

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

Company Entities Supported (Select All that Apply) <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')

ACRONYMS and DEFINITIONS	
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

PURPOSE

To provide the medical necessity criteria to support the indication(s) for laser trabeculoplasty. Applicable procedure codes are also defined.

POLICY

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 glaucoma¹; or,
2. Open angles², 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 greater³; 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.

¹ NICE, 2022

² NICE, 2022

³ 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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RELATED POLICIES AND PROCEDURES	
1322	Laser Peripheral Iridotomy
1326	Retinal Photocoagulation
1327	Glaucoma Surgery

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

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

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