



An Independent Licensee of the Blue Cross Blue Shield Association

EVIDENCE-BASED CRITERIA  
SECTION: VISION

ORIGINAL EFFECTIVE DATE: 09/19/22  
LAST REVIEW DATE: 11/05/24  
CURRENT EFFECTIVE DATE: 11/05/24  
LAST CRITERIA REVISION DATE: 11/07/23  
ARCHIVE DATE:

NEXT ANNUAL REVIEW DATE: 4TH QTR 2025

---

## AQUEOUS SHUNTS AND STENTS FOR GLAUCOMA

---

Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Evidence-Based Criteria must be read in its entirety to determine coverage eligibility, if any.

This Evidence-Based Criteria provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Evidence-Based Criteria are subject to change as new information becomes available.

For purposes of this Evidence-Based Criteria, the terms "experimental" and "investigational" are considered to be interchangeable.

BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. All other trademarks and service marks contained in this guideline are the property of their respective owners, which are not affiliated with BCBSAZ.



An Independent Licensee of the Blue Cross Blue Shield Association

**EVIDENCE-BASED CRITERIA  
SECTION: VISION**

**ORIGINAL EFFECTIVE DATE: 09/19/22  
LAST REVIEW DATE: 11/05/24  
CURRENT EFFECTIVE DATE: 11/05/24  
LAST CRITERIA REVISION DATE: 11/07/23  
ARCHIVE DATE:**

**NEXT ANNUAL REVIEW DATE: 4TH QTR 2025**

---

## **AQUEOUS SHUNTS AND STENTS FOR GLAUCOMA**

### **Description:**

Glaucoma surgery is intended to reduce intraocular pressure (IOP) when the target IOP cannot be reached using medications. Due to complications with established surgical approaches (e.g., trabeculectomy), a variety of shunts and stents are being evaluated as alternative surgical treatments for individuals with inadequately controlled glaucoma. Microstents are also being evaluated in individuals with mild-to-moderate open-angle glaucoma (OAG) currently treated with ocular hypotensive medication.

### **Minimally Invasive Glaucoma Surgeries**

Minimally invasive glaucoma surgeries (MIGS) are alternative, less invasive techniques that are being developed and evaluated. MIGS, which use microscopic-sized equipment and smaller incisions, involve less surgical manipulation of the sclera and the conjunctiva compared with other surgical techniques. There are several categories of MIGS: miniaturized trabeculectomy, trabecular bypass, milder laser photocoagulation, and totally internal or suprachoroidal stents. Shunts and stents can be administered through an external flap of the conjunctiva and sclera (*ab externo*) or in a small incision in the cornea with the devices inserted through the anterior chamber of the eye (*ab interno*). Some *ab interno* microstents may be inserted with injectors.

Shunts and stents are only able to reduce intraocular pressure to the mid-teens and may be inadequate when very low intraocular pressure is needed to reduce glaucoma damage.

U.S. Food and Drug Administration (FDA) approved devices include, *but are not limited to*:

- Ahmed™
- AquaFlow™
- Beacon Aqueous Microshunt
- Baerveldt®
- CyPass®
- EX-PRESS®
- Hydrus™
- iStent®; iStent inject®
- iStent infinite®
- iStent *supra*®
- Krupin
- Molteno®
- PRESERFLO™ MicroShunt
- XEN® Gel Stent; XEN injector



An Independent Licensee of the Blue Cross Blue Shield Association

EVIDENCE-BASED CRITERIA  
SECTION: VISION

ORIGINAL EFFECTIVE DATE: 09/19/22  
LAST REVIEW DATE: 11/05/24  
CURRENT EFFECTIVE DATE: 11/05/24  
LAST CRITERIA REVISION DATE: 11/07/23  
ARCHIVE DATE:

NEXT ANNUAL REVIEW DATE: 4TH QTR 2025

## AQUEOUS SHUNTS AND STENTS FOR GLAUCOMA

### Criteria:

- Insertion of ab externo aqueous shunts approved by the U.S. Food and Drug Administration as a method to reduce intraocular pressure in individuals with glaucoma where medical therapy has failed to adequately control intraocular pressure is considered **medically necessary**.
- Use of an ab externo aqueous shunt for all other indications not previously listed or if above criteria not met is considered **experimental or investigational** when any **ONE** or more of the following criteria are met:
  1. Lack of final approval from the appropriate governmental regulatory bodies (e.g., Food and Drug Administration); or
  2. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes; or
  3. Insufficient evidence to support improvement of the net health outcome; or
  4. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives; or
  5. Insufficient evidence to support improvement outside the investigational setting.

These indications include, *but are not limited to*:

- Individuals with glaucoma when intraocular pressure is adequately controlled by medications
- Insertion of ab interno aqueous stents approved by the U.S. Food and Drug Administration as a method to reduce intraocular pressure in individuals with glaucoma where medical therapy has failed to adequately control intraocular pressure is considered **medically necessary**.
- Implantation of 1 or 2 U.S. Food and Drug Administration-approved ab interno stents in conjunction with cataract surgery in individuals with mild-to-moderate open-angle glaucoma treated with ocular hypotensive medication is considered **medically necessary**.
- Use of ab interno stents for all other indications not previously listed or if above criteria not met is considered **experimental or investigational** when any **ONE** or more of the following criteria are met:
  1. Lack of final approval from the appropriate governmental regulatory bodies (e.g., Food and Drug Administration); or
  2. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes; or
  3. Insufficient evidence to support improvement of the net health outcome; or
  4. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives; or
  5. Insufficient evidence to support improvement outside the investigational setting.

EVIDENCE-BASED CRITERIA  
SECTION: VISION

ORIGINAL EFFECTIVE DATE: 09/19/22  
LAST REVIEW DATE: 11/05/24  
CURRENT EFFECTIVE DATE: 11/05/24  
LAST CRITERIA REVISION DATE: 11/07/23  
ARCHIVE DATE:

NEXT ANNUAL REVIEW DATE: 4TH QTR 2025

---

## AQUEOUS SHUNTS AND STENTS FOR GLAUCOMA

### Resources:

Literature reviewed 11/07/23. We do not include marketing materials, poster boards and non-published literature in our review.

Resources prior to 11/07/23 may be requested from the BCBSAZ Medical Policy and Technology Research Department.

1. Ahmed IIK, Fea A, Au L, et al. A Prospective Randomized Trial Comparing Hydrus and iStent Microinvasive Glaucoma Surgery Implants for Standalone Treatment of Open-Angle Glaucoma: The COMPARE Study. *Ophthalmology*. Jan 2020;127(1):52-61. doi:10.1016/j.ophtha.2019.04.034
2. Al Yousef Y, Strzalkowska A, Hillenkamp J, Rosentreter A, Loewen NA. Comparison of a second-generation trabecular bypass (iStent inject) to ab interno trabeculectomy (Trabectome) by exact matching. *Graefes Arch Clin Exp Ophthalmol*. Dec 2020;258(12):2775-2780. doi:10.1007/s00417-020-04933-z
3. Allison K, Patel DG, Greene L. Racial and Ethnic Disparities in Primary Open-Angle Glaucoma Clinical Trials: A Systematic Review and Meta-analysis. *JAMA Netw Open*. May 3 2021;4(5):e218348. doi:10.1001/jamanetworkopen.2021.8348
4. Berdahl J, Voskanyan L, Myers JS, Katz LJ, Samuelson TW. iStent inject trabecular micro-bypass stents with topical prostaglandin as standalone treatment for open-angle glaucoma: 4-year outcomes. *Clin Exp Ophthalmol*. Aug 2020;48(6):767-774. doi:10.1111/ceo.13763
5. Boland MV, Ervin AM, Friedman D, et al. Treatment for Glaucoma: Comparative Effectiveness. Comparative Effectiveness Review No. 60 (AHRQ Publication No. 12-EHC038-EF). Agency for Healthcare Research and Quality; 2012.
6. Budenz DL, Barton K, Gedde SJ, et al. Five-year treatment outcomes in the Ahmed Baerveldt comparison study. *Ophthalmology*. Feb 2015;122(2):308-16. doi:10.1016/j.ophtha.2014.08.043
7. Budenz DL, Feuer WJ, Barton K, et al. Postoperative Complications in the Ahmed Baerveldt Comparison Study During Five Years of Follow-up. *Am J Ophthalmol*. Mar 2016;163:75-82.e3. doi:10.1016/j.ajo.2015.11.023
8. Christakis PG, Kalenak JW, Tsai JC, et al. The Ahmed Versus Baerveldt Study: Five-Year Treatment Outcomes. *Ophthalmology*. Oct 2016;123(10):2093-102. doi:10.1016/j.ophtha.2016.06.035
9. Christakis PG, Zhang D, Budenz DL, Barton K, Tsai JC, Ahmed IIK. Five-Year Pooled Data Analysis of the Ahmed Baerveldt Comparison Study and the Ahmed Versus Baerveldt Study. *Am J Ophthalmol*. Apr 2017;176:118-126. doi:10.1016/j.ajo.2017.01.003

**EVIDENCE-BASED CRITERIA  
SECTION: VISION**

**ORIGINAL EFFECTIVE DATE: 09/19/22**  
**LAST REVIEW DATE: 11/05/24**  
**CURRENT EFFECTIVE DATE: 11/05/24**  
**LAST CRITERIA REVISION DATE: 11/07/23**  
**ARCHIVE DATE:**

**NEXT ANNUAL REVIEW DATE: 4TH QTR 2025**

## **AQUEOUS SHUNTS AND STENTS FOR GLAUCOMA**

10. Craven ER, Katz LJ, Wells JM, Giamporcaro JE. Cataract surgery with trabecular micro-bypass stent implantation in patients with mild-to-moderate open-angle glaucoma and cataract: two-year follow-up. *J Cataract Refract Surg*. Aug 2012;38(8):1339-45. doi:10.1016/j.jcrs.2012.03.025
11. de Jong L, Lafuma A, Aguadé AS, Berdeaux G. Five-year extension of a clinical trial comparing the EX-PRESS glaucoma filtration device and trabeculectomy in primary open-angle glaucoma. *Clin Ophthalmol*. 2011;5:527-33. doi:10.2147/opth.S18565
12. de Jong LA. The Ex-PRESS glaucoma shunt versus trabeculectomy in open-angle glaucoma: a prospective randomized study. *Adv Ther*. Mar 2009;26(3):336-45. doi:10.1007/s12325-009-0017-6
13. Fea AM, Ahmed, II, Lavia C, et al. Hydrus microstent compared to selective laser trabeculoplasty in primary open angle glaucoma: one year results. *Clin Exp Ophthalmol*. Mar 2017;45(2):120-127. doi:10.1111/ceo.12805
14. Fea AM, Belda JI, Rekas M, et al. Prospective unmasked randomized evaluation of the iStent inject (®) versus two ocular hypotensive agents in patients with primary open-angle glaucoma. *Clin Ophthalmol*. 2014;8:875-82. doi:10.2147/opth.S59932
15. Fellman RL, Mattox C, Singh K, et al. American Glaucoma Society Position Paper: Microinvasive Glaucoma Surgery. *Ophthalmol Glaucoma*. Jan-Feb 2020;3(1):1-6. doi:10.1016/j.ogla.2019.12.003
16. Gabbay IE, Goldberg M, Allen F, et al. Efficacy and safety data for the Ab interno XEN45 gel stent implant at 3 Years: A retrospective analysis. *Eur J Ophthalmol*. May 2021;11206721211014381. doi:10.1177/11206721211014381
17. Gedde SJ, Schiffman JC, Feuer WJ, Herndon LW, Brandt JD, Budenz DL. Treatment outcomes in the Tube Versus Trabeculectomy (TVT) study after five years of follow-up. *Am J Ophthalmol*. May 2012;153(5):789-803.e2. doi:10.1016/j.ajo.2011.10.026
18. Gedde SJ, Vinod K, Wright MM, et al. Primary open-angle glaucoma preferred practice pattern. September, 2020. Accessed July 28, 2023. <https://www.aao.org/preferred-practice-pattern/primary-open-angle-glaucoma-ppp>
19. Gonzalez-Rodriguez JM, Trope GE, Drori-Wagschal L, Jinapriya D, Buys YM. Comparison of trabeculectomy versus Ex-PRESS: 3-year follow-up. *Br J Ophthalmol*. Sep 2016;100(9):1269-73. doi:10.1136/bjophthalmol-2015-307161

**EVIDENCE-BASED CRITERIA  
SECTION: VISION**

**ORIGINAL EFFECTIVE DATE: 09/19/22  
LAST REVIEW DATE: 11/05/24  
CURRENT EFFECTIVE DATE: 11/05/24  
LAST CRITERIA REVISION DATE: 11/07/23  
ARCHIVE DATE:**

**NEXT ANNUAL REVIEW DATE: 4TH QTR 2025**

## **AQUEOUS SHUNTS AND STENTS FOR GLAUCOMA**

20. Healey PR, Clement CI, Kerr NM, Tilden D, Aghajanian L. Standalone iStent Trabecular Micro-bypass Glaucoma Surgery: A Systematic Review and Meta-Analysis. *J Glaucoma*. Jul 1 2021;30(7):606-620. doi:10.1097/ijg.0000000000001805
21. Hooshmand J, Rothschild P, Allen P, Kerr NM, Vote BJ, Toh T. Minimally invasive glaucoma surgery: Comparison of iStent with iStent inject in primary open angle glaucoma. *Clin Exp Ophthalmol*. Sep 2019;47(7):898-903. doi:10.1111/ceo.13526
22. Katz LJ, Erb C, Carceller GA, et al. Prospective, randomized study of one, two, or three trabecular bypass stents in open-angle glaucoma subjects on topical hypotensive medication. *Clin Ophthalmol*. 2015;9:2313-20. doi:10.2147/oph.S96695
23. Katz LJ, Erb C, Carceller Guillamet A, et al. Long-term titrated IOP control with one, two, or three trabecular micro-bypass stents in open-angle glaucoma subjects on topical hypotensive medication: 42-month outcomes. *Clin Ophthalmol*. 2018;12:255-262. doi:10.2147/oph.S152268
24. Konopińska J, Byszewska A, Saeed E, Mariak Z, Rękas M. Phacotrabeculectomy versus Phaco with Implantation of the Ex-PRESS Device: Surgical and Refractive Outcomes-A Randomized Controlled Trial. *J Clin Med*. Jan 22 2021;10(3)doi:10.3390/jcm10030424
25. Kotecha A, Feuer WJ, Barton K, Gedde SJ. Quality of Life in the Tube Versus Trabeculectomy Study. *Am J Ophthalmol*. Apr 2017;176:228-235. doi:10.1016/j.ajo.2017.01.019
26. Le JT, Bicket AK, Wang L, Li T. Ab interno trabecular bypass surgery with iStent for open-angle glaucoma. *Cochrane Database Syst Rev*. Mar 28 2019;3(3):Cd012743. doi:10.1002/14651858.CD012743.pub2
27. Lim SY, Betzler BK, Yip LWL, Dorairaj S, Ang BCH. Standalone XEN45 Gel Stent implantation in the treatment of open-angle glaucoma: A systematic review and meta-analysis. *Surv Ophthalmol*. Jul-Aug 2022;67(4):1048-1061. doi:10.1016/j.survophthal.2022.01.003
28. Lindstrom R, Sarkisian SR, Lewis R, Hovanesian J, Voskanyan L. Four-Year Outcomes of Two Second-Generation Trabecular Micro-Bypass Stents in Patients with Open-Angle Glaucoma on One Medication. *Clin Ophthalmol*. 2020;14:71-80. doi:10.2147/oph.S235293
29. Minckler DS, Francis BA, Hodapp EA, et al. Aqueous shunts in glaucoma: a report by the American Academy of Ophthalmology. *Ophthalmology*. Jun 2008;115(6):1089-98. doi:10.1016/j.ophtha.2008.03.031
30. Minckler DS, Vedula SS, Li TJ, Mathew MC, Ayyala RS, Francis BA. Aqueous shunts for glaucoma. *Cochrane Database Syst Rev*. Apr 19 2006;(2):Cd004918. doi:10.1002/14651858.CD004918.pub2

**EVIDENCE-BASED CRITERIA  
SECTION: VISION**

**ORIGINAL EFFECTIVE DATE: 09/19/22**  
**LAST REVIEW DATE: 11/05/24**  
**CURRENT EFFECTIVE DATE: 11/05/24**  
**LAST CRITERIA REVISION DATE: 11/07/23**  
**ARCHIVE DATE:**

**NEXT ANNUAL REVIEW DATE: 4TH QTR 2025**

## **AQUEOUS SHUNTS AND STENTS FOR GLAUCOMA**

31. National Institute for Health and Care Excellence (NICE). Trabecular stent bypass microsurgery for open-angle glaucoma [IPG575]. 2017. Accessed July 28, 2023. <https://www.nice.org.uk/guidance/ipg575>
32. National Institute for Health and Care Excellence (NICE). Microinvasive subconjunctival insertion of a trans-scleral gelatin stent for primary open-angle glaucoma [IPG612]. 2018. Accessed July 27, 2023. <https://www.nice.org.uk/guidance/ipg612/chapter/1-Recommendations>
33. Netland PA, Sarkisian SR, Jr., Moster MR, et al. Randomized, prospective, comparative trial of EX-PRESS glaucoma filtration device versus trabeculectomy (XVT study). *Am J Ophthalmol*. Feb 2014;157(2):433-440.e3. doi:10.1016/j.ajo.2013.09.014
34. Otarola F, Virgili G, Shah A, Hu K, Bunce C, Gazzard G. Ab interno trabecular bypass surgery with Schlemm's canal microstent (Hydrus) for open angle glaucoma. *Cochrane Database Syst Rev*. Mar 9 2020;3(3):Cd012740. doi:10.1002/14651858.CD012740.pub2
35. Park J, Rittiphairoj T, Wang X, E JY, Bicket AK. Device-modified trabeculectomy for glaucoma. *Cochrane Database Syst Rev*. Mar 13 2023;3(3):Cd010472. doi:10.1002/14651858.CD010472.pub3
36. Pfeiffer N, Garcia-Feijoo J, Martinez-de-la-Casa JM, et al. A Randomized Trial of a Schlemm's Canal Microstent with Phacoemulsification for Reducing Intraocular Pressure in Open-Angle Glaucoma. *Ophthalmology*. Jul 2015;122(7):1283-93. doi:10.1016/j.ophtha.2015.03.031
37. Salimi A, Watt H, Harasymowycz P. Three-Year Outcomes of Second-generation Trabecular Micro-bypass Stents (iStent inject) With Phacoemulsification in Various Glaucoma Subtypes and Severities. *J Glaucoma*. Mar 1 2021;30(3):266-275. doi:10.1097/ijg.0000000000001716
38. Samuelson TW, Chang DF, Marquis R, et al. A Schlemm Canal Microstent for Intraocular Pressure Reduction in Primary Open-Angle Glaucoma and Cataract: The HORIZON Study. *Ophthalmology*. Jan 2019;126(1):29-37. doi:10.1016/j.ophtha.2018.05.012
39. Samuelson TW, Katz LJ, Wells JM, Duh YJ, Giamporcaro JE. Randomized evaluation of the trabecular micro-bypass stent with phacoemulsification in patients with glaucoma and cataract. *Ophthalmology*. Mar 2011;118(3):459-67. doi:10.1016/j.ophtha.2010.07.007
40. Samuelson TW, Sarkisian SR, Jr., Lubeck DM, et al. Prospective, Randomized, Controlled Pivotal Trial of an Ab Interno Implanted Trabecular Micro-Bypass in Primary Open-Angle Glaucoma and Cataract: Two-Year Results. *Ophthalmology*. Jun 2019;126(6):811-821. doi:10.1016/j.ophtha.2019.03.006

**EVIDENCE-BASED CRITERIA  
SECTION: VISION**

**ORIGINAL EFFECTIVE DATE: 09/19/22  
LAST REVIEW DATE: 11/05/24  
CURRENT EFFECTIVE DATE: 11/05/24  
LAST CRITERIA REVISION DATE: 11/07/23  
ARCHIVE DATE:**

**NEXT ANNUAL REVIEW DATE: 4TH QTR 2025**

## **AQUEOUS SHUNTS AND STENTS FOR GLAUCOMA**

41. Sarkisian SR, Jr., Grover DS, Gallardo MJ, et al. Effectiveness and Safety of iStent Infinite Trabecular Micro-Bypass for Uncontrolled Glaucoma. *J Glaucoma*. Jan 1 2023;32(1):9-18. doi:10.1097/ijg.0000000000002141
42. Schlenker MB, Gulamhusein H, Conrad-Hengerer I, et al. Efficacy, Safety, and Risk Factors for Failure of Standalone Ab Interno Gelatin Microstent Implantation versus Standalone Trabeculectomy. *Ophthalmology*. Nov 2017;124(11):1579-1588. doi:10.1016/j.optha.2017.05.004
43. Sheybani A, Vera V, Grover DS, et al. Gel Stent Versus Trabeculectomy: The Randomized, Multicenter, Gold-Standard Pathway Study (GPS) of Effectiveness and Safety at 12 Months. *Am J Ophthalmol*. Aug 2023;252:306-325. doi:10.1016/j.ajo.2023.03.026
44. Stoner AM, Capitena Young CE, SooHoo JR, et al. A Comparison of Clinical Outcomes After XEN Gel Stent and EX-PRESS Glaucoma Drainage Device Implantation. *J Glaucoma*. Jun 1 2021;30(6):481-488. doi:10.1097/ijg.0000000000001823
45. Swaminathan SS, Jammal AA, Kornmann HL, et al. Visual Field Outcomes in the Tube Versus Trabeculectomy Study. *Ophthalmology*. Sep 2020;127(9):1162-1169. doi:10.1016/j.optha.2020.02.034
46. Tseng VL, Coleman AL, Chang MY, Caprioli J. Aqueous shunts for glaucoma. *Cochrane Database Syst Rev*. Jul 28 2017;7(7):Cd004918. doi:10.1002/14651858.CD004918.pub3
47. Vold SD, Voskanyan L, Tetz M, et al. Newly Diagnosed Primary Open-Angle Glaucoma Randomized to 2 Trabecular Bypass Stents or Prostaglandin: Outcomes Through 36 Months. *Ophthalmol Ther*. Dec 2016;5(2):161-172. doi:10.1007/s40123-016-0065-3
48. Wagner FM, Schuster AK, Emmerich J, Chronopoulos P, Hoffmann EM. Efficacy and safety of XEN®-Implantation vs. trabeculectomy: Data of a "real-world" setting. *PLoS One*. 2020;15(4):e0231614. doi:10.1371/journal.pone.0231614
49. Wagschal LD, Trope GE, Jinapriya D, Jin YP, Buys YM. Prospective Randomized Study Comparing Ex-PRESS to Trabeculectomy: 1-Year Results. *J Glaucoma*. Oct-Nov 2015;24(8):624-9. doi:10.1097/ijg.0000000000000029
50. Wang X, Khan R, Coleman A. Device-modified trabeculectomy for glaucoma. *Cochrane Database Syst Rev*. Dec 1 2015;2015(12):Cd010472. doi:10.1002/14651858.CD010472.pub2
51. Yang X, Zhao Y, Zhong Y, Duan X. The efficacy of XEN gel stent implantation in glaucoma: a systematic review and meta-analysis. *BMC Ophthalmol*. Jul 15 2022;22(1):305. doi:10.1186/s12886-022-02502-y





An Independent Licensee of the Blue Cross Blue Shield Association

**EVIDENCE-BASED CRITERIA  
SECTION: VISION**

**ORIGINAL EFFECTIVE DATE: 09/19/22  
LAST REVIEW DATE: 11/05/24  
CURRENT EFFECTIVE DATE: 11/05/24  
LAST CRITERIA REVISION DATE: 11/07/23  
ARCHIVE DATE:**

**NEXT ANNUAL REVIEW DATE: 4TH QTR 2025**

## **AQUEOUS SHUNTS AND STENTS FOR GLAUCOMA**

52. Zhang X, Wang B, Liu R, et al. The effectiveness of AGV, Ex-PRESS, or trabeculectomy in the treatment of primary and secondary glaucoma: a systematic review and network meta-analysis. *Ann Palliat Med.* Jan 2022;11(1):321-331. doi:10.21037/apm-21-3968

### **Coding:**

CPT: 0253T, 0449T, 0450T, 0474T, 0671T, 66179, 66180, 66183, 66184, 66185, 66989, 66991  
HCPCS: C1783, L8612

### **History:**

### **Date:**

### **Activity:**

Medical Policy Panel	11/05/24	Review with no revisions
Medical Policy Panel	11/07/23	Review with revisions
Medical Policy Panel	08/01/23	Review with no revisions
Medical Policy Panel	11/09/22	Review with revisions
Medical Policy Panel	08/16/22	Approved guideline (Effective 09/19/22)

### **Policy Revisions:**

11/07/23	Added:	“Insufficient evidence to support improvement of the net health outcome; or”, and “Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives, or” to experimental or investigational criteria bullets
11/07/23	Revised:	“Insufficient evidence to support improvement outside the investigational setting” from #3 to #5 in experimental or investigational criteria bullets
11/07/23	Removed:	CPT codes: 0191T, 0376T
11/07/23	Updated:	Description section; Resources section
11/09/22	Added:	“and stents” to description section; Literature to Resources
11/09/22	Removed:	Literature to Resources
11/09/22	Revised:	Literature to Resources



An Independent Licensee of the Blue Cross Blue Shield Association

EVIDENCE-BASED CRITERIA SECTION: VISION

ORIGINAL EFFECTIVE DATE: 09/19/22
LAST REVIEW DATE: 11/05/24
CURRENT EFFECTIVE DATE: 11/05/24
LAST CRITERIA REVISION DATE: 11/07/23
ARCHIVE DATE:

NEXT ANNUAL REVIEW DATE: 4TH QTR 2025

AQUEOUS SHUNTS AND STENTS FOR GLAUCOMA

Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nilínigíí Blue Cross Blue Shield of Arizona haada yit'éego bina'idíílkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yina'idíílkidgo beehaz'áanii hólg díí t'áa hazaadk'ehjí háká a'doowołgo bee haz'ą doo baqah ilínígóó. Ata' halne'ígíí kojí' bich'í' hodíilnih 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic:

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 877-475-4799.

