

# Premier Health Plan

## POLICY AND PROCEDURE MANUAL

Policy Number: MP.124.PH  
Last Review Date: 11/08/2018  
Effective Date: 02/01/2019

### MP.124.PH - Glaucoma, Invasive Procedures

This policy applies to the following lines of business:

- ✓ Premier Employee

Premier Health Plan considers **Invasive Procedures for Glaucoma** medically necessary for the following indications:

- 1. Ex-PRESS™ Mini Glaucoma Shunt and FDA-Approved Aqueous Drainage Devices:** Refractory open-angle glaucoma to reduce intraocular pressure (IOP) in patients where documented medical and conventional surgical treatments have failed. The specific model of the implanted device must be FDA-approved and be used according to FDA-approved indications.
- 2. iSTENT® Trabecular Micro-Bypass Stent:** Indicated for use in conjunction with cataract surgery for the reduction of IOP in adult patients with mild to moderate open-angle glaucoma currently treated with ocular hypotensive medication.
- 3. Canaloplasty** is considered medically necessary for an IOP of 21 mm Hg or higher and a diagnosis of Primary open-angle glaucoma (POAG), pigmentary glaucoma, exfoliation glaucoma, or POAG mixed with another mechanism under any of the following circumstances:
  - A. Failed trabeculectomy in opposite eye
  - B. Failed laser trabeculoplasty without scarring
  - C. Documented case with medical reason why target IOP is unlikely to be achieved on maximum doses of ophthalmic medications
  - D. IOP has not been achieved over 6 months on maximum dose of ophthalmic medications alone
  - E. Keloid formers
  - F. Patients with significant ocular surface disease
  - G. Patients with ocular pemphigoid
  - H. Concern about further loss of vision in patients with any of the following:
    - High myopia (-6 diopters or higher)
    - Advanced previous glaucoma damage = visual field lost & visual fixation is split
    - Ocular hypotony in opposite eye 2° to trabeculectomy
    - Immuno-suppressed
    - Anti-coagulation

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- Diabetes mellitus with documented early retinopathy or diabetic macular edema

### Requirements for Canaloplasty:

1. Procedure must be completed with an FDA-approved device or system
2. Providers must have evidence of credentialing and privileges for performing canaloplasty at the surgical facility/center where the procedure is performed
3. Ophthalmic surgeon must be formally trained with documentation of training to perform the canaloplasty procedure

### Background

The Centers of Medicare and Medicaid Services (CMS) categorize Glaucoma as a group of diseases, frequently characterized by raised intraocular pressure (IOP) which affects the optic nerve. Glaucoma is the second leading cause of blindness in the world (approximately 8.4 million people blind from glaucoma), but with early detection and treatment, serious vision loss can be prevented. Risk factors for Glaucoma include: African Americans over age 40, everyone over age 60 (especially Mexican Americans), and people with a family history of glaucoma.

The American Academy of Ophthalmology defines POAG as a progressive, chronic, optic neuropathy in adults in which IOP and other currently unknown factors contribute to damage and in which, in the absence of other identifiable causes, there is a characteristic acquired atrophy of the optic nerve and loss of retinal ganglion cells and their axons. This condition is associated with an anterior chamber angle that is open by gonioscopic appearance.

The EX-PRESS is a Glaucoma Filtration Device designed to regulate intraocular pressure in the eyes suffering from glaucoma. The device works by diverting aqueous humor through the implant from the anterior chamber to the intrascleral space, the bleb.

The iStent Trabecular Micro-Bypass Stent creates a permanent opening from the anterior chamber into Schlemm's canal, thus improving aqueous humor outflow and ultimately reducing IOP.

The iTrack 250A canaloplasty procedure attempts to widen the eye's natural drainage canal and therefore re-establishing normal eye pressure.

### Codes:

#### CPT Codes / HCPCS Codes / ICD-10 Codes

Code	Description
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### Ex-PRESS™ Mini Glaucoma Shunt, FDA-Approved Aqueous Drainage Devices, and iSTENT® Trabecular Micro-Bypass Stent:

#### CPT codes

66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach
0191T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork; initial insertion <b>(Sunset January 2019)</b>
0253T	Insertion of anterior segment aqueous drainage, device without extraocular reservoir, internal approach, into the suprachoroidal space <b>(Sunset January 2019)</b>

#### ICD-10 codes covered if selection criteria are met:

H40.10X0- H40.10X4	Open angle glaucoma, unspecified
H40.11X0- H40.11X4	Primary open angle glaucoma
H40.1290	Low-tension glaucoma, unspecified eye, stage unspecified
H40.1310- H40.1394	Pigmentary open angle glaucoma
H40.151- H40.159	Residual state of open angle glaucoma
H40.50X0- H40.63X4	Glaucoma secondary to other eye disorders/drugs
Q15.0	Congenital glaucoma

#### Canaloplasty

#### CPT codes

66174	Transluminal dilation of aqueous outflow canal; without retention of device or stent
66175	Transluminal dilation of aqueous outflow canal; with retention device or stent

#### ICD-10 codes covered if selection criteria are met:

H40.10X0- H40.10X4	Unspecified open angle glaucoma
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H40.11X0- H40.11X4	Primary open-angle glaucoma
H40.1290	Low-tension glaucoma, unspecified eye, stage unspecified
H40.1310- H40.1394	Pigmentary glaucoma
H40.1410- H40.1494	Pseudoexfoliation glaucoma
H40.151- H40.159	Residual state of open angle glaucoma
H40.50X0- H40.63X4	Glaucoma secondary to other eye disorders/drugs
H40.89-H40.9	Other specified glaucoma
Q15.0	Congenital glaucoma

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### Disclaimer:

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