Glaucoma Management

Adjudication Rule

Abstract

For Members

Glaucoma is an eye disease that causes progressive damage to the optic nerve, the nerve that carries visual information to the brain, thereby potentially leading to blindness, if untreated. It is usually associated with an increase in the fluid pressure in the eye; the progressive loss of vision can be alleviated by reducing the fluid pressure.

Daman covers diagnostic and treatment services for glaucoma, if medically necessary, for all health insurance plans administered by Daman, as per policy terms and conditions of the eye; the progressive loss of vision can be alleviated by reducing the fluid pressure.

Daman covers diagnostic and treatment services for glaucoma, if medically necessary, for all health insurance plans administered by Daman, as per policy terms and conditions.

For Medical Professionals

Daman covers management of glaucoma, as per medical necessity.

For Visitor’s plan, only acute angle-closure glaucoma is covered, as an emergency treatment, and should be supported with appropriate documentation.

Daman covers laser/surgical treatment for open-angle glaucoma according to the medically necessary criteria mentioned in the "Eligibility/Coverage criteria" section of this adjudication rule.

Regarding serial tonometry, it will only be covered if the medically relevant criteria are met, as listed in the "Eligibility/Coverage criteria" section, and if performed serially, and not as a one-time measurement. It requires at least three measurements done at different times on the same day or several days and only one service should be claimed no matter how many times it is performed over one or several days.

Daman does not cover experimental and unproven treatments (as listed in the Non-coverage section), since their safety and efficacy is not proven and supported by international best practice medical guidelines.

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Related Adjudication Rules: None

Approved by: Daman

Daman

Regulatory: Medical Strategy & Development Department
Glaucoma Management

Scope
This guideline highlights the medically necessary services required for the diagnosis and treatment of glaucoma for all health insurance plans administered by Daman.

Adjudication Policy

Eligibility / Coverage Criteria
Diagnostic and treatment services for glaucoma are covered for all health insurance plans administered by Daman, as per policy terms and conditions.

In case of the Visitor’s plan, only the emergency treatment of ‘acute angle closure glaucoma’ is covered and it should be supported with documentation/interpretation and reports (i.e. gonioscopic findings, tonometry, biomicroscopic evaluation of the anterior chamber, ophthalmoscopy for optic nerve evaluation etc.).

Pharmacological management
Daman covers pharmacological management of glaucoma based on medical necessity and in accordance with international best practice.

The following classes of drugs will be covered for the treatment of glaucoma:
- Topical prostaglandin analogues (e.g. latanoprost etc)
- Topical beta blockers (e.g. timolol, carteolol, betaxolol etc)
- Topical carbonic anhydrase inhibitors (e.g. brinzolamide, dorzolamide etc)
- Topical alpha-2 adrenergic agonists (e.g. apraclonidine, brimonidine etc)
- Topical cholinergic agonists (e.g. pilocarpine, carbachol etc)
- Cholinesterase Inhibitors (e.g. echothiopate etc)
- Hyperosmotics (e.g. mannitol, glycerin etc)
- Corticosteroids – if glaucoma is associated with inflammation
- Topical Mitomycin

Surgical treatment
Daman will cover laser/surgical treatment for open-angle glaucoma if any of the following criteria are met and clearly documented:
- No significant reduction in the IOP to prevent vision loss despite pharmacological therapy.
- There is progression of optic nerve head damage/visual field defect despite pharmacological therapy.

Requirements for Coverage
ICD and CPT codes must be coded to the highest level of specificity.

Non-Coverage
Diagnostic and treatment services for glaucoma are not covered for the Visitor’s Plan (exceptions are highlighted in the coverage section (i.e. medical emergency)).

Daman does not cover the following treatments, because they are considered to be experimental and their safety and efficacy is not approved or supported by peer-reviewed medical literature:
- Viscocanalostomy
- Ab interno trabeculectomy (trabectome)
- Transclorial fistulization
- Un-proven shunts for glaucoma

Payment and Coding Rules
Please apply HAAD payment rules and regulations and relevant coding manuals for ICD, CPT, etc.

Billing of Glaucoma Related Services:
A. General ophthalmological services
B. Evaluation and management (E/M) services
The following services are included in the above mentioned ophthalmological examination services and cannot be claimed for separately, if performed (i.e. no separate codes are available for the following procedures):

Note: This list may not be all-inclusive.
- Visual acuity (excluding determination of refractive state-92015)
- Gross visual field test (excluding visual field 92081 - 92083)
- External ocular exam
- Adnexal exam
- Retinoscopy
- Slit lamp examination
- Tonometry, as a component of general eye examination (excluding serial tonometry)
- Routine ophthalmoscopic examination (excluding extended ophthalmoscopy)
- Keratometry
- Corneal staining/sensitivity
- Fundus examination (excluding fundus photography)

C. Special ophthalmological services:
Glaucoma Management

Special ophthalmological services may be reported in addition to the general ophthalmological services and must be supported with documentation.

The following are some of the common special services to be reported with a diagnosis of Glaucoma

<table>
<thead>
<tr>
<th>CPT-4 Code</th>
<th>Billing rule</th>
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<tbody>
<tr>
<td>Gonioscopy (92020)</td>
<td>Only one unit of service should be reported regardless of whether one or both eyes have been tested</td>
</tr>
<tr>
<td>Serial Tonometry (92100)</td>
<td>Serial tonometry will only be covered for the following medically necessary indications: o Monitor IOP during the course of medical treatment of an attack of acute angle-closure glaucoma o Assess diurnal variations of intraocular pressure o To confirm the diagnosis of glaucoma</td>
</tr>
<tr>
<td>Scanning computerized ophthalmic diagnostic imaging (92132-92134)</td>
<td>Only one unit of service should be reported regardless of whether one or both eyes have been tested</td>
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<tr>
<td>Extended Ophthalmoscopy (92225, 92226)</td>
<td>Extended ophthalmoscopy is a unilateral procedure, which means each eye can be billed separately.</td>
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<tr>
<td>Visual field examination (92081-92083)</td>
<td>Only one unit of service should be reported regardless of whether one or both eyes have been tested.</td>
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<tr>
<td>Fundus photography (92250)</td>
<td>Only one unit of service should be reported regardless of whether one or both eyes have been tested.</td>
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Procedures under 92020, 92250, 92100, 92133, 92134 and 92083 will be covered yearly for glaucoma and glaucoma suspects and repeat coverage is subject to medical necessity.

Adjudication Examples

**Example 1**

**Question**: A 50 year old female, holding Thiqa Plan, is a suspected case of glaucoma and the physician claims for 6 sessions of serial tonometry (3 for each eye) performed on the same day, to confirm the diagnosis of glaucoma. Will this claim be approved?

**Answer**: Only ONE unit of service for serial tonometry will be covered (for both eyes and regardless of the number of sessions performed).

**Example 2**

**Question**: A claim received for 35 year old male, holding a Visitor’s Plan, for beta blockers for treatment of his chronic open angle-glaucoma. Will this claim be approved?

**Answer**: No, The member is not eligible for this service; hence the claim will be rejected.

Denial codes

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<thead>
<tr>
<th>Code</th>
<th>Code description</th>
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<tr>
<td>MNEC-003</td>
<td>Service is not clinically indicated based on good clinical practice</td>
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<tr>
<td>MNEC-004</td>
<td>Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities</td>
</tr>
<tr>
<td>MNEC-005</td>
<td>Service/supply may be appropriate, but too frequent</td>
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<tr>
<td>NCOV-001</td>
<td>Diagnosis(es) is (are) not covered</td>
</tr>
<tr>
<td>NCOV-003</td>
<td>Service(s) is (are) not covered</td>
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Appendices

A. References

1. AMA CPT Handbook
Glaucoma Management


B. Revision History

<table>
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<th>Date</th>
<th>Change(s)</th>
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<td>01-07-13</td>
<td>V1.1: New template</td>
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<tr>
<td>15-07-14</td>
<td>1. V 2.0</td>
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<tr>
<td></td>
<td>2. Disclaimer updated as per system requirements</td>
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