

Canaloplasty

State(s):

☒ Idaho ☒ Montana ☒ Oregon ☒ Washington ☐ Other:

LOB(s):

☒ Commercial ☒ Medicare ☒ Medicaid

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 determination 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

Glaucoma is an irreversible group of conditions/diseases involving damage to the optic nerve and loss of peripheral vision. Glaucoma was previously defined by high eye pressure (IOP); however, the condition is also found in individuals with normal or low eye pressure. Primary open-angle glaucoma (POAG) is the most common form, and other types include, but may not be limited to, angle-closure and congenital glaucoma; all of which will result in blindness if left untreated. Prescription medication, in the form of eye drops, pills or both, is the most common early treatment for glaucoma.

Current standard surgical treatments for glaucoma include trabeculectomy or trabeculoplasty (incisional or laser). Iridotomy, iridectomy or iridoplasty may be necessary for angle-closure glaucoma. Alternative procedures such as canaloplasty may be indicated where medical therapy has failed to adequately control the IOP, and previous laser trabeculoplasty or trabeculectomy procedures have failed.

Canaloplasty is a minimally invasive surgical technique for glaucoma which attempts to widen the eye's natural drainage canal, and reestablish normal eye pressure. Canaloplasty is a surgical procedure in which tissue flaps are cut in the conjunctiva and the sclera (ab externo) to expose Schlemm's canal (the drainage area). Canaloplasty attempts to open the entire drainage area surrounding the anterior chamber (360°) instead of just a portion of it. The microcatheter is used to place an intracanalicular suture that cinches and stretches the trabecular meshwork inwards while permanently opening the entire length of Schlemm's canal. The canal is expanded by the injection to promote better fluid drainage. This procedure is done under local anesthesia on an outpatient basis.

Criteria

Commercial

Prior authorization is required.

PacificSource may consider ab externo canaloplasty to be medically necessary as a method to reduce intraocular pressure when **ALL** of the following conditions are met:

1. The member has a diagnosis of either chronic primary open-angle glaucoma (POAG) or normal-tension glaucoma;
2. Both pharmacologic and surgical interventions (e.g., trabeculectomy or trabeculectomy) have failed to adequately control intraocular pressure; **AND**
3. The patient is not a candidate for any other intraocular pressure lowering procedure (e.g., repeat trabeculectomy or glaucoma drainage implant) due to a high risk for complications (e.g., high risk of infection, bleeding or history of complications from trabeculectomy).

Medicaid

PacificSource Community Solutions follows Guideline Note 173 of the OHP Prioritized List of Health Services and considers the canaloplasty procedure to have insufficient evidence of benefit.

Medicare

PacificSource Medicare follows CMS guidelines and criteria. In the absence of CMS criteria, evidence-based criteria, and internal policy guidelines, requests are reviewed on an individual basis for determination of coverage and medical necessity.

Experimental/Investigational/Unproven

PacificSource considers an ab interno canaloplasty to be experimental/ investigational/unproven.

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.

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

66175 Transluminal dilation of aqueous outflow canal; with retention of device or stent

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Definitions

Ab interno - Procedure approach from inside the eye.

Ab externo - Procedure approach from outside the eye.

Canaloplasty - a minimally invasive surgical technique for glaucoma which attempts to widen the eye's natural drainage canal and reestablish normal eye pressure.

Trabeculectomy - a surgical procedure either done with laser or incision used to create a new channel, or "bleb" through which fluid can drain from the eye.

Viscocallostomy - a surgical procedure similar to canaloplasty in which tissue flaps are cut in the conjunctiva and the sclera.

References

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Appendix

Policy Number:

Effective: 1/1/2021

Next review: 5/1/2023

Policy type: Enterprise

Author(s):

Depts: Health Services

Applicable regulation(s): [Applicable Regulation(s)]

Commercial Ops: 6/2022

Government Ops: 6/2022