02-65000-18

Original Effective Date: 07/15/14

Reviewed: 06/24/21

Revised: 01/01/23

Subject: Viscocanalostomy and Canaloplasty

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

Position Statement	Billing/Coding	Reimbursement	Program Exceptions	Definitions	Related Guidelines
Other	References	Updates			

DESCRIPTION:

Glaucoma surgery is intended to reduce intraocular pressure when the target intraocular pressure cannot be reached with medications. Due to complications with established surgical approaches (eg, trabeculectomy), alternative surgical treatments (eg, transluminal dilation by viscocanalostomy or canaloplasty) are being evaluated for those with glaucoma.

Viscocanalostomy is a variant of deep sclerectomy and unroofs and dilates the Schlemm canal without penetrating the trabecular meshwork or anterior chamber. A high-viscosity viscoelastic solution (eg, sodium hyaluronate) is used to open the canal and create a passage from the canal to a scleral reservoir. It has been proposed that viscocanalostomy may lower intraocular pressure while avoiding bleb-related complications.

Canaloplasty, which evolved from viscocanalostomy, involves dilation and tension of the Schlemm canal with a suture loop between the inner wall of the canal and the trabecular meshwork. This ab externo procedure uses the iTrack illuminated microcatheter to access and dilate the length of the Schlemm canal and to pass the suture loop through the canal. An important difference between viscocanalostomy and canaloplasty is that canaloplasty attempts to open the entire length of the Schlemm canal, rather than one section.

POSITION STATEMENT:

Canaloplasty **meets the definition of medical necessity** as a method to reduce intraocular pressure in individuals with chronic primary open-angle glaucoma (POAG) under the following conditions:

- Medical therapy has failed to adequately control intraocular pressure, **AND**

- The individual is not a candidate for any other intraocular pressure lowering procedure (e.g. trabeculectomy or glaucoma drainage implant) due to a high risk for complications.

Canaloplasty is considered **experimental or investigational** for all other conditions, including angle-closure glaucoma. There is a lack of clinical data to permit conclusions regarding net health outcomes.

Viscocanalostomy is considered **experimental or investigational** for any condition. There is a lack of clinical data to permit conclusions regarding net health outcomes.

BILLING/CODING INFORMATION:

CPT Coding:

66174	Transluminal dilation of aqueous outflow canal (eg, canaloplasty); without retention of device or stent
66175	Transluminal dilation of aqueous outflow canal (eg, canaloplasty); with retention of device or stent

ICD-10 Diagnosis Codes That Support Medical Necessity:

H40.10X0 – H40.10X4	Unspecified open-angle glaucoma
H40.1110 – H40.1194	Primary open-angle glaucoma, staged
H40.1210 – H40.1294	Low-tension glaucoma
H40.1310 – H40.1394	Pigmentary glaucoma
H40.151 – H40.159	Residual stage of open-angle glaucoma

REIMBURSEMENT INFORMATION:

Refer to section entitled **POSITION STATEMENT**.

PROGRAM EXCEPTIONS:

Federal Employee Program (FEP): Follow FEP guidelines.

State Account Organization (SAO): Follow SAO guidelines.

Medicare Advantage products: No National Coverage Determination (NCD) and/or Local Coverage Determination (LCD) were found at the time of the last guideline reviewed date.

DEFINITIONS:

No guideline specific definitions apply.

RELATED GUIDELINES:

01-92000-24, Aqueous Shunts and Stents for Glaucoma

OTHER:

None applicable.

REFERENCES:

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COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 06/24/21.

GUIDELINE UPDATE INFORMATION:

07/15/14	New Medical Coverage Guideline.
06/15/15	Scheduled review. Position Statement maintained. Revised ICD9/ICD10 coding and updated references.
11/01/15	Revision: ICD-9 Codes deleted.
07/15/16	Scheduled review. Maintained Position statement section. Updated references.
10/01/16	ICD-10 coding update: deleted codes H40.11X0 – H40.11X4; added codes H40.1110 – H40.1194.
07/15/17	Scheduled review. Maintained Position Statement section. Updated references. Reformatted guideleine.
06/15/18	Scheduled review. Maintained Position Statement section. Updated references.
06/15/19	Scheduled review. Position statement maintained. Updated references.
06/15/20	Scheduled review. Revised description, Maintained position statement and updated references.
07/15/21	Scheduled review. Revised description, maintained position statement, and updated references.
01/01/23	Annual CPT/HCPCS coding update. Revised 66174, 66175.