

|                                      |                                         |
|--------------------------------------|-----------------------------------------|
| <b>Policy Name</b>                   | Clinical Policy – Laser Trabeculoplasty |
| <b>Policy Number</b>                 | 1308.00                                 |
| <b>Department</b>                    | Clinical Product & Development          |
| <b>Subcategory</b>                   | Medical Management                      |
| <b>Original Approval Date</b>        | 01/25/2018                              |
| <b>Current MPC/CCO Approval Date</b> | 07/10/2024                              |
| <b>Current Effective Date</b>        | 09/01/2024                              |

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| <b>Company Entities Supported (Select All that Apply)</b><br><input checked="" type="checkbox"/> Superior Vision Benefit Management<br><input checked="" type="checkbox"/> Superior Vision Services<br><input checked="" type="checkbox"/> Superior Vision of New Jersey, Inc.<br><input checked="" type="checkbox"/> Block Vision of Texas, Inc. d/b/a Superior Vision of Texas<br><input checked="" type="checkbox"/> Davis Vision<br>(Collectively referred to as 'Versant Health' or 'the Company') |
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| <b>ACRONYMS and DEFINITIONS</b> |                                                                |
|---------------------------------|----------------------------------------------------------------|
| ALT                             | Argon laser trabeculoplasty                                    |
| DLT                             | Diode laser trabeculoplasty                                    |
| IOP                             | Intraocular pressure                                           |
| Nd: YAG                         | Crystal that is used as a lasing medium for solid-state lasers |
| SLT                             | Selective laser trabeculoplasty                                |
| PAS                             | Peripheral anterior synechiae                                  |
| POAG                            | Primary open-angle glaucoma                                    |

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

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

Laser trabeculoplasty lowers intraocular pressure by facilitating aqueous outflow. It can be used as initial therapy in the treatment of open angle glaucoma. There are several types of lasers used for laser trabeculoplasty: argon laser trabeculoplasty (ALT), non-Q switched ND: YAG, selective laser trabeculoplasty (SLT), and the

diode laser trabeculoplasty (DLT). This policy applies to all technologies of laser trabeculoplasty.

## **B. Medically Necessary**

Laser trabeculoplasty may be medically necessary to achieve the optimal intraocular target pressure range in patients with:

1. Primary open angle glaucoma (POAG), pigmentary glaucoma and pseudoexfoliation glaucoma<sup>1</sup>; or,
2. Open angles<sup>2</sup>, plus high-risk borderline findings, and sociogenic risk factors as follows:
  - a. Vertical cup disc 0.8 or greater; and,
  - b. Corneal thickness less than or equal to 555 microns; and,
  - c. Intra ocular pressure of 24 mmHG or greater<sup>3</sup>; and,
  - d. African, Asian, Hispanic/Latino, or Native Hawaiian and Pacific Islander ethnicities; or,
  - e. Family history of glaucoma; or,
  - f. Age 45 years or more.
3. The patient as defined in 1 or 2 above plus is at high risk for nonadherence to glaucoma medical therapy, e.g., a patient who cannot tolerate medications, or is unable to consistently administer medications, or is unable to reliably instill the medications, or cannot afford the medications.
4. Unless medically contraindicated, laser trabeculoplasty is performed on 360 degrees of trabecular meshwork, in one or more sessions, as determined by the physician.
5. Laser trabeculoplasty performed on 360 degrees of trabecular meshwork greater than once annually will need to meet the above criteria and have documentation showing successful previous treatment.

## **C. Documentation**

Medical necessity must be supported by adequate and complete documentation in the patient's medical record that describes the procedure and the medical rationale for it as in requirements above. All medical record items must be available upon request to initiate or sustain previous payments. Retrospective reviews require the full operative report and the medical care plan.

Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, date(s) of service). Services provided/ordered must be authenticated by the physician, in a handwritten or electronic signature. Stamped signatures are not acceptable.

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<sup>1</sup> NICE, 2022

<sup>2</sup> NICE, 2022

<sup>3</sup> Gazzard, 2018.

The following documents are required to support the medical necessity of laser trabeculoplasty:

1. Eye examination with description of medical justification for laser trabeculoplasty, assessment of optimal range of target intra-ocular pressure and absence of contraindications for the surgery.
2. Documentation of open-angle glaucoma findings including applanation tonometry, visual fields, optic nerve head photography and optical coherence tomography
3. Allied diagnostic testing with physician's order, medical rational, findings, interpretation, and report.
4. Detailed operative report that incorporates:
  - a. Indications
  - b. Procedure description including duration, energy, and number of applications.

#### D. Procedural Detail

| CPT Code           |                                                                                                                                                                               |
|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 65855              | Trabeculoplasty by laser surgery                                                                                                                                              |
| Required Modifiers |                                                                                                                                                                               |
| RT                 | Right side                                                                                                                                                                    |
| LT                 | Left side                                                                                                                                                                     |
| 50                 | Bilateral procedure                                                                                                                                                           |
| Invalid Modifiers  |                                                                                                                                                                               |
| 25                 | Significant, separately identifiable E&M service by same provider on the same day of a procedure or other service. Used for minor surgeries with 0- or 10-day global periods. |
| 26                 | Professional component                                                                                                                                                        |
| 57                 | Decision for surgery same day or within 24 hours before the surgery.                                                                                                          |
| 95                 | Telemedicine                                                                                                                                                                  |
| TC                 | Technical component                                                                                                                                                           |

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| <b>RELATED POLICIES AND PROCEDURES</b> |                            |
|----------------------------------------|----------------------------|
| 1322                                   | Laser Peripheral Iridotomy |
| 1326                                   | Retinal Photocoagulation   |
| 1327                                   | Glaucoma Surgery           |

| <b>DOCUMENT HISTORY</b>     |                                                                                                                                                                                             |                              |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| <b><i>Approval Date</i></b> | <b><i>Revision</i></b>                                                                                                                                                                      | <b><i>Effective Date</i></b> |
| 01/25/2018                  | Initial Policy                                                                                                                                                                              | 01/25/2018                   |
| 02/19/2020                  | Annual review; no criteria changes.                                                                                                                                                         | 06/01/2020                   |
| 01/06/2021                  | Clarified goal of procedure: achieve target intraocular pressure . . . primary open angle glaucoma (POAG). Specified absence of glaucoma, "including ocular hypertension and pre-glaucoma." | 04/01/2021                   |
| 10/06/2021                  | Defined requirement of elevated risk characteristics. Restated criteria for medical necessity with defined measures.                                                                        | 04/01/2022                   |
| 07/06/2022                  | Annual review; no criteria changes.                                                                                                                                                         | 10/01/2022                   |

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| 07/12/2023 | Added indications of medication intolerance, changed repeatability of treatment per calendar year, added sociogenic risks for age and ethnicity. | 01/01/2024 |
| 07/10/2024 | Annual review; no criteria changes.                                                                                                              | 09/01/2024 |

## REFERENCES

1. Abramowitz B, Chadha N, Kouchouk A, et al. Selective laser trabeculoplasty vs micropulse laser trabeculoplasty in open-angle glaucoma. *Clin Ophthalmol*. 2018 Aug 30; 12:1599-1604. doi: 10.2147/OPTH.S167102. PMID: 30214144; PMCID: PMC6124459.
2. AGIS Investigators. The Advanced Glaucoma Intervention study (AGIS): 7. The relationship between control of intraocular pressure and visual field deterioration. *Am J Ophthalmol* 2000; 130:429-440.
3. Alaghband P, Galvis EA, Daas A, et al. Predictors of selective laser trabeculoplasty success in open angle glaucoma or ocular hypertension: does baseline tonography have a predictive role? *Br J Ophthalmol*. 2020 Oct;104(10):1390-1393. doi: 10.1136/bjophthalmol-2019-315489. Epub 2020 Jan 27. PMID: 31988075.
4. Barke M, Dhoot R, Feldman R. Pediatric Glaucoma: Diagnosis, Management, Treatment. *Int Ophthalmol Clin*. 2022 Jan 1;62(1):95-109. doi: 10.1097/IIO.0000000000000401. PMID: 34965229.
5. Belitsky Y, Škiljić D, Zetterberg M, et al. Evaluation of selective laser trabeculoplasty as an intraocular pressure lowering option. *Acta Ophthalmol*. 2019 Nov;97(7):707-713. doi: 10.1111/aos.14067. Epub 2019 Feb 27. PMID: 30809975.
6. Chang TC, Parrish RK, Fujino D, et al. Factors Associated with Favorable Laser Trabeculoplasty Response: IRIS Registry Analysis. *Am J Ophthalmol*. 2021 Mar; 223:149-158. doi: 10.1016/j.ajo.2020.10.004. Epub 2020 Oct 10. PMID: 33049242; PMCID: PMC7979431.
7. Chi SC, Kang YN, Hwang DK, et al. Selective laser trabeculoplasty versus medication for open-angle glaucoma: systematic review and meta-analysis of randomised clinical trials. *Br J Ophthalmol*. 2020 Nov;104(11):1500-1507. doi: 10.1136/bjophthalmol-2019-315613. Epub 2020 Feb 12. PMID: 32051136.
8. Christie WC, Basha MM, Ho Q, et.al Phase 3, Randomized Study Comparing Intracameral Bimatoprost Implant 15 µg and Selective Laser Trabeculectomy in Patients with Open-Angle Glaucoma or Ocular Hypertension. *Clin Ophthalmol*. 2023 Oct 12; 17:3023-3036. doi: 10.2147/OPTH.S427976. PMID: 37850049; PMCID: PMC10578166.
9. Cui YK, Pan L, Lam T, et.al. Mechanistic links between systemic hypertension and open angle glaucoma. *Clin Exp Optom*. 2022 May;105(4):362-371. doi: 10.1080/08164622.2021.1964332. Epub 2021 Aug 17. PMID: 34402761.
10. Dahlgren T, Ayala M, Zetterberg M. Optimal Performance of Selective Laser Trabeculoplasty: Results from the Swedish Optimal SLT Multicenter Randomized Controlled Trial. *Ophthalmol Glaucoma*. 2024 Mar-Apr;7(2):105-115. doi: 10.1016/j.ogla.2023.10.004. Epub 2023 Oct 12. PMID: 37838088.
11. De Keyser M, De Belder M, De Belder J, et.al. Selective laser trabeculoplasty as replacement therapy in medically controlled glaucoma patients. *Acta Ophthalmol*. 2018 Aug;96(5): e577-e581. doi: 10.1111/aos.13509. Epub 2017 Jun 21. PMID: 2863618.
12. Evidence reviews for selective laser trabeculoplasty in ocular hypertension or chronic open-angle glaucoma adult patients: Glaucoma: diagnosis and management: Evidence review A. London: National Institute for Health and Care Excellence (NICE); 2022 Jan. PMID:

35438884. Garg A, Gazzard G. Correction: Selective laser trabeculoplasty: past, present, and future. *Eye (Lond)*. 2020 Aug;34(8):1487. doi: 10.1038/s41433-019-0623-8. Erratum for: *Eye (Lond)*. 2018 May;32(5):863-876. PMID: 31645671; PMCID: PMC7471436.
13. Garg A, Vickerstaff V, Nathwani N, et.al; Laser in Glaucoma and Ocular Hypertension Trial Study Group. Efficacy of Repeat Selective Laser Trabeculoplasty in Medication-Naive Open-Angle Glaucoma and Ocular Hypertension during the LiGHT Trial. *Ophthalmology*. 2020 Apr;127(4):467-476. doi: 10.1016/j.ophtha.2019.10.023. Epub 2019 Oct 30. PMID: 32005561.
14. Garg A, Vickerstaff V, Nathwani N, et.al; Laser in Glaucoma and Ocular Hypertension Trial Study Group. Primary Selective Laser Trabeculoplasty for Open-Angle Glaucoma and Ocular Hypertension: Clinical Outcomes, Predictors of Success, and Safety from the Laser in Glaucoma and Ocular Hypertension Trial. *Ophthalmology*. 2019 Sep;126(9):1238-1248. doi: 10.1016/j.ophtha.2019.04.012. Epub 2019 Apr 25. PMID: 31028768.
15. Gazzard G, Konstantakopoulou E, Garway-Heath D, et.al; LiGHT Trial Study Group. Laser in Glaucoma and Ocular Hypertension (LiGHT) trial. A multicentre, randomised controlled trial: design and methodology. *Br J Ophthalmol*. 2018 May;102(5):593-598. doi: 10.1136/bjophthalmol-2017-310877. Epub 2017 Sep 13. Erratum in: *Br J Ophthalmol*. 2021 Feb;105(2): e1. PMID: 28903966.
16. Gazzard G, Konstantakopoulou E, Garway-Heath D, et.al; LiGHT Trial Study Group. Selective laser trabeculoplasty versus eye drops for first-line treatment of ocular hypertension and glaucoma (LiGHT): a multicentre randomised controlled trial. *Lancet*. 2019 Apr 13;393(10180):1505-1516. doi: 10.1016/S0140-6736(18)32213-X. Epub 2019 Mar 9. Erratum in: *Lancet*. 2019 Jul 6;394(10192): e1. PMID: 30862377; PMCID: PMC6495367.
17. Hutnik C, Crichton A, Ford B, et.al. Selective Laser Trabeculoplasty versus Argon Laser Trabeculoplasty in Glaucoma Patients Treated Previously with 360° Selective Laser Trabeculoplasty: A Randomized, Single-Blind, Equivalence Clinical Trial. *Ophthalmology*. 2019 Feb;126(2):223-232. doi: 10.1016/j.ophtha.2018.09.037. Epub 2018 Sep 29. PMID: 30278197.
18. Jones L, Konstantakopoulou E, Gazzard G. Selective laser trabeculoplasty (SLT) performed by optometrists for patients with glaucoma and ocular hypertension: a scoping review protocol. *BMJ Open Ophthalmol*. 2020 May 25;5(1): e000438. doi: 10.1136/bmjophth-2020-000438. PMID: 32509963; PMCID: PMC7252989.
19. Kass MA, Heuer DK, Higginbotham EJ, et al. The Ocular Hypertension Treatment Study: a randomized trial determines that topical ocular hypotensive medication delays or prevents the onset of primary open-angle glaucoma. *Arch Ophthalmol* 2002; 120:701–713.
20. Katz JL, Steinmann WC, Kabir A, et.al., Selective Laser Trabeculoplasty versus Medical Therapy as initial Treatment of Glaucoma: A prospective, Randomized Trial, *J Glaucoma* 2012;21:460-468.
21. Khawaja AP, Campbell JH, Kirby N, et.al. UK Glaucoma Real-World Data Consortium. Real-World Outcomes of Selective Laser Trabeculoplasty in the United Kingdom. *Ophthalmology*. 2020 Jun;127(6):748-757. doi: 10.1016/j.ophtha.2019.11.017. Epub 2019 Nov 26. PMID: 31952882.
22. Kim JH, Rabiolo A, Morales E, et al. Risk factors for fast visual field progression in glaucoma. *Am J Ophthalmol* 2019; 207:268-278.
23. Koenig LR, Kovacs KD, Gupta MP, et.al. Hypopyon following selective laser trabeculoplasty. *Am J Ophthalmol Case Rep*. 2020 Mar 20; 18:100675. doi: 10.1016/j.ajoc.2020.100675. PMID: 32322746; PMCID: PMC7163075.
24. Konstantakopoulou E, Gazzard G, Vickerstaff V, et.al; LiGHT Trial Study Group. The Laser in Glaucoma and Ocular Hypertension (LiGHT) trial. A multicentre randomised controlled



- trial: baseline patient characteristics. *Br J Ophthalmol*. 2018 May;102(5):599-603. doi: 10.1136/bjophthalmol-2017-310870. Epub 2017 Oct 5. PMID: 28982956.
25. Kuley B, Zheng CX, Zhang QE, et.al. Predictors of Success in Selective Laser Trabeculoplasty. *Ophthalmol Glaucoma*. 2020 Mar-Apr;3(2):97-102. doi: 10.1016/j.ogla.2019.11.010. Epub 2019 Nov 30. PMID: 32672601.
  26. Landers J. Selective laser trabeculoplasty: A review. *Clin Exp Ophthalmol*. 2021 Jul 30. doi: 10.1111/ceo.13979. Epub ahead of print. PMID: 34331388.
  27. Lee EY, Farrokhyar F, Sogbesan E. Laser Trabeculoplasty Perceptions and Practice Patterns of Canadian Ophthalmologists. *J Curr Glaucoma Pract*. 2020 Sep-Dec;14(3):81-86. doi: 10.5005/jp-journals-10078-1283. PMID: 33867755; PMCID: PMC8028031.
  28. Liu D, Chen D, Tan Q, et.al. Outcome of Selective Laser Trabeculoplasty in Young Patients with Primary Open-Angle Glaucoma and Ocular Hypertension. *J Ophthalmol*. 2020 Jun 9; 2020:5742832. doi: 10.1155/2020/5742832. PMID: 32587760; PMCID: PMC7301184.
  29. Maier AB, Arani P, Pahlitzsch M, et al. Influence of Selective Laser Trabeculoplasty (SLT) on the iStent inject® outcomes. *BMC Ophthalmol*. 2020 Nov 19;20(1):457. doi: 10.1186/s12886-020-01723-3. PMID: 33213403; PMCID: PMC7678109.
  30. Makri OE, Pallikari A, Pagoulatos D, et al. Micropulse laser trabeculoplasty on pseudexfoliation glaucoma patients under topical prostaglandin analogue monotherapy: 1-year results. *Graefes Arch Clin Exp Ophthalmol*. 2019 Feb;257(2):349-355. doi: 10.1007/s00417-018-4195-2. Epub 2018 Nov 28. PMID: 30488265.
  31. Makri OE, Plotas P, Christopoulou E, et al. Effect of a single session of micropulse laser trabeculoplasty on corneal endothelial parameters. *Clin Exp Optom*. 2020 Jul;103(4):479-483. doi: 10.1111/cxo.12968. Epub 2019 Oct 16. PMID: 31618800.
  32. Mansouri K, Shaarawy T. Comparing pattern scanning laser trabeculoplasty to selective laser trabeculoplasty: A randomized controlled trial. *Acta Ophthalmol*. 2017 Aug;95(5): e361-e365. doi: 10.1111/aos.13280. Epub 2016 Oct 25. PMID: 27778483.
  33. Morse AR, Lee PP. Comparative effectiveness: insights on treatment options for open-angle glaucoma. *Arch Ophthalmol*. 2012; 130(4):506–507.
  34. Narayanaswamy A, Sood SR, Thakur S. Selective laser trabeculoplasty: An updated narrative review. *Indian J Ophthalmol*. 2024 Mar 1;72(3):312-319. doi: 10.4103/IJO.IJO\_2104\_23. Epub 2024 Feb 28. PMID: 38421290; PMCID: PMC11001228.
  35. NICE© National Institute for Health and Care Excellence. Glaucoma diagnosis and management. NICE guideline NGHI. <https://www.nice.org.uk/guidance/ng81>. Accessed 7/2023.
  36. Paiva ACM, da Fonseca AS. Could adverse effects and complications of selective laser trabeculoplasty be decreased by low-power laser therapy? *Int Ophthalmol*. 2019 Jan;39(1):243-257. doi: 10.1007/s10792-017-0775-0. Epub 2017 Nov 30. PMID: 29189945.
  37. Polat J., Grantham L., Mitchel K., et. al., Repeatability of selective laser trabeculoplasty, *Br J Ophthalmol*, 2016; 100:1437-1441.
  38. Rasmuson E, Bengtsson B, Lindén C, et al. Laser trabeculoplasty in newly diagnosed multi-treated glaucoma patients. *Acta Ophthalmol*. 2021 May;99(3):269-274. doi: 10.1111/aos.14576. Epub 2020 Oct 29. PMID: 33124189.
  39. Saifi AI, Nagrle P, Ansari KK, et.al. Advancement in Understanding Glaucoma: A Comprehensive Review. *Cureus*. 2023 Sep 30;15(9): e46254. doi: 10.7759/cureus.46254. PMID: 37908941; PMCID: PMC10614105.
  40. Seider MI, Keenan JD, Han Y, Cost of Selective Laser Trabeculoplasty vs Topical Medications for Glaucoma, *Arch Ophthalmol*, 130(4) April 2012, 529-530.
  41. Soboka JG, Giorgis AT, Alemu AM, et al. Efficacy and Safety of Selective Laser Trabeculoplasty among Ethiopian Glaucoma Patients. *J Ophthalmol*. 2020 Sep 16; 2020:7620706. doi: 10.1155/2020/7620706. PMID: 33014442; PMCID: PMC7519175.

42. Stein JD, Khawaja AP, Weizer JS. Glaucoma in Adults-Screening, Diagnosis, and Management: A Review. *JAMA*. 2021 Jan 12;325(2):164-174. doi: 10.1001/jama.2020.21899. PMID: 33433580.
43. Sun KT, Shen TC, Chen SC, et.al. Periodontitis and the subsequent risk of glaucoma: results from the real-world practice. *Sci Rep*. 2020 Oct 16;10(1):17568. doi: 10.1038/s41598-020-74589-6. PMID: 33067540; PMCID: PMC7568564.
44. Takusagawa HL, Hoguet A, Sit AJ, et.al. Selective Laser Trabeculoplasty for the Treatment of Glaucoma: A Report by the American Academy of Ophthalmology. *Ophthalmology*. 2024 Jan;131(1):37-47. doi: 10.1016/j.ophtha.2023.07.029. Epub 2023 Sep 14. PMID: 37702635.
45. Tawfique K, Khademi P, Quérat L, et.al. Comparison between 90-degree and 360-degree selective laser trabeculoplasty (SLT): A 2-year follow-up. *Acta Ophthalmol*. 2019 Jun;97(4):427-429. doi: 10.1111/aos.13949. Epub 2018 Oct 15. PMID: 30318741.
46. Töteberg-Harms M, Meier-Gibbons F. Is laser trabeculoplasty the new star in glaucoma treatment? *Curr Opin Ophthalmol*. 2021 Mar 1;32(2):141-147. doi: 10.1097/ICU.0000000000000732. PMID: 33470670.
47. Wang H, Cheng JW, Wei RL, et.al. Meta-analysis of selective laser trabeculoplasty with argon laser trabeculoplasty in the treatment of open-angle glaucoma. *Can J Ophthalmol*. 2013 Jun;48(3):186-92. doi: 10.1016/j.jcjo.2013.01.001. PMID: 23769780.
48. Wang P, Akkach S, Andrew NH, et al. Selective Laser Trabeculoplasty: Outcomes of Multiple Repeat Treatments. *Ophthalmol Glaucoma*. 2021 Jan 9: S2589-4196(21)00001-6. doi: 10.1016/j.ogla.2020.12.013. Epub ahead of print. PMID: 33429110.
49. Wong MOM, Lai IS, Chan PP, et al. Efficacy and safety of selective laser trabeculoplasty and pattern scanning laser trabeculoplasty: a randomised clinical trial. *Br J Ophthalmol*. 2021 Apr;105(4):514-520. doi: 10.1136/bjophthalmol-2020-316178. Epub 2020 Jun 30. PMID: 32606078.
50. Yong MH, Che Hamzah J. Selective laser trabeculoplasty vs. topical medications for step-up treatment in primary open angle glaucoma: comparing clinical effectiveness, quality of life and cost-effectiveness. *Med J Malaysia*. 2020 Jul;75(4):342-348. PMID: 32723992.
51. Zhang L, Weizer JS, Musch DC. Perioperative medications for preventing temporarily increased intraocular pressure after laser trabeculoplasty. *Cochrane Database Syst Rev*. 2017 Feb 23;2(2):CD010746. doi: 10.1002/14651858.CD010746.pub2. PMID: 28231380; PMCID: PMC5477062.
52. Zhou R, Sun Y, Chen H, et al. Laser trabeculoplasty for open-angle glaucoma: a systematic review and network meta-analysis. *Am J Ophthalmol*. 2020 Sep 1: S0002-9394(20)30412-8. doi: 10.1016/j.ajo.2020.07.046. Epub ahead of print. PMID: 32888900.

## SOURCES

1. American Academy of Ophthalmology Ophthalmic Technology Assessment Committee Glaucoma Panel: Pediatric Glaucoma Surgery OTA. Nov 2014. <https://pubmed.ncbi.nlm.nih.gov/25066765/>. Accessed 4/2024.
2. American Academy of Ophthalmology Preferred Practice Patterns Glaucoma Panel, Hoskins Center for Quality Eye Care, Glaucoma Summary Benchmarks, 2023. <https://www.aao.org/education/summary-benchmark-detail/glaucoma-summary-benchmarks-2020>. Accessed 4/2024.
3. CMS; All current NCD/LCD are superseded with no replacement as of 1/29/2024. <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=39620&ver=7> Accessed 6/2024.



4. NICE© National Institute for Health and Care Excellence. Glaucoma diagnosis and management. NICE guideline NGHI. <https://www.nice.org.uk/guidance/ng81>. Accessed 4/2024.
5. Ocular Hypertension Treatment Study (OHTS) Risk Calculator, Washington University of Medicine in St. Louis. <https://ohts.wustl.edu/risk/>. Accessed 4/2024.