

# Local Coverage Article: Billing and Coding: Micro-Invasive Glaucoma Surgery (MIGS) (A56866)

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## Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Palmetto GBA	A and B MAC	10111 - MAC A	J - J	Alabama
Palmetto GBA	A and B MAC	10112 - MAC B	J - J	Alabama
Palmetto GBA	A and B MAC	10211 - MAC A	J - J	Georgia
Palmetto GBA	A and B MAC	10212 - MAC B	J - J	Georgia
Palmetto GBA	A and B MAC	10311 - MAC A	J - J	Tennessee
Palmetto GBA	A and B MAC	10312 - MAC B	J - J	Tennessee
Palmetto GBA	A and B and HHH MAC	11201 - MAC A	J - M	South Carolina
Palmetto GBA	A and B and HHH MAC	11202 - MAC B	J - M	South Carolina
Palmetto GBA	A and B and HHH MAC	11301 - MAC A	J - M	Virginia
Palmetto GBA	A and B and HHH MAC	11302 - MAC B	J - M	Virginia
Palmetto GBA	A and B and HHH MAC	11401 - MAC A	J - M	West Virginia
Palmetto GBA	A and B and HHH MAC	11402 - MAC B	J - M	West Virginia
Palmetto GBA	A and B and HHH MAC	11501 - MAC A	J - M	North Carolina
Palmetto GBA	A and B and HHH MAC	11502 - MAC B	J - M	North Carolina

## Article Information

### General Information

**Article ID**

A56866

**Original Effective Date**

08/15/2019

**Article Title**

Billing and Coding: Micro-Invasive Glaucoma Surgery (MIGS)

**Revision Effective Date**

02/10/2020

**Article Type**

Billing and Coding

**Revision Ending Date**

N/A

**AMA CPT / ADA CDT / AHA NUBC Copyright Statement****Retirement Date**

N/A

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## **CMS National Coverage Policy**

Title XVIII of the Social Security Act, §1833 (e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

CMS Internet-Only Manual, Pub 100-04, Medicare Claims Processing Manual, Chapter 23, §30 Services Paid Under the Medicare Physician's Fee Schedule

## **Article Guidance**

### **Article Text:**

The information in this article contains billing, coding, or other guidelines that complement the Local Coverage Determination (LCD) for Micro-Invasive Glaucoma Surgery (MIGS) L37531.

# Coding Information

## CPT/HCPCS Codes

### Group 1 Paragraph:

The CPT® codes are considered medically necessary when the indications of coverage in the Micro-Invasive Glaucoma Surgery (MIGS) L37531 Local Coverage Determination (LCD) are met for **Group 1: Codes**.

### Group 1 Codes:

CODE	DESCRIPTION
0191T	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR, INTERNAL APPROACH, INTO THE TRABECULAR MESHWORK; INITIAL INSERTION
0376T	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR, INTERNAL APPROACH, INTO THE TRABECULAR MESHWORK; EACH ADDITIONAL DEVICE INSERTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

### Group 2 Paragraph:

The CPT® codes are considered medically necessary when the indications of coverage in the Micro-Invasive Glaucoma Surgery (MIGS) L37531 LCD are met for **Group 2: Codes**.

### Group 2 Codes:

CODE	DESCRIPTION
0449T	INSERTION OF AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR, INTERNAL APPROACH, INTO THE SUBCONJUNCTIVAL SPACE; INITIAL DEVICE

### Group 3 Paragraph:

The CPT® codes in Group 3 are considered not medically necessary.

### Group 3 Codes:

CODE	DESCRIPTION
0450T	INSERTION OF AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR, INTERNAL APPROACH, INTO THE SUBCONJUNCTIVAL SPACE; EACH ADDITIONAL DEVICE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

## CPT/HCPCS Modifiers

N/A

## ICD-10 Codes that Support Medical Necessity

### Group 1 Paragraph:

N/A

### Group 1 Codes:

ICD-10 CODE	DESCRIPTION
H40.1111	Primary open-angle glaucoma, right eye, mild stage
H40.1112	Primary open-angle glaucoma, right eye, moderate stage
H40.1114	Primary open-angle glaucoma, right eye, indeterminate stage
H40.1121	Primary open-angle glaucoma, left eye, mild stage
H40.1122	Primary open-angle glaucoma, left eye, moderate stage
H40.1124	Primary open-angle glaucoma, left eye, indeterminate stage
H40.1131	Primary open-angle glaucoma, bilateral, mild stage
H40.1132	Primary open-angle glaucoma, bilateral, moderate stage
H40.1134	Primary open-angle glaucoma, bilateral, indeterminate stage

### Group 2 Paragraph:

N/A

### Group 2 Codes:

ICD-10 CODE	DESCRIPTION
H40.1111	Primary open-angle glaucoma, right eye, mild stage
H40.1112	Primary open-angle glaucoma, right eye, moderate stage
H40.1113	Primary open-angle glaucoma, right eye, severe stage
H40.1114	Primary open-angle glaucoma, right eye, indeterminate stage
H40.1121	Primary open-angle glaucoma, left eye, mild stage
H40.1122	Primary open-angle glaucoma, left eye, moderate stage
H40.1123	Primary open-angle glaucoma, left eye, severe stage
H40.1124	Primary open-angle glaucoma, left eye, indeterminate stage
H40.1131	Primary open-angle glaucoma, bilateral, mild stage
H40.1132	Primary open-angle glaucoma, bilateral, moderate stage
H40.1133	Primary open-angle glaucoma, bilateral, severe stage
H40.1134	Primary open-angle glaucoma, bilateral, indeterminate stage

## ICD-10 Codes that DO NOT Support Medical Necessity

### Group 1 Paragraph:

All other ICD-10-CM codes not listed under "ICD-10-CM Codes that Support Medical Necessity" will be denied as not medically necessary.

**Group 1 Codes:**

N/A

**Additional ICD-10 Information**

N/A

**Bill Type Codes:**

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

N/A

**Revenue Codes:**

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

**Other Coding Information**

N/A

## Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
02/10/2020	R2	Regulations regarding billing and coding were removed from the <b>CMS National Coverage Policy</b> section of the related Micro-Invasive Glaucoma Surgery (MIGS) L37531 LCD and placed in this article. Under <b>CPT/HCPSC Codes Group 1: Codes</b> added CPT® code 0376T and deleted this code from the <b>CPT/HCPSC Codes Group 3: Codes</b> section. CPT® was inserted throughout the article where applicable.

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
08/15/2019	R1	All coding located in the <b>Coding Information</b> section has been removed from the related Micro-Invasive Glaucoma Surgery (MIGS) L37531 LCD and added to this article.

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## Associated Documents

### Related Local Coverage Document(s)

LCD(s)

L37531 - Micro-Invasive Glaucoma Surgery (MIGS)

### Related National Coverage Document(s)

N/A

### Statutory Requirements URL(s)

N/A

### Rules and Regulations URL(s)

N/A

### CMS Manual Explanations URL(s)

N/A

### Other URL(s)

N/A

### Public Version(s)

Updated on 12/18/2019 with effective dates 02/10/2020 - N/A

Updated on 08/07/2019 with effective dates 08/15/2019 - N/A

Updated on 08/07/2019 with effective dates 08/15/2019 - N/A

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## Keywords

- MIGS
- Micro-Invasive Glaucoma Surgery