



MEDICAL SURGICAL VISION CLINICAL PROTOCOL & GUIDELINE

POLICY TITLE Cataract Surgery Related-Micro-Invasive Glaucoma Surgery (MIGS)

CATEGORY Medical Surgical **POLICY ID NUMBER** 210_NY_HF_v2

ORIGINAL EFFECTIVE DATE 01/01/2024 **LAST REVIEW DATE** 09/09/2025

LAST APPROVAL DATE 09/09/2025 **LAST REVISION DATE** 07/29/2025

EXCLUSIONS **Applicable to New York State, Healthfirst Plans only.**

DISCLAIMER CPT® Codes, Descriptors, and other data are copyright 2025 American Medical Association (or such other date of publication of CPT®). All Rights Reserved to AMA. Additional resources include CMS Medicare Provider Guidelines @ CMS.gov. This information may not be sold, licensed, or unlawfully used and is intellectual property of EyeMed and the aforementioned entities.

Applicable Codes:

65820* Goniotomy

66174* Transluminal dilation of aqueous outflow canal (e.g., canaloplasty); without retention of device or stent

66999* Unlisted procedure, anterior segment of the eye

**codes are not listed on LCD or article, included in this CPG for plan specifications*

1 Indication and Limitations¹

1.1 Medical Necessity

- 1.1.1 One trabecular aqueous stent device per eye is approved for the treatment of adults with mild or moderate open angle glaucoma and a cataract
 - 1.1.1.1 Individual must be currently treated with an ocular hypotensive medication **and**
 - 1.1.1.2 procedure is being performed in conjunction with cataract surgery.
- 1.1.2 One stent is approved for use as a standalone procedure device per eye for the management of refractory glaucoma:
 - 1.1.2.1 Defined as a prior failure of a filtering cilioablative procedure OR
 - 1.1.2.2 uncontrolled intraocular pressure defined as progressive damage OR
 - 1.1.2.3 mean diurnal medicated IOP greater than or equal to 20 mm HG on maximally tolerated medical therapy defined as:
 - 1.1.2.3.1 greater than or equal to 4 classes of topical IOP lowering medications, OR
 - 1.1.2.3.2 fewer in the case of tolerability or efficacy issues .

1.2 Limitations

- 1.2.1 Minimally invasive glaucoma surgery (MIGS) is not considered a first line treatment for mild-moderate glaucoma.
- 1.2.2 A combination of a surgical MIGs procedure and an aqueous shunt cannot be performed at the same time of service in the same eye.
- 1.2.3 Phacoemulsification/ intraocular lens placement performed with a combination of a MIGS procedure, (e.g., cataract + stent + canaloplasty or goniotomy) at the same time of service in the same eye is non-covered.
- 1.2.4 Only one unit per eye per date of service is covered

2 Supporting Diagnoses

2.1 For ICD-10 list please see Micro-Invasive Glaucoma Surgery (MIGS) Appendix A

References²

National Library of Medicine, Minimally Invasive Glaucoma Surgery. February 22, 2023
CGS Administrators, LLC. Local Coverage Determination. L37244. "Micro-Invasive Glaucoma Surgery (MIGS)," CGS Administrators, LLC. Local Coverage Article. "Billing and Coding: Micro-Invasive Glaucoma Surgery (MIGS)", American Academy of Ophthalmology, Canaloplasty. October 20, 2022
American Academy of Ophthalmology, Goniotomy. January 12, 2023

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.

² Retrieved electronically June 2023

Review and Approval Change Log

Jul 2022	Medical Surgical base criterion drafted
Jul 2023	Revised scope limited to NYS medical surgical prior authorization requirement
Nov 2023	Approved by HealthFirst Medical Team
Jan 2024	Reviewed, no material edits, non-material formatting change, effected
Oct 2024	Reviewed, non-material formatting edits; material edits: applicable ICD-10 as per AAPC
Nov 2024	Approved by HealthFirst Medical Team
Jul 2025	V2 Created Appendix A for ICD-10 list per LCD/Article, protocol updated to LCD and article guidelines, new format implemented
Sep 2025	Approved by HealthFirst Medical Team