

# Medical Coverage Policy



**Blue Cross  
Blue Shield**  
of Rhode Island

## Emerging Surgical Treatments for Glaucoma

Device/Equipment    Drug    Medical    Surgery    Test    Other

Effective Date:	4/7/2009	Policy Last Updated:	4/19/11
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**Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.**

**Prospective review is not required.**

### Description:

#### **Transciliary Fistulization for the Treatment of Glaucoma**

The transciliary fistulization for the treatment of glaucoma procedure (also known as transciliary filtration or Singh filtration) allows aqueous fluid to drain from the posterior chamber of the eye. This procedure differs from conventional filtering surgeries, such as trabeculoplasty, trabeculectomy, and drainage implant surgery, in which aqueous fluid is filtered from the anterior chamber of the eye.

Both trabeculectomy and drainage implant surgery often result in flat or collapsed anterior chambers and often requires that an iridectomy (placement of a hole in the iris) also be performed. Transciliary fistulization rarely requires an iridectomy and is thought to reduce tissue damage and risk of scarring and other complications associated with trabeculectomy and drainage implant surgery.

#### **Intraocular (Anterior Segment) Aqueous Drainage Implant/Shunt**

The insertion of trabecular stents has been proposed for use in an intraocular bypass procedure. The stent is inserted into Schlemm's canal internally through a clear corneal incision. This allows aqueous fluid to flow directly into the canal toward the episcleral drainage system, thus avoiding the trabecular meshwork.

#### **Transluminal Dilation of Aqueous Outflow canal/Canaloplasty**

Transluminal dilation of the aqueous outflow canal or transluminal canaloplasty is a form of non-penetrating glaucoma surgery that serves as an alternative to trabeculectomy in patients requiring surgical treatment of primary open-angle glaucoma (POAG). The procedure involves placement of a catheter into Schlemm's canal and dilation of the canal by injection of sodium hyaluronate. The stent may or may not be retained in the Schlemm's canal. Preliminary results have shown that transluminal canaloplasty may lower the intra-ocular pressure and is thought to result in less short and long term complications than trabeculectomy.

Although a number of clinical trials are currently in progress, there is little current published literature on aqueous drainage devices. Currently none of the devices have been approved by the FDA. Therefore, these surgeries are **not medically necessary** as there is insufficient peer-reviewed scientific literature that demonstrates that the procedures/services are effective.

**Medical Criteria:**

Not applicable.

**Policy:**

Insertion of a transcliliary fistulization for the treatment of glaucoma, anterior segment aqueous drainage implant/shunt, and/or transluminal dilation of aqueous outflow canal/Canaloplasty are all considered **not medically necessary** as a method to reduce intraocular pressure in patients with glaucoma as there is inadequate peer-reviewed data to support their use.

**Coverage:**

Benefits may vary between groups/contracts. Please refer to the Evidence of Coverage, Subscriber Agreement, or Benefit Booklet for services that are classified as **not medically necessary**.

**Coding:**

The following codes are **not medically necessary**:  
**0123T, 0191T, 0192T, 66174, 66175**

**Also Known As:**

Not applicable.

**Related Topics:**

Not applicable.

**Published:**

*Provider Update*, June 2009

Provider Update, July 2010

Provider Update, July 2011

**References:**

American Academy of Ophthalmology (AAO). Clinical Update: Glaucoma. Beyond Trabeculectomy: Clear Sailing on Schlemm's Canal? *Ophthalmology*. 2005; 112(6):962–967 . Accessed on February 25, 2009:  
[http://www.aao.org/publications/eyenet/200609/glaucoma.cfm?cs\\_LoginTime=161919](http://www.aao.org/publications/eyenet/200609/glaucoma.cfm?cs_LoginTime=161919).

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