

**Oklahoma Health Care Authority
Medical Professional Services
Prior Authorization Guidelines**

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SUBJECT: CPT 66183: Insertion of anterior segment aqueous draining device without extra-ocular reservoir, external approach. Replaces CPT 0192T. The common term for the device is ExPress Shunt.

EFFECTIVE: Updated March, 31, 2014

OBJECTIVE: To provide guidelines to assist in clinical decision making regarding medical necessity and consistency in the prior authorization process.

DISCLAIMER: This document is not a contract, and these guidelines do not reflect or represent every conceivable situation. Although all items contained in these guidelines may be met, this does not reflect, or imply, any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit. Prior Authorization is not a guarantee of member eligibility or SoonerCare payment.

Description (terms commonly found in medical documentation are bolded):

The term **Glaucoma** refers to a group of eye diseases where damage to the optic nerve (**optic neuropathy**) occurs related to pressure inside the eye. The damage to the optic nerve produces **visual field loss** and ultimately, blindness, if left untreated. In all types of glaucoma, the optic nerve damage occurs, but the pressure conditions are variable.

Most commonly, optic neuropathy exists in the presence of high **intraocular pressure (IOP)**. This high pressure is the only risk factor for the disease group that can be modified. With this condition, therapy is directed at reducing the pressure and maintaining it at a level that will halt progression of the optic nerve damage. The nerve damage cannot be reversed. Maintaining existing vision is the therapeutic goal. Hence, the focus is on the pathology to the optic nerve. Increased IOP is common in glaucoma and reduction of IOP, is the only therapeutic measure available in most cases of glaucoma.

Two broad categories are used to discuss glaucoma: **Open-angle glaucoma** and **closed-angle glaucoma**. In this terminology, the **angle** is the space between the iris and the cornea. Fluid (aqueous humor) is produced by cells behind the iris and this fluid circulates through the pupil and into the angle where it is absorbed via a

mesh-like “trabecular” space. Among other purposes, the fluid production maintains proper pressure in the front of the eye. Proper pressure is necessary to keep the shape of the eye ideal for light processing.

Definitions:

Intraocular Pressure (IOP) is the pressure inside the eye, and is measured with a **tonometer** by touching the cornea of the eye and measuring the force needed to distort the corneal surface. Normal range is about 10 – 20 mm. Hg. with an average of 15.5.

Angle is the space between the iris and the cornea.

Ocular hypertension is intraocular pressure higher than normal range without signs of optic nerve damage. The term is sometimes casually used to describe the high IOP that is a sign of glaucoma.

Hypotony exists when IOP is less than 5 mm. Hg. If it occurs in the post-operative setting, it reveals a leak in the surgical correction and most often requires a repeat operation (usually urgently) to correct the problem. It is a “deflation” of the eye and produces a high risk of retinal detachment and other problems.

Normal tension and low tension glaucoma: These diagnostic terms are used when optic neuropathy or visual field loss occurs in the absence of high intraocular pressure.

Closed-Angle Glaucoma is a diagnostic term used when the iris is pushed or pulled tighter to the cornea closing or severely restricting the angle. Flow of fluid into the **trabecular space** is blocked. Pressure increases as a result of continuing fluid production without a means of draining the fluid. This condition is very often painful, causing a visit to a doctor. It is treated with topical drops, systemic medicines, and sometimes with a surgical **iridotomy** (incision in the iris), which creates an alternate means for fluid drainage. **Iridotomy** is often done on an emergent basis.

In **open-angle glaucoma**, the angle is not obstructed but the absorption of the liquid, **aqueous humor**, is slowed. The volume increase of fluid results in a pressure increase. It is the most common form of glaucoma, generally develops slowly, and is usually painless. Often the disease is not diagnosed until substantial visual impairment is noted. It is treated with topical drops, systemic medicines, and surgical procedures designed to drain fluid from the front of the eye. When it is originally diagnosed with very high pressures and progressive optic neuropathy, emergent surgical treatment may be required. One of the surgical procedures is the focus of this PA guideline.

A **bleb** is the space under the **conjunctiva** into which fluid from the anterior of the eye drains as a result of a surgical procedure. It may be raised from the surface of the eye, or largely diffused and not visible on examination by the untrained observer. It may be visible when the eye moves to the side. **Blebs** sometimes leak as a result of **erosion of the conjunctiva** covering the bleb, and severe leaks can produce **hypotony**. This leak results in reoperation to correct the leak.

For assistance in evaluating PA documentation, one or more of the following surgical procedures may be listed as having been attempted unsuccessfully:

Trabeculectomy, canaloplasty, viscocanalostomy, argon laser trabeculoplasty (ALT), selective laser trabeculostomy (SLT), YAG laser, Baerveldt tube shunt, Ahmed valve implant, Multino implant, deep sclerectomy, laser cyclophotocoagulation (CPC), or endoscopic cyclophotocoagulation (ECP).

For assistance in evaluating PA documentation, one, or more (often a combination) of the following medications may be listed as having been attempted unsuccessfully:

- **Prostaglandin analogs:** latanoprost (Xalatan), bimatoprost (Lumigan) and travoprost (Travatan)
- **Topical beta-adrenergic receptor antagonists:** timolol, levobunolol (Betagan), and betaxolol
- **Alpha2-adrenergic agonists:** brimonidine (Alphagan) and apraclonidine
- **Less-selective alpha agonists:** epinephrine
- **Miotic agents (parasympathomimetics):** pilocarpine
- **Acetylcholinesterase inhibitor:** Echothiophate
- **Carbonic anhydrase inhibitors:** dorzolamide (Trusopt), brinzolamide (Azopt), and acetazolamide (Diamox)
- Physostigmine
- Marijuana

For assistance in evaluating PA documentation, insertion of the ExPress shunt will occur in one of two situations:

- 1) non-emergent, on-going glaucoma treatment where conservative medical and/or surgical treatments have failed to control the IOP and secondary optic nerve damage, or
- 2) emergent situations where the IOP is high, there is immediate risk of severe optic nerve damage, and the risk is deemed so high that there is not time to allow topical and/or systemic medications to affect change in IOP.

GUIDELINES FOR PRIOR AUTHORIZATION:

The OHCA defines Medical Necessity as "Services provided within the scope of the Oklahoma Medicaid Program shall meet medical necessity criteria. Requests by medical services providers for services in and of itself shall not constitute medical necessity. The Oklahoma Health Care Authority shall serve as the final authority pertaining to all determinations of medical necessity. Medical necessity is established through consideration of the following standards: Services must be medical in nature and must be consistent with accepted health care practice standards and guidelines for the prevention, diagnosis or treatment of symptoms of illness, disease or disability; documentation submitted in order to request services or substantiate previously provided services must demonstrate through adequate objective medical records, evidence sufficient to justify the client's need for the service; treatment of the client's condition, disease or injury must be based on reasonable and predictable health outcomes; services must be necessary to alleviate a medical condition and must be required for reasons other than convenience for the client, family, or medical provider; services must be delivered in the most cost-effective manner and most appropriate setting;

and services must be appropriate for the client's age and health status and developed for the client to achieve, maintain or promote functional capacity. (OAC 317:30-3-1)

INDICATIONS FOR the PROCEDURE:

A. ExPress shunt placement, non-emergent:

- The target Intraocular pressure cannot be achieved with topical and/or systemic medications, **OR**
- Visual field loss, or other signs of optic neuropathy, are unresponsive to systemic and/or topical medications, **OR**
- One or more surgical procedures (see list above) have been attempted and the target intraocular pressure has not been achieved, **OR**
- One or more surgical procedures have been attempted and the surgical alteration has failed (i.e. bleb failures, repetitive scarring of flaps, etc.), **OR**
- Inability of patient to accomplish the medically indicated topical/systemic medication regime (i.e. can't administer drops, can't manage plan with multiple drops, can't tolerate side effects of medicines, interactions with other medications, etc.).

B. ExPress shunt placement, emergent: *

- Very high intraocular pressures (>30 mm hg), **OR**
- Documentation of severe or rapidly progressing optic neuropathy,

AND

- Documentation of emergent or urgent need of IOP reduction, **OR**
- Documentation that time for topical or systemic medication to become effective will risk increased optic neuropathy.

***In no case should true emergent treatment be delayed for Prior Approval processing. Use "Retro Processing." For more information regarding retro processing, go to www.okhca.org – Providers - Provider Letters and Enter "2008-38" in "Search," or call 800-522-0114, ask to be transferred to the nursing staff in MAU. Then leave a voice mail including the member's name, ID number, the PA# and your contact name and # so MAU staff can contact you.**

Documentation Requirements:

- 1) Documentation submitted in order to request services or substantiate previously provided emergent services must demonstrate through adequate objective medical records, evidence sufficient to justify the member's needs for the service in accordance with OAC 317: 30-3-1, and
- 2) Documentation of one or more of the above indications, and
- 3) If emergent, a statement of the emergent nature requiring surgery.

SOURCES:

- 1) Oklahoma Health Care Authority, Policies & Rules, Chapter 30, Subchapter 3, Part 1; Subchapter 5, Part 1.
- 2) American Academy of Glaucoma via www.americanglaucomasociety.net.
- 3) American Academy of Ophthalmology via www.aao.org.
- 4) World Glaucoma Association (WGA) via www.worldglaucoma.org.
- 5) Sarkisian, Stephen, M.D., Clinical Associate Professor, and Glaucoma Fellowship Director, University of Oklahoma College of Medicine. Personal conversations.
- 6) <http://en.wikipedia.org/wiki/Glaucoma>

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