



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_V3
ORIGINAL EFFECTIVE DATE	07/01/2023	LAST REVIEW DATE	09/17/2026
LAST APPROVAL DATE	09/17/2026	LAST REVISION DATE	06/01/2026
EXCLUSIONS	Applicable to New York State, Healthfirst Plans only.		

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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 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)," For Reference only, procedures in the clinical protocol are mentioned in the body of the document but not by specific codes.

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

CGS Administrators, LLC. Local Coverage Article. A56588. "Billing and Coding: Micro-Invasive Glaucoma Surgery (MIGS)". For Reference only, procedures in the clinical protocol are mentioned in the body of the document but not in the list of covered codes.

American Academy of Ophthalmology, Canaloplasty. October 20, 2022

American Academy of Ophthalmology, Goniectomy. January 12, 2023

American Academy of Ophthalmology, Canaloplasty. February 10, 2023

Review and Approval Change Log

Jul 2022	Medical Surgical policy drafted
July 2023	Scope limited to NYS medical surgical prior authorization requirement.
Jul 2025	V2 Created Appendix A for ICD-10 list per LCD/Article, protocol updated to LCD and article guidelines, new format implemented
Jan 2026	Updated the reference section, no content changes or layout updates, version number did not change
Jun 2026	V3 Reviewed, no changes
Sep 2026	V3 approved by NYS HF committee