Clinical Policy: Canthotomy

Reference Number: CP.VP.76
Last Review Date: 08/2025

Coding Implications
Revision Log

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

Description

Canthotomy is an operation for lengthening the palpebral fissure by incision through the lateral canthus or for restoration of the canthus. This policy describes the medical necessity requirements for canthotomy.

Policy/Criteria

I. It is the policy of health plans affiliated with Centene Corporation® (Centene) and Envolve Vision, Inc.® (Envolve) that canthotomy is **medically necessary** for either of the following indications:

A. Suspected orbital compartment syndrome with one or more of the following:
1. Acute loss of visual acuity;
2. Increased intraocular pressure > 40mmHg;
3. Retrobulbar hemorrhage;
4. Optic nerve compromise;
5. Afferent pupillary defect;
6. Proptosis;
7. Diffuse subconjunctival hemorrhage;
8. Periorbital edema;
9. Restriction of eye movements;

B. Retrobulbar hemorrhage with one or more of the following:
1. Afferent pupillary defect;
2. Ophthalmoplegia;
3. Cherry red macula;
4. Optic nerve pallor;
5. Severe eye pain.

Background

The orbit, which protects, supports and maximizes the function of the eye, is shaped like a quadrilateral pyramid with its base in place with the orbital rim. The orbit contains the globe, orbital fat, extraocular muscles, lacrimal gland and neurovascular anatomy. Seven bones conjoin to form the orbital structure. The orbital process of the frontal bone and the lesser wing of the sphenoid form the orbital roof. The orbital plate of the maxilla joins the orbital plate of the zygoma and the orbital plate of the palatine bones to form the floor. Medially, the orbital wall consists of the frontal process of the maxilla, the lacrimal bone, the sphenoid, and the thin lamina papyracea of the ethmoid. The lateral wall is formed by the lesser and greater wings of the sphenoid and the zygoma.

Any process that results in an increase in mass effect within the confines of the orbit can result in orbital compartment syndrome. Orbital compartment syndrome is an ocular emergency whose prompt diagnosis and treatment are essential to prevent blindness. Because the orbit is a relatively closed compartment with limited ability to expand, orbital pressure can rise rapidly when an acute rise in orbital volume occurs. Examination of the patient should be performed quickly if orbital compartment syndrome is suspected, so as not to delay treatment. The patient will usually have marked eyelid swelling or ecchymosis with a combination of proptosis, chemosis and in some cases extensive

subconjunctival hemorrhage. The vision is often significantly reduced, with no perception of light (NPL) a common finding along with a relative afferent pupillary defect. Untreated, orbital compartment syndrome results in ischemia of the optic nerve and retina.

The most common etiology of orbital compartment syndrome is retrobulbar hemorrhage from trauma, recent retrobulbar anesthesia, or surgery. Spontaneous retrobulbar hemorrhage due to venous anomalies, atherosclerosis, intraorbital aneurysm of the ophthalmic artery, hemophilia, leukemia, von Willebrand disease, and hypertension have also been noted. Other less common causes of orbital compartment syndrome include orbital cellulitis, orbital abscess, tumors, orbital emphysema and inflammation. Patients present with increased orbital pressure with pain, decreased vision, diplopia, limited extraocular movements, proptosis, ecchymosis around the eye, bloody chemosis, increased intraocular pressure (IOP), resistance to retropulsion, and an afferent pupillary defect.

The lateral and medial canthal tendons attach the eyelids to the orbital rim and limit any anterior displacement of the globe. Orbital pressure can be relieved with an emergent lateral canthotomy and inferior cantholysis. This can be done expediently at the bedside under local anesthesia and has been demonstrated to effectively reduce the orbital pressure in cadaveric studies, although there is no consensus on the additional benefit of septolysis. Without decompression, irreversible vision loss due to increasing orbital pressure may occur in as little as 90-120 minutes. Thus, early recognition and prompt treatment are essential to preventing vision loss. Bony orbital decompression can be considered as an adjuvant procedure alongside lateral canthotomy and inferior cantholysis, or as a secondary procedure if adequate response is not achieved after lateral canthotomy and inferior cantholysis.

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2025, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT® Codes	Description
67715	Canthotomy (separate procedure)

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

+ Indicates a code requiring an additional character

ICD-10® Codes	Description
H05.00	Unspecified acute inflammation of orbit
H05.211	Displacement (lateral) of globe, right eye
H05.212	Displacement (lateral) of globe, left eye
H05.213	Displacement (lateral) of globe, bilateral
H05.221	Edema of right orbit

ICD-10® Codes	Description
H05.222	Edema of left orbit
H05.223	Edema of bilateral orbit
H05.231	Hemorrhage of right orbit
H05.232	Hemorrhage of left orbit
H05.233	Hemorrhage of bilateral orbit
H05.831	Thyroid orbitopathy, right orbit
H05.832	Thyroid orbitopathy, left orbit
H05.833	Thyroid orbitopathy, bilateral
H05.9	Unspecified disorder of orbit
H05.241	Constant exophthalmos, right eye
H05.242	Constant exophthalmos, left eye
H05.243	Constant exophthalmos, bilateral
H40.051	Ocular hypertension, right eye
H40.052	Ocular hypertension, left eye
H40.053	Ocular hypertension, bilateral
M79.A9	Nontraumatic compartment syndrome of other sites
T79.A0XA	Compartment syndrome, unspecified, initial encounter
T79.A0XD	Compartment syndrome, unspecified, subsequent encounter
T79.A0XS	Compartment syndrome, unspecified, sequela
T79.A9XA	Compartment syndrome of other sites, initial encounter
T79.A9XD	Compartment syndrome of other sites, subsequent encounter
T79.A9XS	Compartment syndrome of other sites, sequela

Reviews, Revisions, and Approvals	Date	Approval Date
Annual Review	12/2019	12/2019
Converted to new template	08/2020	10/2020
Annual Review	12/2020	12/2020
Annual Review	12/2021	01/2022
Annual Review	11/2022	12/2022
Annual Review	11/2023	12/2023
Annual Review	11/2024	12/2024
Updated coding to include newly published ICD-10 codes for thyroid orbitopathy.	08/2025	10/2025

References

1. McCallum E, Keren S, Lapira M, Norris JH. Orbital Compartment Syndrome: An Update With Review Of The Literature. Clin Ophthalmol. 2019. 13:2189-2194.Lateral Orbital Canthotomy.

2. Mohammadi F, Rashan A, Psaltis A, Janisewicz A, Li P, El-Sawy T, et al. Intraocular pressure changes in emergent surgical decompression of orbital compartment syndrome. JAMA Otolaryngol Head Neck Surg. 2015 Jun. 141 (6):562-5.
3. Lima V, Burt B, Leibovitch I, Prabhakaran V, Goldberg RA, Selva D. Orbital compartment syndrome: the ophthalmic surgical emergency. Surv Ophthalmol. 2009 Jul-Aug. 54(4):441-9.
4. Popat H, Doyle PT, Davies SJ. Blindness following retrobulbar haemorrhage--it can be prevented. Br J Oral Maxillofac Surg. 2007 Mar. 45(2):163-4.

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.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

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 https://www.cms.gov for additional information.