iStent Trabecular Micro Bypass Stent

LOB(s): ☒ Commercial ☒ Medicare	State(s): ☒ Idaho ☒ Montana ☒ Oregon ☒ Washington ☐ Other:
☒ Medicaid	☒ Oregon ☐ Washington

Enterprise Policy

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determinations are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

Surgical procedures for glaucoma aim to reduce intraocular pressure (IOP) resulting from impaired aqueous humor drainage in the trabecular meshwork and/or Schlemm's canal when medical therapy has failed to adequately control the IOP. The most common surgical procedure for lowering IOP in glaucoma is a trabeculectomy (guarded filtration surgery), which creates a hole in the sclera to let the aqueous fluid drain into the outer cyst or bleb. The iStent Trabecular Micro-Bypass Stent System creates a permanent opening from the anterior chamber into Schlemm's canal to improve aqueous humor outflow past the trabecular meshwork, thereby reducing IOP.

Criteria

Commercial

Prior authorization is required.

PacificSource may consider iStent Trabecular Micro-Bypass Stent System to be medically necessary when **ALL** of the following criteria have been met:

1. Member is eighteen (18) years or older
2. Diagnosis of mild to moderate open-angle glaucoma
3. Currently treated with ocular hypotensive medication that is not adequately controlling IOP
4. Procedure is in conjunction with cataract surgery for the reduction of intraocular pressure (IOP)

Medicaid

PacificSource Community Solutions follows Guideline Note 184 of the OHP Prioritized List of Health Services for coverage of iStent Trabecular Micro-Bypass Stent.

Medicare

PacificSource Medicare follows Local Coverage Determination L38301 for Micro-Invasive Glaucoma Surgery.

Experimental/Investigational/Unproven

PacificSource considers the use of the iStent® Trabecular Micro-Bypass Stent System to be experimental, investigational, and unproven for any other indications than listed above.

Coding Information

The following list of codes are for informational purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

Code	Description
66179	Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft
66180	Aqueous Shunt To Extraocular Reservoir-
66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach
66989	Extracapsular cataract removal w/insert intraocular lens prosthesis, man/mech tech, complex, requ dev or tech not generally used routine cataract surg/amblyogenic dev stage;
66991	Extracapsular cataract removal w/insert intraocular lens prosthesis, man/ mech tech; w/insert of intraocular anterior segment aqueous drainage dev, w/o extraocular reservoir,
0253T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir; internal approach, into the suprachoroidal space
0449T	Insertion of anterior segment aqueous drainage device, with creation of intraocular reservoir, internal approach, into the supraciliary space
0450T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; each additional device
0474T	Insertion of anterior segment aqueous drainage device
0671T	Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without external reservoir, and without concomitant cataract removal, one or more
C1783	Ocular Implant, Aqueous Drainage Assist Device
L8612	Aqueous Shunt Prosthesis

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HCPCS® codes, descriptions and materials are copyrighted by Centers for Medicare and Medicaid Services (CMS).

References

American Glaucoma Society (AGS): (2012) Position Statement on New Glaucoma Surgical Procedure. https://www.americanglaucomasociety.net/about/statements

Fea, A. M., Belda, J. I., Rękas, M., Jünemann, A., Chang, L., Pablo, L., Voskanyan, L., & Katz, L. J. (2014). Prospective unmasked randomized evaluation of the iStent inject (®) versus two ocular hypotensive agents in patients with primary open-angle glaucoma. Clinical ophthalmology (Auckland, N.Z.), 8, 875–882. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4019628/

Hayes Health Technology Brief: iStent Trabecular Micro-Bypass Stent (Glaukos Corp.) in Combination with Cataract Surgery for Treatment of Primary Open-Angle Glaucoma. Lansdale PA: Hayes, Inc. Winifred S. Hayes, Inc. March 17, 2016. Annual review March 30, 2018, Sep 17, 2019

Samuelson, T. W., Katz, L. J., Wells, J. M., Duh, Y. J., Giamporcaro, J. E., & US iStent Study Group (2011). Randomized evaluation of the trabecular micro-bypass stent with phacoemulsification in patients with glaucoma and cataract. Ophthalmology, 118(3), 459–467. http://www.ncbi.nlm.nih.gov/pubmed/20828829

Appendix

Policy Number:

Effective: 8/1/2020   **Next review:** 4/1/2024

Policy type: Enterprise

Author(s):

Depts: Health Services

Applicable regulation(s): CMS LCD L38301, Guideline Note 184 of the OHP Prioritized List of Health Services.

Commercial Ops: 3/2023

Government Ops: 3/2023