

Laser Photocoagulation Indications

Adjudication Rule

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Abstract

For Members

Laser photocoagulation is a type of laser surgery that is used to treat a number of eye diseases, repairing damage and thereby reducing the risk of severe vision loss.

It uses a powerful beam of light to destroy abnormal tissue, seal leaky blood vessels, destroy abnormal blood vessels etc. It's a non-invasive procedure, thereby facilitating a more reliable and less painful surgical procedure, but all lasers cause a certain amount of controlled damage in order to elicit the desired effect.

Laser Photocoagulation, if medically necessary, is covered for Daman administered health insurance plans as per policy terms and conditions.

For Medical Professionals

Daman covers laser photocoagulation as per medical necessity.

For some conditions, laser photocoagulation can only be covered if reported along with fluorescein angiography (as mentioned in the Eligibility/Coverage criteria).

According to the AMA Coding Rules, those codes which include the phrase 'one or more sessions', should only be reported once for the entire defined treatment period, regardless of the number of sessions performed to complete the treatment.

Daman may cover successive treatment of a particular disease/condition after a time period of 6 months, subject to medical necessity. (In case the successive treatment is required before 6 months, it can only be covered if its medical necessity is clearly explained and supported with appropriate documentation).

Approved by: Daman

Responsible: Medical Strategy & Development Department

Related Adjudication Rules:

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Laser Photocoagulation Indications



Scope

The scope of this guideline is to specify the coverage of laser photocoagulation, for appropriate and justified medical conditions, for all health insurance plans administered by Daman.

Adjudication Policy

Eligibility / Coverage Criteria

Daman covers laser photocoagulation for all health insurance plans administered by Daman, based on medical necessity and as per policy terms and conditions.

Below are the ophthalmological conditions for which Daman covers laser photocoagulation. For some conditions, laser photocoagulation will only be covered if reported along with fluorescein angiography (as shown below).

The lists of conditions include, but are not limited to:

Ophthalmological Conditions	Criteria for Covering Laser Photocoagulation	
Proliferative diabetic retinopathy (PDR)	Fluorescein angiography(FA) should be reported	
 Severe non-proliferative diabetic retinopathy (NPDR) OR *NPDR (regardless of severity) with macular oedema 	Fluorescein angiography should be reported	
*Central retinal vein occlusion with: Macular oedema OR Neovascularization	Fluorescein angiography should be reported	
*Branch retinal vein occlusion with: Macular oedema OR Neovascularization	Fluorescein angiography should be reported	
*Wet age-related macular degeneration with extrafoveal/juxtafoveal choroidal neovascularization (CNV)	Fluorescein angiography should be reported	
Central serous retinopathy	Fluorescein angiography should be reported	
Retinal artery macroaneurysm/s	Nil	
Retinal ischemia	Nil	
Retinal tear/s	Nil	
Retinal detachment	Nil	
Retinoschisis	Nil	

Retinopathy of prematurity	Nil
Glaucoma	Nil
Corneal neovascularization	Nil
Secondary membranous cataract removal	Nil

*Please note that the following diagnoses will not be covered as stand-alone diagnoses for laser photocoagulation; it will only be covered if the 'diagnosis to be added' is added along with the main diagnosis. For example, laser photocoagulation for non-proliferative diabetic retinopathy will only be covered if macular edema is reported along with it.

Diagnosis	Diagnosis to be added
Non-proliferative diabetic retinopathy	Macular edema
Central retinal vein occlusion	Macular edema
Central retinal vein occlusion	Retinal neovascularization
Branch retinal vein occlusion	Macular edema
Branch retinal vein occlusion	Retinal neovascularization
Wet Age-related Macular Degeneration (ARMD)	Choroidal neovascularization

Requirements for Coverage

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

Non-Coverage

Laser photocoagulation is not covered for the Visitor's Plan.

Payment and Coding Rules

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

According to the AMA Coding Rules, those codes which include the phrase 'one or more sessions', should only be reported once for the entire defined treatment period, regardless of the number of sessions performed to complete the treatment.

Daman may cover successive treatment of a particular disease/condition after a time period of **6 months**, subject to medical necessity. (In case the successive treatment is required before 6 months, it will only be covered if its medical necessity is clearly explained and supported with appropriate documentation).

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Adjudication Examples

Example 1

Question: A claim is received of a 54 year old Thiqa card holder, with proliferative diabetic retinopathy, for laser photocoagulation surgery. Will this surgery be covered for this member?

Answer: The surgery will not be covered for this member and claim will be rejected, because fluorescein angiography should be reported along with the claim.

Example 2

Question: A 32 year old Basic card holder, with retinal tear is billed for laser photocoagulation. Will the procedure be covered for this member?

Answer: Yes the procedure will be covered.

Example 3

Question: A 60 year old male holding a Thiqa Plan, is billed for laser photocoagulation for dry senile macular degeneration. Will this claim be covered?

Answer: The claim will be rejected, because the service is not clinically indicated.

Denial codes

Code	Code description
MNEC-003	Service is not clinically indicated based on good clinical practice
MNEC-004	Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities
MNEC-005	Service/supply may be appropriate, but too frequent
NCOV-003	Service(s) is (are) not covered

Appendices

A. References

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B. Revision History

Date	Change(s)
01-07-13	V1.1: New template
15-07-14	 V 2.0 Disclaimer updated as per system requirements