

# Local Coverage Determination (LCD): Panretinal (Scatter) Laser Photocoagulation (L33628)

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## Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
National Government Services, Inc.	MAC - Part A	06101 - MAC A	J - 06	Illinois
National Government Services, Inc.	MAC - Part B	06102 - MAC B	J - 06	Illinois
National Government Services, Inc.	MAC - Part A	06201 - MAC A	J - 06	Minnesota
National Government Services, Inc.	MAC - Part B	06202 - MAC B	J - 06	Minnesota
National Government Services, Inc.	MAC - Part A	06301 - MAC A	J - 06	Wisconsin
National Government Services, Inc.	MAC - Part B	06302 - MAC B	J - 06	Wisconsin
National Government Services, Inc.	A and B and HHH MAC	13101 - MAC A	J - K	Connecticut
National Government Services, Inc.	A and B and HHH MAC	13102 - MAC B	J - K	Connecticut
National Government Services, Inc.	A and B and HHH MAC	13201 - MAC A	J - K	New York - Entire State
National Government Services, Inc.	A and B and HHH MAC	13202 - MAC B	J - K	New York - Downstate
National Government Services, Inc.	A and B and HHH MAC	13282 - MAC B	J - K	New York - Upstate
National Government Services, Inc.	A and B and HHH MAC	13292 - MAC B	J - K	New York - Queens
National Government Services, Inc.	A and B and HHH MAC	14111 - MAC A	J - K	Maine
National Government Services, Inc.	A and B and HHH MAC	14112 - MAC B	J - K	Maine
National Government Services, Inc.	A and B and HHH MAC	14211 - MAC A	J - K	Massachusetts
National Government Services, Inc.	A and B and HHH MAC	14212 - MAC B	J - K	Massachusetts

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Inc.	MAC			
National Government Services, Inc.	A and B and HHH MAC	14311 - MAC A	J - K	New Hampshire
National Government Services, Inc.	A and B and HHH MAC	14312 - MAC B	J - K	New Hampshire
National Government Services, Inc.	A and B and HHH MAC	14411 - MAC A	J - K	Rhode Island
National Government Services, Inc.	A and B and HHH MAC	14412 - MAC B	J - K	Rhode Island
National Government Services, Inc.	A and B and HHH MAC	14511 - MAC A	J - K	Vermont
National Government Services, Inc.	A and B and HHH MAC	14512 - MAC B	J - K	Vermont

## LCD Information

### Document Information

**LCD ID**

L33628

**Original Effective Date**

For services performed on or after 10/01/2015

**LCD Title**

Panretinal (Scatter) Laser Photocoagulation

**Revision Effective Date**

For services performed on or after 09/19/2019

**Proposed LCD in Comment Period**

N/A

**Revision Ending Date**

N/A

**Source Proposed LCD**

N/A

**Retirement Date**

N/A

**AMA CPT / ADA CDT / AHA NUBC Copyright Statement**

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**Notice Period Start Date**

N/A

**Notice Period End Date**

N/A

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## **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 is limited to management of proliferative or pre-proliferative retinopathies.

**Summary of Evidence**

N/A

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

N/A

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## **General Information**

**Associated Information**

N/A

**Sources of Information**

This bibliography presents those sources that were obtained during the development of this policy. National Government Services 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.

National Government Services, Inc. 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	REASON(S) FOR CHANGE
09/19/2019	R11	This LCD was converted to the new "no-codes" format. There has been no change in coverage with this LCD revision.	<ul style="list-style-type: none"><li>• Revisions Due To Code Removal</li></ul>
08/01/2019	R10	Consistent with Change Request 10901, all coding information, National coverage provisions, and Associated Information (Documentation Requirements, Utilization Guidelines) have been removed from the LCD and placed in the related Billing and Coding Article, A56550. There has been no change in coverage with this LCD revision.	<ul style="list-style-type: none"><li>• Provider Education/Guidance</li></ul>
01/01/2018	R9	Added ICD-10-CM diagnosis code ranges H40.51X1-H40.51X4; H40.52X1-H40.52X4; H40.53X1-H40.53X4 should be reported with the ICD-10-CM diagnosis code reflecting the underlying condition, effective for services rendered on or after January 1, 2018.	<ul style="list-style-type: none"><li>• Provider Education/Guidance</li></ul>
10/01/2016	R8	Added the following ICD-10-CM codes to the ICD-10 Codes that Support Medical Necessity section due to the annual ICD-10-CM update, effective for services rendered on or after 10/1/2016: E08.3291, E08.3292, E08.3293, E08.3391, E08.3392, E08.3393, E08.3491, E08.3492, E08.3493, E08.3521, E08.3522, E08.3523, E08.3531, E08.3532, E08.3533,	<ul style="list-style-type: none"><li>• Revisions Due To ICD-10-CM Code Changes</li></ul>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		<p>E08.3541, E08.3542, E08.3543, E08.3551, E08.3552, E08.3553, E08.3591, E08.3592, E08.3593, E09.3531, E09.3532, E09.3533, E09.3541, E09.3542, E09.3543, E09.3551, E09.3552, E09.3553, E10.3411, E10.3412, E10.3413, E10.3521, E10.3522, E10.3523, E10.3531, E10.3532, E10.3533, E10.3541, E10.3542, E10.3543, E10.3551, E10.3552, E10.3553, E11.3391, E11.3392, E11.3393, E11.3521, E11.3522, E11.3523, E11.3531, E11.3532, E11.3533, E11.3541, E11.3542, E11.3543, E11.3551, E11.3552, E11.3553, E13.3291, E13.3292, E13.3293, E13.3391, E13.3392, E13.3393, E13.3491, E13.3492, E13.3493, E13.3521, E13.3522, E13.3523, E13.3531, E13.3532, E13.3533, E13.3541, E13.3542, E13.3543, E13.3551, E13.3552, E13.3553, H35.011, H35.012, H35.013, H35.031, H35.032, H35.033, H35.071, H35.072, H35.073, H35.101, H35.102, H35.103, H35.111, H35.112, H35.113, H35.121, H35.122, H35.123.</p>	
10/01/2016	R7	<p>Added the following ICD-10-CM diagnosis code ranges to the ICD-10 Codes that Support Medical Necessity section: E10.3511-E10.3513, E10.3591-E10.3593, E11.3511-E11.3513, E11.3591-E11.3593, E13.3511-E13.3513, and E13.3591-E13.3593, effective for services rendered on or after 10/1/2016.</p>	<ul style="list-style-type: none"> <li>• Revisions Due To ICD-10-CM Code Changes</li> </ul>
10/01/2016	R6	<p>Added multiple 2017 ICD-10-CM codes to the ICD-10 Codes that Support Medical Necessity section due to the annual ICD-10-CM update.</p>	<ul style="list-style-type: none"> <li>• Revisions Due To ICD-10-CM Code Changes</li> </ul>
01/01/2016	R5	<p>Deleted "or xenon arc" under Limitations of coverage section because the technology is clinically outdated.</p>	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Request for Coverage by a Practitioner (Part B)</li> </ul>
01/01/2016	R4	<p>Deleted the following utilization guideline: "CPT code 67228 should only be reported and paid once per 90-day global period per eye no matter how many treatment</p>	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> </ul>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		sessions occur.", effective for services rendered on or after 1/1/2016.	
01/01/2016	R3	Added ICD-10-CM diagnosis code ranges H35.131-H35.133 and H35.141-H35.143 to Group 1, effective for services rendered on or after 10/01/2015.	<ul style="list-style-type: none"> <li>Request for Coverage by a Practitioner (Part B)</li> </ul>
01/01/2016	R2	Based on 2016 HCPS updates, the description was changed for CPT code 67228.	<ul style="list-style-type: none"> <li>Revisions Due To CPT/HCPCS Code Changes</li> </ul>
10/01/2015	R1	LCD updated to reflect administrative changes.	<ul style="list-style-type: none"> <li>Provider Education/Guidance</li> </ul>

## Associated Documents

### Attachments

N/A

### Related Local Coverage Documents

Article(s)

A56550 - Billing and Coding: Panretinal (Scatter) Laser Photocoagulation

### Related National Coverage Documents

N/A

### Public Version(s)

Updated on 09/11/2019 with effective dates 09/19/2019 - N/A

Updated on 07/25/2019 with effective dates 08/01/2019 - 09/18/2019

Updated on 07/05/2018 with effective dates 01/01/2018 - 07/31/2019

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

## Keywords

- laser
- laser photocoagulation
- eyes
- laser for diabetes
- retinopathy