

Laser Photocoagulation Indications

Adjudication Guideline

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Table of Contents

1.	Abstract	3
1.1	For Members	3
1.2	For Medical Professionals	3
2.	Scope	3
3.	Adjudication Policy	3
3.1	Eligibility / Coverage Criteria	3
3.2	Requirements for Coverage.....	5
3.3	Non-Coverage.....	5
3.4	Payment and Coding Rules.....	5
4.	Denial codes.....	5
5.	Appendices	6
5.1	References	6
5.2	Revision History	6

1. Abstract

1.1 For Members

Laser photocoagulation is a type of laser surgery that is used to treat 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 is a non-invasive procedure, thereby facilitating a more reliable and less painful surgical procedure.

Laser Photocoagulation, if medically necessary, is covered for all health insurance plans administered by Daman.

1.2 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, codes that 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.

2. 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.

3. Adjudication Policy

3.1 Eligibility / Coverage Criteria

Daman covers laser photocoagulation for all health insurance plans administered by Daman, based on medical necessity.

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. The list of conditions includes, but is not limited to:

Ophthalmological Conditions	Criteria for Covering Laser Photocoagulation
Proliferative diabetic retinopathy (PDR)	Fluorescein angiography (FA) should also be reported
Non-proliferative diabetic retinopathy (NPDR): <ul style="list-style-type: none"> • Severe OR • with macular edema (regardless of severity) 	Fluorescein angiography (FA) should also be reported
Central serous retinopathy	Fluorescein angiography (FA) should also be reported
Wet age-related macular degeneration with extrafoveal/juxta foveal choroidal neovascularization (CNV)	Fluorescein angiography (FA) should also be reported
Central serous retinopathy	Fluorescein angiography (FA) should also be reported
Retinal artery microaneurysm's	Fluorescein angiography (FA) is not required
Retinal ischemia	Fluorescein angiography (FA) is not required
Retinal tear/s	Fluorescein angiography (FA) is not required
Retinal detachment	Fluorescein angiography (FA) is not required
Retinoschisis	Fluorescein angiography (FA) is not required
Retinopathy of prematurity	Fluorescein angiography (FA) is not required
Glaucoma	Fluorescein angiography (FA) is not required
Corneal neovascularization	Fluorescein angiography (FA) is not required
Secondary membranous cataract removal	Fluorescein angiography (FA) is not required

Please note that laser photocoagulation will not be covered for the following diagnoses if stand-alone. Additional diagnosis is required. For example, laser photocoagulation will only be covered for non-proliferative diabetic retinopathy if macular edema is reported along with it.

Laser photocoagulation should only be ordered and performed by an Ophthalmologist.

3.2 Requirements for Coverage

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

E&M should not be separately billed on the same day of the Laser photocoagulation, unless documented and proven to be significant.

3.3 Non-Coverage

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

3.4 Payment and Coding Rules

Please apply regulator 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.

4. 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
CODE-010	Activity/diagnosis inconsistent with clinician speciality

5. Appendices

5.1 References

- http://eyewiki.aao.org/Age-related_macular_degeneration#Diagnostic_procedures
- http://eyewiki.aao.org/Central_Serous_Chorioretinopathy#Diagnostic_Procedures_and_Tests
- http://eyewiki.aao.org/Diabetic_Retinopathy#Prognosis
- http://eyewiki.aao.org/Fluorescein_Angiography
- [http://eyewiki.aao.org/Lasers_\(surgery\)#Panretinal_Photocoagulation_for_Treatment_of_Proliferative_Diabetic_Retinopathy](http://eyewiki.aao.org/Lasers_(surgery)#Panretinal_Photocoagulation_for_Treatment_of_Proliferative_Diabetic_Retinopathy)
- http://eyewiki.aao.org/Panretinal_Photocoagulation
- http://eyewiki.aao.org/Retinopathy_of_Prematurity#Management
- <https://emedicine.medscape.com/article/1844294-overview#a1>
- <https://www.haad.ae/HAAD/LinkClick.aspx?fileticket=nJzUNPaBf2s%3D&tabid=1502>

5.2 Revision History

Date	Change(s)
01/07/13	V1.1: New template
15/07/14	V 2.0 Disclaimer updated as per system requirements
08/02/2019	V3.0 Guideline revision
31/12/2024	V4.0 Guideline revision and template update

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