CLINICAL CRITERIA POLICY

CLINICAL CRITERIA POLICY TO ESTABLISH MEDICAL NECESSITY									
BENEFIT	**EYE CARE**	**POLICY SECTION**	**500 SURGICAL PROCEDURES**			**POLICY NO**	**500.05**		
POLICY TITLE	**YAG (Yittrium-Aluminum Garnet) LASER SURGERY**								
POLICY DATE	**01/01/2020**	**REVISION DATE**	**02/18/2022**	**APPROVAL DATE**	**08/10/2022**				
DISCLAIMER LANGUAGE	- **Policy content and application may have state specific variance and considerations** - **Health Plan specific 'Indications and Limitations of Coverage' may apply as specified** - **Line of Business considerations (i.e., Medicaid, Medicare, Commercial) may apply as specified**								
EXCLUSIONS	- **There are no exclusions to this policy**								

I. POLICY STATEMENT

Coverage for YAG laser surgery will be provide when medically indicated and in accordance with applicable state requirements and, as specific to Medicare, national and local coverage determinations. To establish medical necessity Avēsis aligns its criteria with the evidence and consensus based clinical practice guidelines set forth by the American Academy of Ophthalmology (AAO)[2]. The AAO incorporates evidence based best practice and FDA approval and/or recommendations. Avēsis Medical Directors and clinical staff are licensed medical professionals and review criteria and documentation submitted by requesting providers using sound medical judgment.

II. INDICATIONS AND LIMITATION OF COVERAGE

1.0 YAG Laser Capsulotomy is considered medically indicated according to the level of visual impairment
- 1.1 Opacification affecting functional needs and the potential visual outcome is expected to alleviate the visual complaints.
- 1.2 Documentation exists that best correct visual acuity of 20/30 or worse (secondary to capsular opacification) OR;
- 1.3 Documentation exists of loss of 2 or more lines of acuity since cataract surgery was performed secondary to capsular opacification, with associated enrollee complaints and lifestyle impairments.
- 1.4 Documentation shows results of glare testing evidence a loss of 2 or more lines of visual acuity.
- 1.5 It is expected that this procedure be performed only once per eye per lifetime of an enrollee, unless there is a specific medically necessary need identified.

2.0 YAG Laser Iridotomy/iridectomy (LPI) is considered medically indicated when:
- 2.1 Documentation indicates Angle closed or capable of closure
- 2.2 Findings/history indicative of attacks of narrow angle glaucoma (NAG)

3.0 YAG Laser Trabeculoplasty (SLT) is considered medically indicated when:
- 3.1 It is considered the primary treatment modality for enrollee intolerant to topical and/or systemic medical therapy (e.g., drug allergy)
- 3.2 Primary open angle glaucoma exists which demonstrates progression of optic nerve damage and/or visual field loss despite topical and/or systemic medical therapy.

4.0 Services will be denied for prior authorization requests when:
- 4.1 Documentation submitted by the requesting provider does not establish the medical necessity per requirements outlined.
- 4.2 Documentation submitted is incomplete and provider fails to respond to requests for additional clarifying information.
  - 5.2.1 Providers repeatedly failing to submit documentation timely will be referred to Quality.

[2] American Academy of Ophthalmology https://www.aao.org

4.3 Provider and enrollee will receive written notification of adverse determination which outlines right for appeal and instructions on request procedure and applicable timeframes.

III. MEDICAL NECESSITY REQUIREMENTS

1.0 To establish medical necessity, relevant diagnoses referenced below in Table 1a, b, c and all criterion points referenced below must be clearly and legibly documented in the medical record and made available to Avēsis upon request to bill for applicable CPT codes listed in Table 2.

1.1 Areas where 'white out' is used are not accepted.

1.2 Areas that are 'blacked out' or 'scribbled' will not be accepted.

1.2.1 A single line through text where the text will remain readable is acceptable with provider initials and date.

2.0 Documentation for YAG Laser Capsulotomy must support indications for treatment outlined in Section II, 1.0 in full, and all of the following:

2.1 Impairment of daily function and extent of impairment due to capsular opacification must be noted in chart history;

2.2 A complete evaluation and comprehensive eye exam must be performed and submitted with surgical authorization request.

3.0 Documentation for YAG Laser Iridotomy/iridectomy (LPI) must support indications for treatment outlined in Section II, 2.0 in full, and all of the following:

3.1 Slit lamp examination of ocular media

3.2 Slit lamp examination of iris (neovascularization, pupillary block)

3.3 Gonioscopy findings including detailed description of angle depth and approach for entire angle

4.0 Documentation for YAG Laser Trabeculoplasty (SLT) must support indications for treatment outlined in Section II, 3.0 in full, and all of the following:

4.1 Comprehensive eye examination including a gonioscopy and documented progression of optic nerve changes in a dilated fundus exam, if any;

4.2 Visual Field testing with interpretation should document progression of field loss, if any.

IV. ICD-10 CODES AND CPT CODES

TABLE 1: ICD-10 CODES SUPPORTING MEDICAL NECESSITY

For any code not listed below, please supply proper documentation with your Prior Authorization request, and Avēsis will consider and make a determination based on medical necessity.

1a: YAG Laser Capsulotomy

ICD-10 CODE	DESCRIPTION
H26.40	Unspecified secondary cataract
H26.411 – H26.419	Soemmering's ring
H26.491 – H26.493	Other secondary cataract

1b: YAG Peripheral Iridotomy/Iridectomy (LPI):

ICD-10 CODE	DESCRIPTION
H40.061 – H40.069	Primary angle closure without glaucoma damage
H40.20X0 – H40.20X4	Unspecified primary angle-closure glaucoma
H40.211 – H40.219	Acute angle-closure glaucoma

ICD-10 CODE	DESCRIPTION
H40.2210 – H40.2294	Chronic angle-closure glaucoma
H40.231 – H40.239	Intermittent angle-closure glaucoma
H40.241 – H40.249	Residual stage of angle-closure glaucoma

1c: YAG Laser Trabeculoplasty (SLT):

ICD-10 CODE	DESCRIPTION
H40.011 – H40.019	Open angle with borderline findings, low risk
H40.021 – H40.029	Open angle with borderline findings, high risk
H40.051 – H40.059	Ocular hypertension
H40.10X0 – H40.10X4	Unspecified open-angle glaucoma
H40.1110 – H40.1194	Primary open-angle glaucoma
H40.1210 – H40.1294	Low-tension glaucoma
H40.1310 – H40.1394	Pigmentary glaucoma
H40.1410 – H40.1494	Capsular glaucoma with pseudoexfoliation of lens
H40.151 – H40.159	Residual stage of open-angle glaucoma
H40.60X0 – H40.63X4	Glaucoma secondary to drugs
Q15.0	Congenital glaucoma

TABLE 2: APPLICABLE CPT CODES

CPT	DESCRIPTION
66821	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (e.g., YAG Laser Capsulotomy) (1 or more stages)
66761	Iridotomy/iridectomy by laser surgery (e.g., for glaucoma) (per session) (LPI)
65855	Trabeculoplasty by laser surgery (SLT)