Sentara Health Plans

Medicaid

Ophthalmic Procedures, Surgical 60

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Effective Date	2/1994
Next Review Date	1/2026
Coverage Policy	Surgical 60
Version	10

All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*.

Description & Definitions:

Cataracts – are the clouding of the eyes natural lens causing blurry vision or glaring of light.

Glaucoma - a medical condition where there is increased pressure in the eyeball causing optic nerve damage. There are several procedures to alleviate this condition.

Canaloplasty (Ab Interno Canaloplasty (ABiC) is a less invasive surgery to insert a micro-catheter to open the natural eye canal to drain fluid, reducing intraocular pressure (IOP).

Aqueous Shunt is a device inserted to promote drainage of fluid reducing intraocular pressure. (Ahmed glaucoma implant, Baerveldt seton, Glaucoma pressure regulator, Ex-PRESS Mini Glaucoma Shunt, Krupin-Denver valve implant, Molteno implant, Schocket shunt)

Micro-Invasive Glaucoma Surgery (MIGS) is group of surgical interventions performed ab interno to reduce complications and increased rate of a rapid recovery. The devices are placed into the eyes to help open and enlarge drainage for IOP.

- **Trabecular meshwork bypass by implant** Hydrus, iStent, or iStent inject device, XEN45
- **Trabecular meshwork bypass by tissue excision**, **no implant** is required and these goniotomy/trabeculotomy procedures

Trabeculotomy (i.e., **Goniotomy**, trabeculotomy ab interno) the creation of a new channel for drain the buildup of fluid from the eye causing intraocular pressure (IOP) through the Trabecular meshwork.

- Kahook Dual Blade Goniotomy
- Trabectome
- Gonioscopy Assisted Transluminal Trabeculotomy (GATT)
- OMNI (TRAB 360, Visco 360, STREAMLINE)

Other Ophthalmic Procedures:

Combined glaucoma and cataract surgery

Iris and Retinal prosthesis are the replacement of the iris or retina=

Intracanalicular plugs are small, absorbable polyethylene glycol hydrogel plugs that are used to deliver a sustained, therapeutic level of medication to targeted ocular tissue. The intracanalicular plug is designed to be absorbed and exit the nasolacrimal system without need for removal. The plugs contain a visualization agent for retention monitoring throughout the treatment period.

Transpupillary Thermotherapy (TTT) uses an infrared laser to heat small and medium-sized tumors causing sclerosis (hardening or thickening of tissues) of the vessels supplying the tumor.

Criteria:

Ophthalmic procedures are considered medically necessary for **1 or more** of the following:

- **Glaucoma surgery** for individual with request for **1 or more** of the following:
  - **Aqueous drainage/shunt implants** with an extraocular reservoir for refractory glaucoma (including but not limited to: (Ahmed glaucoma implant, Baerveldt seton, Glaucoma pressure regulator, Ex-PRESS Mini Glaucoma Shunt, Krupin-Denver valve implant, Molteno implant, Schocket shunt) for **ALL** of the following
    - Individual with refractory primary open-angle glaucoma
    - At least one of first-line drugs have failed to control intra-ocular pressure
    - At least one of second-line drugs have failed to control intra-ocular pressure
    - FDA approved device
  - **Micro-Invasive Glaucoma Surgery (MIGS)** may be covered for **1 or more** of the following:
    - Canaloplasty, whether performed (ab externo or ab interno (OMNI, iTrack, Ellex, and ABiC)) for **ALL** of the following
      - Individual with diagnosis of primary open-angle glaucoma
  - **Endocyclophotocoagulation (ECP)** or Transscleral Cyclophotocoagulation for the treatment of glaucoma for **ALL** of the following:
    - Mild to severe or refractory disease
    - As a last resort when all other treatments have failed.
  - **Hydrus®, iStent®, or iStent inject® device** (one per eye) for **ALL** of the following:
    - Adult with mild or moderate open-angle glaucoma and a cataract
    - Individual's current treatment plan includes ocular hypotensive medication
    - Procedure is being performed with cataract surgery
  - **XEN45® device** (one per eye) for **ALL** of the following:
    - Management of refractory glaucoma, as indicated by **1 or more** of the following:
      - Previous surgery has surgical treatment has failed
      - Primary open glaucoma
      - Unresponsive to medical therapy
- **Implantable miniature telescope (IMT)** 0308T for monocular implantation in members aged 65 years and older with stable, untreatable, severe-to-profound central vision impairment caused by blind spots (bilateral central scotoma) associated with end-stage Age-Related Macular Degeneration (ARMD) as determined by fluorescein angiography when **ALL** of the following are met:
  - Achieve at least a 5-letter improvement on the Early Treatment Diabetic Retinopathy Study (ETDRS) visual acuity chart in the eye scheduled for surgery using an external telescope
  - Adequate peripheral vision in the eye not scheduled for surgery, to allow for orientation and mobility
  - Agree to undergo 2 to 4 pre-surgical training sessions with low vision specialist (optometrist or occupational therapist)
  - Evidence of a visually significant cataract (grade 2 or higher)
  - No active wet ARMD (no sign of active choroidal neovascularization in either eye)
  - No sign of eye disease other than well-controlled glaucoma

    - Not been treated for wet ARMD in the previous 6 months
    - Visual acuity poorer than 20/160, but not worse than 20/800 in both eyes
    - Willingness to participate in a post-operative visual rehabilitation program
- **Transpupillary thermotherapy (TTT)** is medically necessary for one or more of the following:
    - Choroidal melanomas
    - Extrafoveal or Metastases treatment of retina
    - Retinoblastoma
    - Uveal Melanoma

Ophthalmic procedures are considered **not medically necessary** for any use other than those indicated in clinical criteria, to include but not limited to:

- Beta Radiation
- Clear lens extraction
- Combined phacoemulsification and viscocanalostomy
- Computer-aided animation and analysis of time series retinal images for the monitoring of disease progression, unilateral or bilateral, with interpretation and report
- Corneal Hysteresis Measurement
- CyPass Micro-Stent
- Device without FDA approval.
- Evacuation of Meibomian Glands
- Fistulization of sclera for glaucoma, through ciliary body
- Insertion of iris prosthesis
- Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report
- Micro Shunt EyePass
- MIGs procedures for any other indications.
- Monitoring of intraocular pressure for 24 hours or longer, unilateral or bilateral
- Near-infrared dual imaging of meibomian glands
- Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intra-ocular retinal electrode array, with vitrectomy (Premium Intraocular lenses
- Retinal prosthesis/ARGUS
- SOLX® Gold Shunt)
- Suprachoroidal injection of a pharmacologic agent
- Suprachoroidal shunt
- Tear film imaging
- Transcilliary Filtration (e,g., Fugo Blade transciliary filtration, Singh filtration)
- Upgrades to any basic or standard lens or premium intraocular lenses or Intraocular lens implant (i.e., monofocal IOL, multifocal IOL, or accommodating IOL) for the correction of refractive error including but not limited to:
    - Accommodating posterior chamber IOLs (e.g., Crystalens)
    - Multi-focal posterior chamber IOLs (Array Model SA40, ReZoom, AcrySof ReSTOR, Tecnis ZM900 and ZMAOO, AcrySof ReSTOR, Acrysof Restor SA60D3 multifocal, Acrysof Natural ReSTOR SN60D3, AcrySof ReSTOR Aspheric IOL model SN6AD1, AcrySof ReSTOR Aspheric IOL model SN6AD3
    - Astigmatism-correcting (toric) posterior chamber IOLs-- Staar Toric IOL, Staar Elastic Toric Lens Model AA4203TL, AcrySof Toric IOL, AcrySof Aspheric Toric IOL SN6AT3, SN6AT4 and SN6AT5, AcrySof Toric Models SA60T3, SA60T4 and SA60T5, AcrySof Toric Model SA60T, and Acrysof IQ Toric Model SN6ATT)., Tecnis Toric intraocular lens
    - Viscocanalostomy
    - Visual evoked potential, testing for glaucoma

Intracanalicular inserts other than Dextenza are considered **Not Medically Necessary f**or any use other than those indicated in clinical criteria, to include but not limited to:

- Individual with active corneal, conjunctival, or canalicular infection (including epithelial herpes simplex keratitis (dendritic keratitis), vaccinia, or varicella)
- Individual with mycobacterial infection of eye
- Individual with fungal disease of eye
- Individual with dacryocystitis

Transpupillary thermotherapy (TTT) is considered not medically necessary for any use other than those indicated in clinical criteria, to include but not limited to:

- Choroidal neovascularization
- Macular degeneration

Document History:

Revised Dates:

- 2025: February - Added criteria for Transpupillary Thermotherapy. Removed criteria for Dextenza. Updated policy to new format.
- 2024: February
- 2022: March, July, September
- 2021: February, June
- 2020: June, October
- 2016: February
- 2015: January, April, September, October, November
- 2014: January, March, July, August, November
- 2013: January, February, April, November
- 2012: January, May
- 2011: November
- 2010: June, September
- 2009: May
- 2008: May

Reviewed Dates:

- 2023: February
- 2019: August
- 2017: March, November
- 2016: March, September
- 2011: May
- 2010: May
- 2007: October
- 2001: December
- 2000: December
- 1999: November
- 1998: November
- 1996: August

Effective Date:

- February 1994

Coding:

Medically necessary with criteria:

Coding	Description
0308T	Insertion of ocular telescope prosthesis including removal of crystalline lens or intraocular lens prosthesis

0449T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device
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)
0671T	Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without external reservoir, and without concomitant cataract removal, one or more
66172	Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)
66174	Transluminal dilation of aqueous outflow canal; without retention of device or stent-canaloplasty
66175	Transluminal dilation of aqueous outflow canal; with retention of device or stent-canaloplasty
66179	Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft
66180	Aqueous shunt to extraocular equatorial plate reservoir, external approach; with graft
66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach
66184	Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft
66185	Revision of aqueous shunt to extraocular equatorial plate reservoir; with graft
66710	Ciliary body destruction; cyclophotocoagulation, transscleral
66711	Ciliary body destruction; cyclophotocoagulation, endoscopic, without concomitant removal of crystalline lens
67299	Unlisted procedure, posterior segment
92499	Unlisted ophthalmological service or procedure

Considered Not Medically Necessary:

Coding	Description
66999	Unlisted procedure, anterior segment of eye
92499	Unlisted ophthalmological service or procedure
0100T	Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intra-ocular retinal electrode array, with vitrectomy
0198T	Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report
0207T	Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral
0253T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the suprachoroidal space
0329T	Monitoring of intraocular pressure for 24 hours or longer, unilateral or bilateral, with interpretation and report
0330T	Tear film imaging, unilateral or bilateral, with interpretation and report
0464T	Visual evoked potential, testing for glaucoma, with interpretation and report
0465T	Suprachoroidal injection of a pharmacologic agent (does not include supply of medication)
0472T	Device evaluation, interrogation, and initial programming of intraocular retinal electrode array (eg, retinal prosthesis), in person, with iterative adjustment of the implantable device to test functionality, select optimal permanent programmed values with analysis, including visual training, with review and report by a qualified health care professional
0473T	Device evaluation and interrogation of intraocular retinal electrode array (eg, retinal prosthesis), in person, including reprogramming and visual training, when performed, with review and report by a qualified health care professional
0474T	Insertion of anterior segment aqueous drainage device, with creation of intraocular reservoir, internal approach, into the supraciliary space
0507T	Near-infrared dual imaging (ie, simultaneous reflective and trans-illuminated light) of meibomian glands, unilateral or bilateral, with interpretation and report
0563T	Evacuation of meibomian glands, using heat delivered through wearable, open-eye eyelid treatment devices and manual gland expression, bilateral
0621T	Trabeculostomy ab interno by laser
0622T	Trabeculostomy ab interno by laser; with use of ophthalmic endoscope
66683	Implantation of iris prosthesis, including suture fixation and repair or removal of iris, when performed
66999	Unlisted procedure, anterior segment of eye

U.S. Food and Drug Administration (FDA) - approved only products only.

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device-code(s) does not constitute or imply member coverage or provider reimbursement.

Special Notes: *

- Coverage: See the appropriate benefit document for specific coverage determination. Individual specific benefits take precedence over medical policy.

- Application to products: Policy is applicable to Sentara Health Plan Virginia Medicaid products.
- Authorization requirements: Pre-certification by the Plan is required.

  See MCG Cataract Removal, with or without Intraocular Lens Implant (A-0190)
  See MCG Capsulotomy, Laser (A-0191)
  See MCG Iridectomy, Incisional or Laser (A-0198)
  See MCG Trabeculoplasty and Trabeculectomy, Laser (A-0196)
- Special Notes:
  - Medicaid
    - This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.
    - Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.
    - The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.
    - Service authorization requests must be accompanied by sufficient clinical records to support the request. Clinical records must be signed and dated by the requesting provider withing 60 days of the date of service requested.

References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(2025). Retrieved 1 2025, from CMS: https://www.cms.gov/medicare-coverage-database/search-results.aspx?keyword=Ophthalmic&keywordType=starts&areaId=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all

28th Edition. (2025). Retrieved 1 2025, from MCG: https://careweb.careguidelines.com/ed28/index.html

(2025). Retrieved 1 2025, from DMAS: https://vamedicaid.dmas.virginia.gov/manuals/provider-manuals-library

(2025). Retrieved 1 2025, from Hayes: https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522Ophthalmic%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%257B%2522page%2522:1,%2522size%2522:50%257D,%2522type%2522:%2522all%2522,%2522sources%2522:%255B%

Angle-closure glaucoma. (2024, 12). Retrieved 1 2025, from UpToDate: https://www.uptodate.com/contents/angle-closure-glaucoma?search=Glaucoma&sectionRank=2&usage_type=default&anchor=H2932771007&source=machineLearning&selectedTitle=2%7E150&display_rank=2#H19

Glaucoma: diagnosis and management. (2022, 1). Retrieved 1 2025, from National Institute for Health and Care Excellence (NICE): https://www.nice.org.uk/guidance/ng81

Summary PREFERRED PRACTICE PATTERN GUIDELINES- Full Set. (2023, 12). Retrieved 1 2025, from American Academy of Ophthalmology (AAO): https://www.aao.org/education/summary-benchmark-detail/summary-benchmarks-full-set-2020

Keywords:

Cataract Procedures, SHP Surgical 60, cataract, ophthalmic, ocular, implant, intracapsular, extracapsular, lens, laser, SHP Glaucoma Procedures, Ophthalmic Procedures, Aqueous shunt, aqueous drainage devices, Microstent Bypass, Canaloplasty, Endoscopic Cyclophotocoagulation, Transscleral Cyclophotocoagulation, open-angle glaucoma, glaucoma, trabeculectomy, tube shunt procedures, intra-ocular pressure, Xen, Ahmed glaucoma implant, Baerveldt seton, Glaucoma pressure regulator, Ex-PRESS Mini Glaucoma Shunt, Krupin-Denver valve implant, Molteno implant, Schocket shunt, Laser trabeculotomy, ab interno, add diode laser hyperthermia, thermal therapy