Clinical Policy: Trabeculectomy Ab Externo

Reference Number: CP.VP.61
Last Review Date: 12/2020

See Important Reminder at the end of this policy for important regulatory and legal information.

Description
Trabeculectomy provides an alternative path for the escape of aqueous humor into the subconjunctival space, and it often reduces intraocular pressure (IOP) and the need for medical treatment in glaucoma. This policy describes the medical necessity requirements for trabeculectomy ab externo.

See clinical practice guideline CPG.VP.30 Glaucoma.

Policy/Criteria
I. It is the policy of health plans affiliated with Centene Corporation® (Centene) that trabeculectomy ab externo is medically necessary for the following indications:
   A. Glaucoma with poor control of IOP despite attempted maximum medical therapy.

II. It is the policy of health plans affiliated with Centene that trabeculectomy ab externo is not medically necessary for the following indications:
   A. As a primary therapy for glaucoma.
   B. When more conservative laser options have not been attempted, including argon laser trabeculoplasty (ALT) or selective laser trabeculoplasty (SLT).
   C. As a means to reduce well-tolerated topical glaucoma medications at the time of concurrent cataract surgery.

Background
Trabeculectomy is a guarded partial-thickness filtering procedure performed by removal of a block of peripheral corneal tissue beneath a scleral flap. The scleral flap provides resistance and limits the outflow of aqueous, thereby reducing the complications associated with early hypotony such as flat anterior chamber, cataract, serous and hemorrhagic choroidal effusion, macular edema, and optic nerve edema.

Because of the lower incidence of postoperative complications, trabeculectomy is the most commonly performed filtering operation. The use of antifibrotic agents such as mitomycin C and 5-fluorouracil, along with releasable sutures or laser suture lysis, enhances the longevity of guarded procedures, offers lower IOPs, and avoids some of the complications associated with full-thickness procedures.

Successful trabeculectomy involves reduction of IOP and avoidance or management of complications. Unlike cataract surgery, the success of trabeculectomy often depends on appropriate and timely postoperative intervention to influence the functioning of the filter. Complete healing of the epithelial and conjunctival wound with incomplete healing of the scleral wound is the goal of this procedure. Though constantly produced and drained, the overall pressure of aqueous is relatively constant in a healthy eye’s anterior chamber. Overly high or low intraocular pressure can cause permanent damage.
CLINICAL POLICY
Trabeculectomy Ab Externo
Coding Implications

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<tr>
<td>66170</td>
<td>Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery</td>
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<tr>
<td>66172</td>
<td>Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)</td>
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ICD-10-CM Diagnosis Codes that Support Coverage Criteria
+ Indicates a code requiring an additional character

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**Clinical Policy**

**Trabeculectomy Ab Externo**

### Reviews, Revisions, and Approvals

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<th>Approval Date</th>
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### References


### Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

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CLINICAL POLICY
Trabeculectomy Ab Externo
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Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at http://www.cms.gov for additional information.

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