

# LCD - Panretinal (Scatter) Laser Photocoagulation (L34064)

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## Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
<a href="#">CGS Administrators, LLC</a>	MAC - Part A	15101 - MAC A	J - 15	Kentucky
<a href="#">CGS Administrators, LLC</a>	MAC - Part B	15102 - MAC B	J - 15	Kentucky
<a href="#">CGS Administrators, LLC</a>	MAC - Part A	15201 - MAC A	J - 15	Ohio
<a href="#">CGS Administrators, LLC</a>	MAC - Part B	15202 - MAC B	J - 15	Ohio

## LCD Information

### Document Information

**LCD ID**

L34064

**LCD Title**

Panretinal (Scatter) Laser Photocoagulation

**Proposed LCD in Comment Period**

N/A

**Source Proposed LCD**

N/A

**Original Effective Date**

For services performed on or after 10/01/2015

**Revision Effective Date**

For services performed on or after 03/02/2023

**Revision Ending Date**

N/A

**Retirement Date**

N/A

**Notice Period Start Date**

N/A

**Notice Period End Date****AMA CPT / ADA CDT / AHA NUBC Copyright Statement**

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N/A

## Issue

### Issue Description

This LCD outlines limited coverage for this service with specific details under Coverage Indications, Limitations and/or Medical Necessity

## CMS National Coverage Policy

Language quoted from Centers for Medicare and Medicaid Services (CMS). National Coverage Determinations (NCDs) and coverage provisions in interpretive manuals is italicized throughout the policy. NCDs and coverage provisions in interpretive manuals are not subject to the Local Coverage Determination (LCD) Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See Section 1869(f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, *italicized* text represents quotation from one or more of the following CMS sources:

### Title XVIII of the Social Security Act (SSA):

Section 1862(a)(1)(A) excludes expenses incurred for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Section 1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

## Coverage Guidance

### Coverage Indications, Limitations, and/or Medical Necessity

Panretinal laser photocoagulation (PRP) involves extensive treatment with an argon or diode laser to the peripheral and middle portions of the retina. Photocoagulation is designed to burn and seal unwanted blood vessels, thus preventing hemorrhage. Panretinal laser photocoagulation targets the ablation of ischemic retina which in turn reduces the production of various cytokines, such as vascular endothelial growth factor (VEGF), thereby causing regression of neovascularization. Panretinal photocoagulation may also be used to ablate small areas of neovascularization on the retina. The initial treatment usually consists of approximately 1500-2000 spots of laser per eye. This is accomplished in two or more sessions. This local coverage determination (LCD) documents the indications and limitations of coverage for use of panretinal laser photocoagulation.

### Indications:

Panretinal laser photocoagulation is indicated for the treatment or management of patients with proliferative or pre-proliferative diabetic retinopathy and patients with severe levels of diabetic macular edema associated with pre-proliferative retinopathy, and other proliferative retinopathies.

While panretinal laser photocoagulation greatly reduces the risk of visual loss in all states of proliferative retinopathy, treatment is withheld until the risk of visual loss outweighs the risks and side effects of the treatment.

### Limitations:

Medicare coverage of panretinal laser photocoagulation using a laser or xenon arc is limited to management of proliferative or pre-proliferative retinopathies.

Panretinal laser photocoagulation is usually performed in two or more sessions (staged surgery). Payment may be made only once during the global period of the initial procedure. Reimbursement for subsequent sessions in the postoperative period of the initial procedure is included in the allowance of the initial procedure.

**Other Comments:**

For claims submitted to the Part A MAC: This coverage determination also applies within states outside the primary geographic jurisdiction with facilities that have nominated CGS to process their claims.

Limitation of liability and refund requirements apply when denials are likely, whether based on medical necessity or other coverage reasons. The provider/supplier must notify the beneficiary in writing, prior to rendering the service, if the provider/supplier is aware that the test, item or procedure may not be covered by Medicare. The limitation of liability and refund requirements do not apply when the test, item or procedure is statutorily excluded, has no Medicare benefit category or is rendered for screening purposes.

For outpatient settings other than CORFs, references to "physicians" throughout this policy include non-physicians, such as nurse practitioners, clinical nurse specialists and physician assistants. Such non-physician practitioners, with certain exceptions, may certify, order and establish the plan of care as authorized by State law. (See Sections 1861[s][2] and 1862[a][14] of Title XVIII of the Social Security Act; 42 CFR, Sections 410.74, 410.75, 410.76 and 419.22; 58 FR 18543, April 7, 2000.) However, reimbursement will not be allowed to non-physician practitioners for performance of the procedure addressed in this policy.

**Summary of Evidence**

N/A

**Analysis of Evidence (Rationale for Determination)**

N/A

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# General Information

**Associated Information**

The patient's medical record must contain documentation that fully supports the medical necessity for services included within this LCD. (See "Indications and Limitations of Coverage.") This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures.

Not applicable

**Sources of Information**

This bibliography presents those sources that were obtained during the development of this policy. CGS is not responsible for the continuing viability of Web site addresses listed below.

American Academy of Ophthalmology. Diabetic retinopathy, preferred practice pattern. San Francisco; American Academy of Ophthalmology, 2003.

Mohamed Q, Gillies MC, Wong TY. Management of diabetic retinopathy: a systematic review. *JAMA*. 2007;298(8):902-916.

CGS Administrators, LLC. and other Medicare contractor's local coverage determinations.

*Ophthalmology*, 2nd ed. Mosby; 2004.

## Bibliography

N/A

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# Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASONS FOR CHANGE
03/02/2023	R13	R13  Revision Effective: 03/02/2023  Revision Explanation: Annual Review, no changes made were made.  <i>02/24/2023: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i>	<ul style="list-style-type: none"><li>Other (Annual Review)</li></ul>
03/03/2022	R12	R12  Revision Effective: 03/03/2022  Revision Explanation: Annual Review, no changes made were made.  <i>02/23/2022: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i>	<ul style="list-style-type: none"><li>Other (Annual Review)</li></ul>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASONS FOR CHANGE
03/04/2021	R11	<p>R11</p> <p>Revision Effective: 03/04/2021</p> <p>Revision Explanation: Annual Review, no changes made were made.</p> <p>02/24/2021: <i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> <li>Other (Annual Review)</li> </ul>
10/03/2019	R10	<p>R10</p> <p>Revision Effective: n/a</p> <p>Revision Explanation: Annual Review, no changes made</p> <p>02/24/2020: <i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> <li>Other (Annual Review)</li> </ul>
10/03/2019	R9	<p>R9</p> <p>Revision Effective: 10-3-2019</p> <p>Revision Explanation: Converted to new templates based on CR10901.</p> <p>09/25/2019: <i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> <li>Revisions Due To Code Removal</li> </ul>
10/03/2019	R8	<p>R8</p> <p>Revision Effective: 10-3-2019</p>	<ul style="list-style-type: none"> <li>Revisions Due To Code Removal</li> </ul>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASONS FOR CHANGE
		<p>Revision Explanation: All coding was removed from policy based on CR10901. New Billing and Coding article was related to policy and replaced supplemental article that was retired.</p> <p><i>02/27/2019: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	
10/01/2016	R7	<p>R7</p> <p>Revision Effective: N/A</p> <p>Revision Explanation: Annual review no changes made.</p> <p><i>02/27/2019: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> <li>• Other (Annual Review)</li> </ul>
10/01/2016	R6	<p>R6</p> <p>Revision Effective: N/A</p> <p>Revision Explanation: Annual review no changes made.</p> <p><i>02/26/2018: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> <li>• Other (Annual Review)</li> </ul>
10/01/2016	R5	<p>R5</p> <p>Revision Effective: N/A</p> <p>Revision Explanation: Annual review no changes made.</p>	<ul style="list-style-type: none"> <li>• Other (Annual review)</li> </ul>
10/01/2016	R4	<p>R4</p> <p>Revision Effective: 10/01/2016</p> <p>Revision Explanation: During annual ICD-10 update E08.321,</p>	<ul style="list-style-type: none"> <li>• Revisions Due To ICD-</li> </ul>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASONS FOR CHANGE
		<p>E08.329, E08.331, E08.339, E08.341, E08.349, E08.351, E08.359, E09.321, E09.329, E09.331, E09.339, E09.341, E09.349, E09.351, E09.359, E10.321, E10.329, E10.331, E10.339, E10.341, E10.349, E10.351, E10.359, E11.321, E11.329, E11.331, E11.339, E11.341, E11.349, E11.351, E11.359, E13.321, E13.329, E13.331, E13.339, E13.341, E13.349, E13.351, E13.359, H34.811-H34.813, H34.831-H34.833 were deleted and replaced with the following codes:</p> <p>E08.3211, E08.3212, E08.3213, E08.3291, E08.3292, E08.3293, E08.3311, E08.3312, E08.3313, E08.3391, E08.3392, E08.3393, E08.3411, E08.3412, E08.3413, E08.3491, E08.3492, E08.3493, E08.3511, E08.3512, E08.3513, E08.3521, E08.3522, E08.3523, E08.3531, E08.3532, E08.3533, E08.3541, E08.3542, E08.3543, E08.3551, E08.3552, E08.3553, E08.3591, E08.3592, E08.3593, E08.37X1, E08.37X2, E08.37X3, E09.3211, E09.3212, E09.3213, E09.3291, E09.3292, e09.3293, E09.3311, E09.3312, e09.3313, E09.3391, E09.3392, E09.3393, E09.3411, E09.3412, E09.3413, E09.3491, E09.3492, E09.3493, E09.3511, E09.3512, E09.3513, E09.3521, E09.3522, E09.3523, E09.3531, E09.3532, E09.3533, E09.3541, E09.3542, E09.3543, E09.3551, E09.3552, E09.3553, E09.3591, e09.3592, E09.3593, E09.37X1, E09.37X2, E09.37X3, E10.3211, E10.3212, E10.3213, E10.3291, E10.3292, E10.3293, E10.3311, E10.3312, E10.3313, E10.3391, E10.3392, E10.3393, E10.3411, E10.3412, E10.3413, E10.3491, E10.3492, E10.3493, E10.3511, E10.3512, e10.3513, E10.3521, E10.3522, E10.3523, E10.3531, E10.3532, E10.3533, E10.3541, E10.3542, E10.3543, E10.3551, E10.3552, E10.3553, E10.3591, E10.3592, E10.3593, E10.37X1, E10.37X2, E10.37X3, E11.3211, e11.3212, E11.3213, E11.3291, E11.3292, E11.3293, E11.3311, E11.3312, E11.3313, E11.3391, E11.3392, E11.3393, E11.3411, E11.3412, E11.3413, E11.3491, E11.3492, E11.3493, E11.3511, e11.3512, E11.3513, E11.3521, E11.3522, E11.3523, E11.3531, E11.3532, E11.3533, E11.3541, E11.3542, E11.3543, E11.3551, E11.3552, E11.3553, E11.3591, E11.3592, E11.3593, E11.37X1, E11.37X2, E11.37X3, E13.3211, E13.3212, E13.3213, E13.3291, E13.3292, E13.3293, E13.3311, E13.3312, E13.3313, E13.3391, E13.3392, E13.3393, E13.3411, E13.3412, e13.3413, E13.3491, E13.3492, e13.3493, E13.3511, E13.3512, E13.3513, E13.3521, E13.3522, E13.3523, E13.3531, E13.3532, E13.3533, E13.3541, E13.3542, E13.3543, E13.3551, E13.3552, E13.3553, E13.3591, e13.3592, E13.3593, E13.37X1, E13.37X2, E13.37X3, H34.8110, H34.8111, H34.8112, H34.8120, H34.8121, H34.8122, H34.8130, H34.8131,</p>	<p>10-CM Code Changes</p>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASONS FOR CHANGE
		H34.8132, H34.8310, H34.8311, H34.8312, H34.8320, H34.8321, H34.8322, H34.8330, H34.8331, H34.8332	
01/01/2016	R3	R3 Revision Effective: 01/01/2016 Revision Explanation: Global days for 67228 changed 01/01/2016 from 90 to 10. Updated this information in the associated information section.	<ul style="list-style-type: none"> <li>Revisions Due To CPT/HCPCS Code Changes</li> </ul>
10/01/2015	R2	R2 Revision Effective: N/A Revision Explanation: Annual Review no changes made.	<ul style="list-style-type: none"> <li>Other (Annual Review)</li> </ul>
10/01/2015	R1	R1 Revision Effective: 10/01/2015 Revision Explanation: Accepted revenue code description changes.	<ul style="list-style-type: none"> <li>Other (revenue code)</li> </ul>

## Associated Documents

### Attachments

N/A

### Related Local Coverage Documents

### Articles

[A56594 - Billing and Coding: Panretinal \(Scatter\) Laser Photocoagulation](#)

### Related National Coverage Documents

N/A

### Public Versions

UPDATED ON	EFFECTIVE DATES	STATUS
02/24/2023	03/02/2023 - N/A	Currently in Effect (This Version)
02/23/2022	03/03/2022 - 03/01/2023	Superseded

Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.

## Keywords

N/A