



Policy Name	Clinical Policy - Laser Peripheral Iridotomy
Policy Number	1322.00
Department	Clinical Product & Development
Subcategory	Medical Management
Original Approval Date	04/25/2018
Current MPC/CCO Approval Date	04/03/2024
Current Effective Date	07/01/2024

Company Entities Supported (Select All that Apply)

☒ Superior Vision Benefit Management
☒ Superior Vision Services
☒ Superior Vision of New Jersey, Inc.
☒ Block Vision of Texas, Inc. d/b/a Superior Vision of Texas
☒ Davis Vision
(Collectively referred to as 'Versant Health' or 'the Company')

ACRONYMS or DEFINITIONS

FDA	Food and Drug Administration
YAG	Yttrium Aluminum Garnet

PURPOSE

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

POLICY**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 opening the angle, decreasing the intraocular pressure (IOP) and risk of acute angle-closure attack or progressive damage in chronic angle closure glaucoma. 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 narrow angle-closure glaucoma with any measure of pupillary block, where the procedure is necessary to reverse the appositional angle closure and it prevents or retards formation of peripheral anterior synechiae.¹
2. Iridotomy by laser surgery may be considered medically necessary and reasonable to treat primary angle closure and angle closure glaucoma.^{2 3}
3. Laser iridotomy may be medically necessary to treat primary angle closure suspect when a narrow angle has been confirmed by gonioscopic exam to reduce risk of angle closure glaucoma or angle closure glaucoma crisis in any of the following circumstances:
 - a. Elevation of intraocular pressure on dark adaptation testing;⁴
 - b. Evidence of progressive narrowing or synechia on gonioscopy;⁵
 - c. Medication that increases risk of angle closure or pupillary block;⁶
 - d. Presence of symptoms suggesting intermittent angle closure;⁷
 - e. Health status or occupation that limits access to immediate ophthalmic care
 - f. Poor compliance with follow-up visits;
 - g. Need for frequent dilated eye exams for treatment or monitoring of a condition such as diabetes;⁸
 - h. Fellow eye of a patient who had angle closure glaucoma or angle closure glaucoma crisis in the alternate eye;
 - i. 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

¹ Aung, 2021

² Aung, 2021

³ AAO, Primary Angle Closure Disease PPP 2020

⁴ Cho, 2023

^{5 6 7} Emanuel, 2014

⁸ 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

CPT Codes	
66761	Iridotomy/iridectomy by laser surgery (e.g., for glaucoma) (per session)
66762	Iridoplasty by photocoagulation
Required Modifiers	
RT	Right side
LT	Left side
50	Bilateral procedure
Invalid Modifiers	
24	Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional During a Postoperative Period
25	Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service
57	Decision for Surgery



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RELATED POLICIES AND PROCEDURES

n/a

DOCUMENT HISTORY

<i>Approval Date</i>	<i>Revision</i>	<i>Effective Date</i>
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

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