



<b>Policy Name</b>	Clinical Policy - Laser Peripheral Iridotomy
<b>Policy Number</b>	1322.00
<b>Department</b>	Clinical Strategy
<b>Subcategory</b>	Medical Management
<b>Original Approval Date</b>	04/25/2018
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<b>Current Effective Date</b>	06/01/2025

<b>Company Entities Supported (Select All that Apply)</b> <input checked="" type="checkbox"/> Superior Vision Benefit Management <input checked="" type="checkbox"/> Superior Vision Services <input checked="" type="checkbox"/> Superior Vision of New Jersey, Inc. <input checked="" type="checkbox"/> Block Vision of Texas, Inc. d/b/a Superior Vision of Texas <input checked="" type="checkbox"/> Davis Vision (Collectively referred to as 'Versant Health' or 'the Company')
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<b>ACRONYMS</b>	
FDA	Food and Drug Administration
YAG	Yttrium Aluminum Garnet

<b>PURPOSE</b>
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To provide clinical criteria to support the indication(s) for laser peripheral. Applicable procedure codes are also defined.

<b>POLICY</b>
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## A. BACKGROUND

Laser iridotomy is an ophthalmic surgical procedure for angle closure glaucoma, pupillary block, misdirected aqueous (ciliary block or malignant glaucoma), or iris bombe. The procedure creates a small hole in the far periphery of the iris with a focused laser beam, either argon or Q-switched Neodymium: YAG. This opening allows the flow of aqueous humor between the posterior and anterior chambers by bypassing the pupil. This may, depending upon the amount of prior trabecular damage and the degree of angle obstruction, decrease the intraocular pressure (IOP) and risk of acute angle-closure attack or progressive damage in eyes susceptible to acute angle closure attacks. Additionally, iridotomy can be used as a diagnostic tool if one is unsure whether the pathology is misdirected aqueous or plateau iris syndrome.

## B. Medically Necessary

1. Laser iridotomy may be medically necessary for primary angle closure suspects, primary angle closure, or primary angle closure glaucoma<sup>1</sup> where the procedure is necessary to reverse the appositional angle closure and it prevents or retards formation of peripheral anterior synechiae.<sup>2</sup>
2. Iridotomy by laser surgery may be considered medically necessary to treat primary angle closure suspects, primary angle closure and angle closure glaucoma.<sup>3 4</sup>
3. Laser iridotomy may be medically necessary to treat primary angle closure suspect when a narrow angle has been confirmed by gonioscopic exam in any of the following circumstances:
  - a. Evidence of progressive narrowing or synechia on gonioscopy;<sup>5</sup>
  - b. Medication that increases risk of angle closure or pupillary block;<sup>6</sup>
  - c. Presence of symptoms suggesting intermittent angle closure;<sup>7</sup>
  - d. Health status, occupation, or psychosocial situation that limits access to immediate ophthalmic care
  - e. Poor adherence with follow-up visits;
  - f. Need for frequent dilated eye exams for treatment or monitoring of a condition such as diabetes;<sup>8</sup>
  - g. Fellow eye of a patient who had angle closure glaucoma or angle closure glaucoma crisis in the alternate eye;
  - h. Family history of angle closure or narrow angle closure glaucoma.
4. When a prior medically necessary laser iridotomy is not patent.

## C. Documentation

Medical necessity is supported by adequate and complete documentation in the patient's medical record that describes the procedure and the medical rationale. Documentation requires at a minimum all the following items. All items must be available upon request. For any retrospective review, a full operative report and the clinical plan of care is needed.

Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, date(s) of service). Services provided or ordered must be

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<sup>1</sup> Foster, 2002

<sup>2</sup> Baskaran, 2022.

<sup>3</sup> Baskaran, 2022.

<sup>4</sup> AAO, Primary Angle Closure Disease PPP 2020

<sup>5 6 7</sup> Emanuel, 2014

<sup>8</sup> Foster, 2002



authenticated by the physician's handwritten or electronic signature. Stamped signatures are not acceptable.

The required documentation to demonstrate medical necessity includes:

1. Eye exam with description of medical justification for laser iridotomy surgery and absence of contraindications for the surgery. This examination must include a gonioscopy documenting narrow angles that warrant peripheral laser iridotomy.
2. Allied diagnostic testing with physician's order, medical rational, findings, interpretation, and report.
3. Use of a laser that is FDA approved for iridotomy.
4. Detailed operative report that incorporates:
  - a. Indications; and,
  - b. Procedure description including wavelength, duration, site of iridotomy, spot size, energy, and number of laser applications.

#### **D. Procedural Detail**

<b>CPT Codes</b>	
66761	Iridotomy/iridectomy by laser surgery (e.g., for glaucoma) (per session)
66762	Iridoplasty by photocoagulation
<b>Required Modifiers</b>	
RT	Right side
LT	Left side
50	Bilateral procedure

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<b>RELATED POLICIES AND PROCEDURES</b>	
n/a	

<b>DOCUMENT HISTORY</b>		
<b><i>Approval Date</i></b>	<b><i>Revision</i></b>	<b><i>Effective Date</i></b>
04/25/2018	Initial policy	04/25/2018
12/18/2019	Annual review; no criteria changes.	01/01/2020
10/28/2020	Annual review; no criteria changes.	03/01/2021
10/06/2021	Deletion of some requirements for provider records submission for medical necessity review.	04/01/2022
04/06/2022	Annual review; no criteria changes.	05/01/2022
04/12/2023	Annual review; no criteria changes.	07/01/2023
04/03/2024	Clarified procedure as diagnostic to differentiate misdirected aqueous or plateau iris syndrome; updated glaucoma status terms; removed contraindication of severe corneal edema.	07/01/2024

04/09/2025	Add indication of primary angle closure suspects; delete requirement for dark adaptation testing; delete requirement for occludable angles; for family history risk.	06/01/2025
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