



WISCONSIN ACADEMY OF OPHTHALMOLOGY

July 14, 2023

Medical Director
National Government Services Medical Policy Unit
P.O. Box 7108
Indianapolis, IN 46207-7108
NGSDraftLCDComments@anthem.com

RE: Public Comment for Proposed LCD - Micro-Invasive Glaucoma Surgery (MIGS) (DL37244)

Dear Colleagues,

The Wisconsin Academy of Ophthalmology (WAO), which represents over 200 ophthalmologists in Wisconsin, appreciates the opportunity to submit comments on National Government Services' draft local coverage determination (LCD) DL37244 - Micro-Invasive Glaucoma Surgery (MIGS). We write to share our concerns that the proposed LCD will restrict patient access to proven, medically necessary care by classifying the following MIGS procedures as "investigational in patients over the age of 18 for glaucoma management":

- Goniotomy or ab interno trabecular bypass surgery (e.g., Trabectome, Kahook Dual Blade)
- Visco canaloplasty
- Canaloplasty in combination with trabeculotomy ab interno (e.g., OMNI® Surgical System)
- Gonioscopy-assisted transluminal trabeculotomy (GATT)
- Ab Interno Canaloplasty (ABiC)
- Cyclophotocoagulation

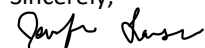
Glaucoma management is complex and challenging, requiring a high level of clinical expertise and close collaboration between physicians, our patients, and the healthcare system. Our success in preventing vision loss and improving quality of life is dependent on access to a range of safe and effective medical and surgical treatments, of which MIGS procedures are a critically important part.

There is extensive published clinical data and clinical experience over more than 10 years using MIGS, including goniotomy and canaloplasty, to treat complex patients with glaucoma. These procedures reduce intraocular pressure (IOP), reduce the need for medications to manage IOP, reduce patient burden of drop administration, and often provide more consistent IOP control than medications. By controlling IOP, these procedures provide a safe and cost-effective tool for preventing irreversible loss of vision due to permanent damage to the optic nerve from glaucoma and enhancing quality of life.

We thank you for providing coverage for standalone trabecular stents under CPT code 0671T and we ask you to continue coverage for goniotomy and canaloplasty in adults. For many patients, treatment with medications is inadequate, but their glaucoma is not at a stage requiring more invasive procedures such as trabeculectomy and tube shunts. MIGS preserve these patients' quality of life, independent function and reduce total costs to the healthcare system. **We urge you to ensure that Medicare beneficiaries with glaucoma have meaningful access to these transformative procedures by providing both coverage and adequate reimbursement for MIGS procedures listed above.**

Thank you for your consideration of these comments and recommendations. We look forward to continuing our dialogue. Please contact us with any further questions or to request a meeting.

Sincerely,


Jenny Larson, MD

President, Wisconsin Academy Ophthalmology