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LASIK Surgery Indications

Adjudication Guideline

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Abstract

For Members

LASIK is an irreversible refractive procedure performed to change the shape of the cornea to improve myopia, hyperopia or astigmatism to decrease or eliminate eyeglasses, contact lenses or other refractive surgical procedures.

LASIK is short for laser-assisted in-situ keratomileusis, the technical term for the surgical procedure.

Daman covers Lasik surgery, if medically indicated and for specific plans having this benefit.

For Medical Professionals

Laser in Situ Keratomileusis (LASIK) is an irreversible refractive procedure performed to change the shape of the cornea to improve conditions like short-sightedness (myopia), long-sightedness (hyperopia) and irregular vision (astigmatism) or to decrease or eliminate eyeglasses, contact lenses or other refractive surgical procedures.

LASIK is indicated for long-sightedness, short-sightedness and irregular vision within.

HAAD standards. LASIK can be performed and billed only by a licensed ophthalmologist.

Daman covers LASIK as per medical necessity and for those plans with this specific benefit.

Approved by:
Daman

Responsible:
Medical Standards & Research

Related Adjudication Guidelines:
None

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Scope

This guideline addresses the coverage & indications of LASIK for all plans administered by Daman, subject to policy terms and conditions.

Adjudication Policy

Eligibility / Coverage Criteria

As per HAAD standard for Laser Refractive Surgery.
LASIK can be performed and billed only by a licensed ophthalmologist.

Plan	Coverage of LASIK	Mode of payment
Thiqa plan	<p>In Public (SEHA): Providers covered 100%, pre-authorization not required</p> <p>In Private providers - Covered, with pre-authorization</p>	Direct billing
Aounak & Reaaya plans	Covered 100%	Direct billing
Premier Plus	Covered up to a limit of AED 15,000 PPPY (per patient per year)	Direct billing: If network Reimbursement: If non-network
All other Daman plans (Core enhanced Sahtak, plus plans, upgraded plans)	As per SOBs	As per SOBs

Requirements for Coverage

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

Non-Coverage

LASIK is not covered for some health plans as it is a general exclusion of their respective policies, as below:

- Basic Plan;
- Visitor's Plan;
- Few of other Daman customized Plans (please refer respective SOBs for each plan).

Denial codes

Code description
Service(s) is (are) not covered
Annual Limit/Sublimit amount exceeded
Service is not clinically indicated based on good clinical practice
Service is not clinically indicated based on good clinical practice, without additional supporting diagnosis/activities
Submission not compliant with contractual agreement between provider & payer

Adjudication Examples

Example 1

Question: A 32 year Thiqa member patient was diagnosed with myopia, right eye of -6.5 dioptrcs, and the authorisation request was LASIK procedure? Will this request be approved?

Answer: As per HAAD standard the procedure will be covered for the member since the patient is matching the criteria.

Example 2

Question: A 24 year SEHTAK member patient was diagnosed with hypermetropia, left eye of +5.5. The claim invoice was for LASIK procedure? Will this claim be covered?

Answer: No. It will not be covered

Appendices

A. References

1. <https://www.haad.ae/HAAD/LinkClick.aspx?fileticket=RedttUXa4p8%3D&tabid=820>
2. <https://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/SurgeryandLifeSupport/LASIK/ucm061366.htm>
3. <https://www.aao.org/munnerlyn-laser-surgery-center/laser-in-situ-keratomileusis-lasik-3>
4. <https://www.aao.org/eyenet/article/keratoconus-questions-solutions>
5. https://www.uptodate.com/contents/refractive-errors-in-children?source=search_result&search=Aniseikonia&selectedTitle=1~2
6. <http://eyewiki.aao.org/Presbyopia#Management>
7. <https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm520560.htm>
8. https://dpulse.damanhealth.ae/FOffice/TDivision/_layouts/15/WopiFrame.aspx?sourcedoc={398F24B5-9C9F-41F2-9564-4ECE3E05147A}&file=SOB-US-3568-200917_Premier%20DNE%20%20with%20Dental%20and%20Optical%20%20Ded_Mubadala.pdf&action=default
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B. Revision History

Date	Change(s)
01-07-13	V2.0: New template
15-07-14	V4.0 1. Restored original effective date 2. Disclaimer updated as per system requirements
11-12-2017	V5.0 Content update