BlueCross BlueShield of Arizona
An Independent Licensee of the Blue Cross and Blue Shield Association

MEDICAL COVERAGE GUIDELINES
SECTION: VISION

ORIGINAL EFFECTIVE DATE: 11/26/13
LAST REVIEW DATE:
LAST CRITERIA REVISION DATE:
ARCHIVE DATE:

TRANSCILIARY FISTULIZATION FOR THE TREATMENT OF GLAUCOMA

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

Description:

Transciliary fistulization, also known as transciliary filtration or Singh filtration, uses a thermocauterization device called the Fugo blade to create a pore in the posterior chamber of the eye from the sclera through the ciliary body. This procedure reduces intraocular pressure (IOP) in individuals with glaucoma by allowing aqueous fluid to seep into the subconjunctival lymphatic system.

Criteria:

Transciliary Fistulization:

- Transciliary fistulization for the treatment of glaucoma is considered ***experimental or investigational*** based upon:

  1. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives, and
  2. Insufficient evidence to support improvement outside the investigational setting.

TRANSCILIARY FISTULIZATION FOR THE TREATMENT OF GLAUCOMA (cont.)

Resources:

Resources prior to 11/26/13 may be requested from the BCBSAZ Medical Policy and Technology Research Department.

1. 9.03.17 BCBS Association Medical Policy Reference Manual. Transciliary Fistulization for the Treatment of Glaucoma. Re-issue date 02/10/2011, issue date 09/27/2005.

FDA 510K Summary for Fugo Blade:

- FDA-approved indication: For sclerostomy for the treatment of primary open-angle glaucoma where maximum tolerated medical therapy and trabeculoplasty have failed.