

Policy Name	Clinical Policy – Posterior Capsulotomy
Policy Number	1305.00
Department	Clinical Product & Development
Subcategory	Medical Management
Initial Approval Date	02/06/2018
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

ACO	Anterior capsule opacification
ADL	Activities of Daily Living
PCO	Posterior capsule opacification
PE	Phacoemulsification
YAG	Yttrium Aluminum Garnet
IOL	Intraocular Lens
FDA	Food and Drug Administration

PURPOSE

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

POLICY
A. Background

Posterior capsulotomy, with or without YAG laser, is performed to correct opacification of the posterior capsule after cataract surgery.

B. Medical Necessity Criteria

Posterior capsulotomy may be considered medically necessary for the following indications:

1. To ameliorate blurred vision that impairs Activities of Daily Living (ADLs) when:
 - a. There is documented symptomatic visual impairment not correctable with a change in glasses or contact lenses; and,
 - b. There is clinical documentation showing that the decreased vision is from the opacified capsule, fibrinous membrane on the anterior surface of IOL, or a pseudo membrane on the IOL. This clinical documentation must rule out other causes of decreased vision (e.g., retinal disease, glaucoma, corneal opacification, macular edema, etc.) through examination of the anterior segment and a dilated examination of the retina and optic nerve; and,
 - c. The patient has undergone a formal, written functional evaluation¹. The evaluation describes the patient's inability to function due to visual impairment (in the proposed surgical eye) while performing various activities of daily living (e.g., reading, watching TV, driving, completing occupational or vocational tasks); and,
 - d. This documented evaluation must occur after any previous treatment or procedure on either eye and within 90 days of the anticipated posterior capsulotomy procedure; and,
 - e. Glare testing is completed when appropriate. Glare testing results are only required when the only identified ADL deficit is glare.
2. Treatment for capsular bag distension syndrome (i.e., capsular block syndrome² capsular bag hyperdistention, capsulorhexis block syndrome).³
3. To prevent impending intraocular lens dislocation or malposition or displacement of an intra-ocular lens due to uneven capsular fibrosis resulting in the "Z Syndrome."
4. Posterior capsulotomy may also be considered medically necessary, independent of functional impairment, if the physician believes the blurred view interferes with the diagnosis and management of posterior segment disease.

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. At a minimum, all the following items are required. For any retrospective review, a full operative report and the medical plan of care is needed.

¹ VF-8, VF-14 or other comparable assessment tool as referenced in the American Academy of Ophthalmology Preferred Practice Patterns-Cataract in the Adult Eye).

² Kanclerz, 2019.

³ Vlasenko, 2019.

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 author with either a handwritten or electronic signature. Stamped signatures are not acceptable.

The following documentation is required for posterior capsulotomy:

1. Eye exam with description of medical justification for the posterior capsulotomy and absence of contraindications for the surgery.
2. Questionnaire documenting functional impairment in specific activities of daily living (e.g., VF-8 or VF-14). The results of glare testing must be included if the only significant ADL deficit identified is glare.
3. The evaluation must be performed while the patient is wearing their best corrected refraction. It must be signed by the patient (or patient's representative), maintained in the patient's medical record, and submitted with the prior authorization request, and be available upon request for claim payment.
4. Detailed operative report that incorporates:
 - a. Indications
 - b. Type of laser (only FDA approved lasers are appropriate)
 - c. Laser setting: wavelength, power setting
 - d. Treatment details: size and number of applications, duration of laser, placement of spots, operated eye
 - e. The postoperative clinical notes should be available upon request.

D. Procedural Detail

CPT Codes	
66820	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); stab incision technique (Ziegler or Wheeler Knife)
66821	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (e.g., YAG laser) (1 or more stages)
66830	Removal of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid) with corneo-scleral section, with or without iridectomy (iridocapsulotomy, iridocapsulectomy)
Required Modifiers	
RT	Right Side
LT	Left Side
50	Bilateral

Invalid Modifiers	
24	EM visit during post-op visit
25	EM visit same day as minor procedure
57	EM visit same day as major procedure
26	Professional Component
TC	Technical Component

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RELATED POLICY	
1300	Cataract Surgery

DOCUMENT HISTORY		
<i>Approval Date</i>	<i>Revisions</i>	<i>Effective Date</i>
03/21/2018	Initial publication	03/21/2018
10/18/2019	Addition of anterior capsulotomy code – clarification of criteria	01/01/2020
12/18/2019	Lessened restrictions: BCVA to be done within 90 days instead of 60 days within date of proposed surgery.	01/01/2020
02/19/2020	Lessened restrictions: removed Snellen criteria for surgery	06/01/2020
01/06/2021	Clarified B.3 with posterior segment disease; clarified B.5 with Z syndrome.	07/01/2021
10/06/2021	Criteria changed for bilateral sequential YAG capsulotomy with measurements, deletion of requirement for ADL assessment for each eye.	04/01/2022
04/06/2022	Annual review; no criteria changes	05/01/2022
10/12/2022	Administrative removal of code 66999; no additional review or criteria change.	01/01/2023
04/12/2023	Change policy name deleting the word YAG; clarified criteria for posterior capsulotomy is same w or w/o YAG; deleted BCV measurement requirements; revise glare testing criteria; add CPT code 66830.	10/01/2023
04/03/2024	Removed criteria for sequential posterior capsulotomies; removed anterior hyaloid conditions which are outside of policy scope; added conditions of capsular bag distension syndrome.	07/01/2024

REFERENCES AND SOURCES

1. Bai H, Li H, Zheng S, et al. Nd: YAG Capsulotomy Rates with Two Multifocal Intraocular Lenses. *Int J Gen Med.* 2021 Nov 30; 14:8975-8980. doi: 10.2147/IJGM.S342039. PMID: 34876835; PMCID: PMC8643175.
2. Bi CR, Llovet-Osuna F, González-López F, et.al. Nd: YAG Capsulotomy Rates with Two Trifocal Intraocular Lenses. *J Refract Surg.* 2016 Nov 1;32(11):748-752. doi: 10.3928/1081597X-20160803-02. PMID: 27824378.

3. Apple DJ, Peng Q, Visessoon N, et al. Eradication of Posterior Capsule Opacification: Documentation of a Marked Decrease in Nd: YAG Laser Posterior Capsulotomy Rates Noted in an Analysis of 5416 Pseudophakic Human Eyes Obtained Postmortem. *Ophthalmology*. 2020 Apr;127(4S): S29-S42. doi: 10.1016/j.ophtha.2020.01.026. PMID: 32200823.
4. Chang A, Kugelberg M. Posterior capsule opacification 9 years after phacoemulsification with a hydrophobic and a hydrophilic intraocular lens. *Eur J Ophthalmol*. 2017 Mar 10;27(2):164-168. doi: 10.5301/ejo.5000831. Epub 2016 Jul 18. PMID: 27445063.
5. Cinar E, Yuce B, Aslan F, et al. Intraocular lens tilt and decentration after Nd: YAG laser posterior capsulotomy: Femtosecond laser capsulorhexis versus manual capsulorhexis. *J Cataract Refract Surg*. 2019 Nov;45(11):1637-1644. doi: 10.1016/j.jcrs.2019.07.017. Erratum in: *J Cataract Refract Surg*. 2020 Apr;46(4):659. PMID: 31706518.
6. Elbaz U, Hakkala L, Hecht I, et al. Nd:YAG capsulotomy is not a risk factor for retinal detachment after phacoemulsification cataract surgery. *Acta Ophthalmol*. 2021 Jan 10. doi: 10.1111/aos.14757. Epub ahead of print. PMID: 33423371.
7. Eleiwa T, Khedr NE, Fayek H, Bayoumy A. Short-Term Anterior Segment Changes After Nd-YAG Laser Posterior Capsulotomy in Pseudophakic Eyes with Fuchs' Endothelial Dystrophy. *Clin Ophthalmol*. 2021 Apr 30; 15:1819-1825. doi: 10.2147/OPTH.S305306. PMID: 33958855; PMCID: PMC8096438.
8. El-Haddad NSEM. The impact of Nd: YAG laser posterior capsulotomy using "the circular pattern with vitreous strand cut" technique on anterior chamber parameters. *Lasers Med Sci*. 2019 Mar;34(2):353-357. doi: 10.1007/s10103-018-2602-x. Epub 2018 Aug 13. PMID: 30105483.
9. Elmohamady MN, Elhabbak A, Gad EA. Circular YAG laser anterior capsulotomy for anterior capsule contraction syndrome. *Int Ophthalmol*. 2019 Nov;39(11):2497-2503. doi: 10.1007/s10792-019-01094-9. Epub 2019 Mar 11. PMID: 30854590.
10. Ertel MK, Gelinas NR, Slingsby TJ, et al. Nd:YAG capsulotomy for Ahmed glaucoma drainage implant occlusion by the anterior capsule: a case report. *BMC Ophthalmol*. 2021 Feb 6;21(1):74. doi: 10.1186/s12886-021-01840-7. PMID: 33549064; PMCID: PMC7866869.
11. Fillatre M, Grenot M, Bryselbout S. et al. [Pediatric YAG laser posterior capsulotomy under general anesthesia]. *J Fr Ophtalmol*. 2021 Nov;44(9): e541-e542. French. doi: 10.1016/j.jfo.2020.12.026. Epub 2021 Jul 10. PMID: 34253394.
12. Fus M, Pitrova S, Maresova K, et al. Changes of intraocular lens position induced by Nd:YAG capsulotomy. *Biomed Pap Med Fac Univ Palacky Olomouc Czech Repub*. 2021 Mar 12. doi: 10.5507/bp.2021.014. Epub ahead of print. PMID: 33724262.
13. Grzybowski A, Kanclerz P. Does Nd:YAG Capsulotomy Increase the Risk of Retinal Detachment? *Asia Pac J Ophthalmol (Phila)*. 2018 Sep-Oct;7(5):339-344. doi: 10.22608/APO.2018275. Epub 2018 Jul 24. PMID: 30043556.
14. Hollick EJ, Spalton DJ, Ursell PG, et al. Posterior capsular opacification with hydrogel, polymethylmethacrylate, and silicone intraocular lenses: two-year results of a randomized prospective trial. *Am J Ophthalmol*. 2000 May;129(5):577-84. doi: 10.1016/s0002-9394(99)00447-x. PMID: 10844047.
15. Jin KW, Woo SJ, Park KH. Efficacy and safety of primary posterior capsulotomy during phaco-vitreotomy for epiretinal membrane. *BMC Ophthalmol*. 2022 Jan 3;22(1):4. doi: 10.1186/s12886-021-02226-5. PMID: 34980021; PMCID: PMC8722013.
16. Jinagal J, Sahu S, Gupta G, et al. Quantification of Inflammation Following Nd: YAG Laser Capsulotomy and Assessing the Anti-inflammatory Effects of Nepafenac 0.1% and Betamethasone 0.1. *Ocul Immunol Inflamm*. 2021 Feb 17;29(2):411-416. doi:

- 10.1080/09273948.2019.1668025. Epub 2019 Oct 22. PMID: 31638843.
17. Joshi RS, Chavan SA. Rotation versus non-rotation of intraocular lens for prevention of posterior capsular opacification. *Indian J Ophthalmol.* 2019 Sep;67(9):1428-1432. doi: 10.4103/ijo.IJO_1854_18. PMID: 31436186; PMCID: PMC6727723.
 18. Joshi RS, Rasal AV. Posterior capsular opacification and Nd:YAG capsulotomy rates in patients implanted with square-edged and non-square-edged intraocular lenses in manual small-incision cataract surgery: A randomized controlled study. *Indian J Ophthalmol.* 2023 Sep;71(9):3219-3223. doi: 10.4103/IJO.IJO_359_23. PMID: 37602611; PMCID: PMC10565942.
 19. Karahan E, Er D, Kaynak S. An Overview of Nd: YAG Laser Capsulotomy. *Med Hypothesis Discov Innov Ophthalmol.* 2014 Summer;3(2):45-50. PMID: 25738159; PMCID: PMC4346677.
 20. Kanclerz P, Wang X. Postoperative Capsular Bag Distension Syndrome - Risk Factors and Treatment. *Semin Ophthalmol.* 2019;34(6):409-419. doi: 10.1080/08820538.2019.1640750. Epub 2019 Jul 12. PMID: 31298075.
 21. Khreish M, Hanna R, Berkovitz L, et al. Corneal Perforation after Nd: YAG Capsulotomy: A Case Report and Literature Review. *Case Rep Ophthalmol.* 2019 Apr 1;10(1):111-115. doi: 10.1159/000499178. PMID: 31097953; PMCID: PMC6489091.
 22. Kim JW, Eom Y, Yoon EG, et al. Comparison of Nd: YAG Laser Capsulotomy Rates Between Refractive Segmented Multifocal and Multifocal Toric Intraocular Lenses. *Am J Ophthalmol.* 2021 Feb; 222:359-367. doi: 10.1016/j.ajo.2020.09.046. Epub 2020 Oct 8. PMID: 33039372.
 23. Kinori M, Jagannathan N, Langguth AM, et.al. Pediatric Nd: YAG laser capsulotomy in the operating room: review of 87 cases. *Int J Ophthalmol.* 2019 May 18;12(5):779-783. doi: 10.18240/ijo.2019.05.12. PMID: 31131236; PMCID: PMC6520283.
 24. Kolli H, Evers C, Murray PI. Nd:YAG Laser Posterior Capsulotomy in Adult Patients with Uveitis. *Ocul Immunol Inflamm.* 2021 Nov 17;29(7-8):1537-1539. doi: 10.1080/09273948.2020.1738500. Epub 2020 Apr 7. PMID: 32255718.
 25. Kwon YR, Hwang YN, Kim SM. Posterior Capsule Opacification after Cataract Surgery via Implantation with Hydrophobic Acrylic Lens Compared with Silicone Intraocular Lens: A Systematic Review and Meta-Analysis. *J Ophthalmol.* 2022 Feb 25; 2022:3570399. doi: 10.1155/2022/3570399. PMID: 35251708; PMCID: PMC8896947.
 26. fLing R, Borkenstein EM, Borkenstein AF. Evaluation of Nd: YAG Laser Capsulotomy Rates in a Real-Life Population. *Clin Ophthalmol.* 2020 Oct 13; 14:3249-3257. doi: 10.2147/OPTH.S276329. PMID: 33116375; PMCID: PMC7569058.
 27. Lindholm JM, Laine I, Tuuminen R. Intraocular Lens Power, Myopia, and the Risk of Nd: YAG Capsulotomy after 15,375 Cataract Surgeries. *J Clin Med.* 2020 Sep 24;9(10):3071. doi: 10.3390/jcm9103071. PMID: 32987631; PMCID: PMC7598659.
 28. Lindholm JM, Laine I, Tuuminen R. Five-Year Cumulative Incidence and Risk Factors of Nd: YAG Capsulotomy in 10 044 Hydrophobic Acrylic 1-Piece and 3-Piece Intraocular Lenses. *Am J Ophthalmol.* 2019 Apr; 200:218-223. doi: 10.1016/j.ajo.2019.01.010. Epub 2019 Jan 26. PMID: 30689988.
 29. Liu H, Liu X, Chen Y, et al. Effect of Nd:YAG laser capsulotomy on the risk for retinal detachment after cataract surgery: systematic review and meta-analysis. *J Cataract Refract Surg.* 2022 Feb 1;48(2):238-244. doi: 10.1097/j.jcrs.0000000000000755. PMID: 34538778.
 30. Lu B, Xu H, Wang C, Yan Q, Wang X. Influence of the "Inverted U Method" Nd: YAG Laser Posterior Capsulotomy on Anterior Segment Parameters, Decentration and Tilt of Intraocular Lens in Patients after Phaco-vitreotomy. *Semin Ophthalmol.* 2021 Apr 3;36(3):88-93. doi: 10.1080/08820538.2021.1884267. Epub 2021 Mar 18. PMID: 33734918.

31. Ohashi T, Fujiya A, Kojima T. Macular hole after Nd-YAG laser capsulotomy with OCT findings. *Clin Case Rep.* 2021 May 15;9(5): e04267. doi: 10.1002/ccr3.4267. PMID: 34026205; PMCID: PMC8123743.
32. Parajuli A, Joshi P, Subedi P, et al. Effect of Nd: YAG laser posterior capsulotomy on intraocular pressure, refraction, anterior chamber depth, and macular thickness. *Clin Ophthalmol.* 2019 Jun 6; 13:945-952. doi: 10.2147/OPHTH.S203677. PMID: 31239636; PMCID: PMC6559220.
33. Parikh P, Day Ghafoori S, Dixit L, et al. Spontaneous Closure of a Macular Hole Resulting from YAG Laser Capsulotomy in a 13 year old girl. *Retin Cases Brief Rep.* 2021 Sep 1;15(5):640-642. doi: 10.1097/ICB.0000000000000871. PMID: 30932992.
34. Patnaik JL, Christopher KL, Pedler MG, et al. The Protective Effect of Metformin Use on Early Nd:YAG Laser Capsulotomy. *Invest Ophthalmol Vis Sci.* 2021 Aug 2;62(10):24. doi: 10.1167/iovs.62.10.24. PMID: 34415985; PMCID: PMC8383914.
35. Porwal AC, Jethani JN, Porwal KA, et al. Role of Preoperative Nd:YAG Laser Anterior Capsulotomy in Mature Intumescent Cataracts. *Asia Pac J Ophthalmol (Phila).* 2021 Aug 27;10(5):473-477. doi: 10.1097/APO.0000000000000386. PMID: 34456231.
36. Rajesh SJ. Reopacification of posterior capsular opening after ND: YAG capsulotomy: 2 cases with the different presentation. *Rom J Ophthalmol.* 2019 Oct-Dec;63(4):387-390. PMID: 31915740; PMCID: PMC6943285.
37. Schriebl SM, Menapace R, Stifter E, et.al. Posterior capsule opacification and neodymium: YAG laser capsulotomy rates with 2 microincision intraocular lenses: Four-year results. *J Cataract Refract Surg.* 2015 May;41(5):956-63. doi: 10.1016/j.jcrs.2014.09.037. PMID: 26049830.
38. Parajuli A, Joshi P, Subedi P, et al. Effect of Nd: YAG laser posterior capsulotomy on intraocular pressure, refraction, anterior chamber depth, and macular thickness. *Clin Ophthalmol.* 2019 Jun 6; 13:945-952. doi: 10.2147/OPHTH.S203677. PMID: 31239636; PMCID: PMC6559220.
39. Tan Y, Zhang J, Li W, et.al. Refraction Shift After Nd:YAG Posterior Capsulotomy in Pseudophakic Eyes: A Systematic Review and Meta-analysis. *J Refract Surg.* 2022 Jul;38(7):465-473. doi: 10.3928/1081597X-20220516-01. Epub 2022 Jul 1. PMID: 35858199.
40. Tariq M, Iqbal K, Inayat B, et al. Impact of Neodymium-Doped Yttrium Aluminum Garnet (Nd-YAG) Posterior Capsulotomy Laser Treatment on Central Macular Thickness: A Prospective, Observational Study from a Tertiary Care Center. *Cureus.* 2021 Jul 7;13(7): e16242. doi: 10.7759/cureus.16242. PMID: 34373805; PMCID: PMC8346227.
41. Thom H, Ender F, Samavedam S, et al. Effect of AcrySof versus other intraocular lens properties on the risk of Nd: YAG capsulotomy after cataract surgery: A systematic literature review and network meta-analysis. *PLoS One.* 2019 Aug 19;14(8): e0220498. doi: 10.1371/journal.pone.0220498. PMID: 31425548; PMCID: PMC6699683.
42. Ton Van C, Tran THC. Incidence of posterior capsular opacification requiring Nd: YAG capsulotomy after cataract surgery and implantation of enVista® MX60 IOL. *J Fr Ophtalmol.* 2018 Dec;41(10):899-903. doi: 10.1016/j.jfo.2018.04.011. Epub 2018 Nov 23. PMID: 30473238.
43. Ursell PG, Dhariwal M, Majirska K, et.al. Three-year incidence of Nd: YAG capsulotomy and posterior capsule opacification and its relationship to monofocal acrylic IOL biomaterial: a UK Real World Evidence study. *Eye (Lond).* 2018 Oct;32(10):1579-1589. doi: 10.1038/s41433-018-0131-2. Epub 2018 Jun 11. PMID: 29891902; PMCID: PMC6189124.
44. Ursell PG, Dhariwal M, O'Boyle D, et.al. 5-year incidence of YAG capsulotomy and PCO after cataract surgery with single-piece monofocal intraocular lenses: a real-world evidence

- study of 20,763 eyes. *Eye (Lond)*. 2020 May;34(5):960-968. doi: 10.1038/s41433-019-0630-9. Epub 2019 Oct 15. PMID: 31616057; PMCID: PMC7182577.
45. Vlasenko AV, Kopayev SY, Verzin AA, et.al. [Late capsular block syndrome]. *Vestn Oftalmol*. 2019;135(4):86-97. Russian. doi: 10.17116/oftalma201913504186. PMID: 31573562.
46. Von Tress M, Marotta JS, Lane SS, et.al. A meta-analysis of Nd: YAG capsulotomy rates for two hydrophobic intraocular lens materials. *Clin Ophthalmol*. 2018 Jun 22; 12:1125-1136. doi: 10.2147/OPTH.S161380. PMID: 29950808; PMCID: PMC6018.
47. Zafar AB, Chu RC, Bishara MN, et al. Objective Quantification of Image Quality and Optical Scatter Before and After Nd: YAG Capsulotomy Using a Double-Pass Technique. *Clin Ophthalmol*. 2020 May 26; 14:1403-1411. doi: 10.2147/OPTH.S248286. PMID: 32546948; PMCID: PMC7266399.

SOURCES

1. Editor, American Academy of Ophthalmology. Cataract in the Adult Eye Preferred Practice Patterns – 2021. Oct 2021. <https://www.aao.org/education/preferred-practice-pattern/cataract-in-adult-eye-ppp-2021-in-press>. Accessed 2/2024.
2. Steinert, R. American Academy of Ophthalmology. YAG Laser Posterior Capsulotomy. San Francisco California. Nov 4, 2013. <https://www.aao.org/munnerlyn-laser-surgery-center/ndyag-laser-posterior-capsulotomy-3>. Accessed 2/2024.
3. American Academy of Ophthalmology, Oct. 2019. Posterior Vitreous Detachment, Retinal Breaks, and Lattice Degeneration PPP 2019. <https://www.aao.org/education/preferred-practice-pattern/posterior-vitreous-detachment-retinal-breaks-latti>. Accessed 2/2024.