Aqueous Stents for Treatment of Glaucoma
Clinical Coverage Criteria

Overview
When intraocular pressure (IOP) is not properly controlled in a patient with glaucoma there is a risk fluid may not drain properly thus leading to further damage to the eye including potential blindness. First line treatments for IOP are typically pharmacological in nature. Surgery is often indicated when pharmacological interventions do not work. The insertion of aqueous shunts to control IOP is a fairly new procedure which is performed during cataract surgery and designed to increase drainage.

Policy
Fallon Health requires prior authorization for use of Aqueous Stent. The below criteria must be met as supported by the treating provider(s) medical records.

1. The member must be diagnosed with open-angle glaucoma
2. The member must have a documented trial and failure of medications to adequately control intraocular pressure.

Exclusions
- Any use of Aqueous stents other than indicated above.

Codes

<table>
<thead>
<tr>
<th>Code type</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT</td>
<td>0191T</td>
<td>Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork; initial insertion</td>
</tr>
<tr>
<td></td>
<td>0449T</td>
<td>Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device</td>
</tr>
<tr>
<td></td>
<td>0474T</td>
<td>Insertion of anterior segment aqueous drainage device, with creation of intraocular reservoir, internal approach, into the supraciliary space</td>
</tr>
<tr>
<td></td>
<td>66183</td>
<td>Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach</td>
</tr>
<tr>
<td>HCPCS</td>
<td>C1783</td>
<td>Ocular implant, aqueous drainage assist device</td>
</tr>
</tbody>
</table>

References
2. Hayes Inc. Hayes Health Technology Brief iStent Trabecular Micro-Bypass Stent (Glaukos Corp.) for Treatment of Primary Open-Angle Glaucoma. Published March 2, 2013, Annual review completed March 30, 2018


Policy History

Origination date: 11/01/2015
Approval(s): Technology Assessment Committee: 10/28/2015 (new policy), 10/26/2016 (added code 66183, updated references), 10/25/2017 (updated references), 10/00/2018 (added codes 0449T and 0474T), 10/11/2018 (updated references)

Not all services mentioned in this policy are covered for all products or employer groups. Coverage is based upon the terms of a member's particular benefit plan which may contain its own specific provisions for coverage and exclusions regardless of medical necessity. Please consult the product's Evidence of Coverage for exclusions or other benefit limitations applicable to this service or supply. If there is any discrepancy between this policy and a member’s benefit plan, the provisions of the benefit plan will govern. However, applicable state mandates take precedence with respect to fully-insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, federal mandates will apply to all plans. For Medicare and Medicaid members, this policy will apply unless Medicare and Medicaid policies extend coverage beyond this policy.