committee 7-16-2024 Annual Review-no changes in criteria *Effective September 2, 2024*

- *Added* Policy Application; and
- *Added* coverage statement.

## Disclaimer

Current medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information. Likewise, medical policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and the Company reserves the right to review and update medical policy periodically.

