Local Coverage Determination (LCD): Iridotomy by Laser Surgery (L33914)

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Contractor Information

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<th>Contract Type</th>
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<th>Jurisdiction</th>
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<td>A and B MAC</td>
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LCD Information

Document Information

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<tr>
<th>LCD ID</th>
<th>Original Effective Date</th>
<th>For services performed on or after 10/01/2015</th>
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<th>Original ICD-9 LCD ID</th>
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<th>LCD Title</th>
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<td>Iridotomy by Laser Surgery</td>
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Unless otherwise specified, italicized text represents quotation from one or more of the following CMS sources:

N/A

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Iridotomy by laser surgery is a procedure to treat a variety of angle-closure glaucomas that have at least some component of pupillary block. This procedure allows the aqueous to bypass the pupillary block and eliminates the pressure gradient between the posterior and anterior chambers. The iridotomy reverses the appositional angle closure, and it prevents or retards formation of peripheral anterior synechiae.

Iridotomy by laser surgery will be considered medically necessary and reasonable to treat acute, sub-acute, intermittent or chronic angle-closure glaucoma. Laser iridotomy can successfully eliminate the chance of acute or chronic angle-closure glaucoma in most cases. Additionally, when a patient is noted to have an occludable angle upon gonioscopic examination, even in the absence of symptoms, a peripheral iridotomy may be performed to prevent angle-closure glaucoma. When laser iridotomy is not possible (e.g., because patients are uncooperative or severe corneal edema persists), incisional iridectomy remains an effective alternative. Following iridotomy or iridectomy, further treatment may be required for elevated intraocular pressure (IOP) in the residual stage of angle-closure when drainage function has been compromised by the formation of adhesions between the iris and trabecular meshwork or by other damage to the trabecular meshwork.

This procedure is not indicated for open angle glaucoma.

Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

999x  Not Applicable

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.
ICD-10 Codes that Support Medical Necessity

Group 1 Codes:

**ICD-10 Codes**

- H40.031 - H40.039: Anatomical narrow angle, right eye - Anatomical narrow angle, unspecified eye
- H40.061 - H40.069: Primary angle closure without glaucoma damage, right eye - Primary angle closure without glaucoma damage, unspecified eye
- H40.1310 - H40.1394: Pigmentary glaucoma, right eye, stage unspecified - Pigmentary glaucoma, unspecified eye, indeterminate stage
- H40.20X0 - H40.20X4: Unspecified primary angle-closure glaucoma, stage unspecified - Unspecified primary angle-closure glaucoma, indeterminate stage
- H40.211 - H40.219: Acute angle-closure glaucoma, right eye - Acute angle-closure glaucoma, unspecified eye
- H40.2210 - H40.2294: Chronic angle-closure glaucoma, right eye, stage unspecified - Chronic angle-closure glaucoma, unspecified eye, indeterminate stage
- H40.231 - H40.239: Intermittent angle-closure glaucoma, right eye - Intermittent angle-closure glaucoma, unspecified eye
- H40.241 - H40.249: Residual stage of angle-closure glaucoma, right eye - Residual stage of angle-closure glaucoma, unspecified eye
- H40.831 - H40.839: Aqueous misdirection, right eye - Aqueous misdirection, unspecified eye

ICD-10 Codes that DO NOT Support Medical Necessity

N/A

ICD-10 Additional Information

**General Information**

**Associated Information**

**Documentation Requirements**

The patient’s medical record must clearly show the medical necessity of performing the procedure including, but not limited to, the symptoms experienced by the patient, the intraocular pressure and the status of the angle as evaluated with gonioscopy.

**Utilization Guidelines**

N/A

**Sources of Information and Basis for Decision**

FCSO reference LCD number - L29357


American Medical Association. (1998). A look at the Eye and Ocular Adnexa Codes. cpt™ Assistant, 8(12), 1-4. This source was used to clarify the phrase “one or more sessions”.

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