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Subject: Laser Vitreolysis

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

Position Statement	Billing/Coding	Reimbursement	Program Exceptions	Definitions	Related Guidelines
Other	References	Update			

DESCRIPTION:

Laser vitreolysis is accomplished by using a Neodymium: Yttrium-Aluminum Garnet (Nd: YAG) laser. The Nd: YAG laser is used to photo-disrupt or to vaporize [floaters](#) within the vitreous of the eye. The Nd: YAG laser is commonly used in other eye procedures. When applied for the treatment of vitreous floaters, the eye is dilated and anesthetized, a special contact [lens](#) is put in place, and the laser is focused through the pupil on individual floaters. Large floaters can be removed with this method but small ones are not treated.

The use of laser vitreolysis as a procedure for treatment of vitreous floaters is not widely practiced. The procedure has limitations due to the fact that the floaters must be visualized to be targeted by photo-emulsification and small floaters or floaters close to the [retina](#) may remain after treatment or be untreatable. For this reason the treatment may decrease the number of floaters, but not eliminate them completely.

POSITION STATEMENT:

Laser treatment of vitreous strands, vitreous face adhesions, sheets, membranes or opacities **meets the definition of medical necessity** when indicated to treat a condition arising from an otherwise covered eye procedure.

Laser vitreolysis is considered **experimental or investigational**, for treatment of all other indications, and specifically vitreous floaters of the eye, as there is insufficient clinical evidence in the published peer-reviewed literature to support effectiveness.

BILLING/CODING INFORMATION:

The following code may be used to describe laser vitreolysis:

CPT Coding:

67031	Severing of vitreous strands, vitreous face adhesions, sheets, membranes or opacities, laser surgery (1 or more stages)
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REIMBURSEMENT INFORMATION:

Refer to section entitled [**POSITION STATEMENT**](#).

PROGRAM EXCEPTIONS:

Federal Employee Program (FEP): Follow FEP guidelines.

State Account Organization (SAO): Follow SAO guidelines.

Medicare Advantage products:

The following National Coverage Determinations (NCDs) were reviewed on the last guideline reviewed date: Vitrectomy (80.11) and Laser Procedures (140.5), located at cms.gov.

The following Local Coverage Determination (LCD) was reviewed on the last guideline reviewed date: Yag Laser Capsulotomy (L29311) located at fcsso.com.

DEFINITIONS:

Aqueous Humor: Transparent fluid occupying the space between the lens and the cornea of the eye.

Cornea: The transparent front part of the eye that covers the iris, pupil, and anterior chamber.

Floater: A small opacity above the retina that casts a shadow significant enough to be detected subjectively as a spot or spots that move in the patient's vision.

Lens: Biconvex (curved or rounded on both sides) transparent body situated behind the iris in the eye; its role (along with the cornea) is to focus light on the retina.

Retina: The sensory membrane that lines most of the large posterior chamber of the vertebrate eye, is composed of several layers including one containing the rods and cones, and functions as the immediate instrument of vision by receiving the image formed by the lens and converting it into signals which reach the brain via the optic nerve.

Vitreous Body: The clear colorless transparent jelly that fills the eyeball behind the lens, and is enclosed by a delicate membrane.

RELATED GUIDELINES:

None applicable.

OTHER:

None applicable.

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COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy & Coverage Committee on 09/27/12.

GUIDELINE UPDATE INFORMATION:

11/15/09	New Medical Coverage Guideline.
10/15/11	Scheduled review; position statement unchanged. References updated.
10/15/12	Scheduled review. Maintained position statement; revised description and definitions; updated references and reformatted guideline.
05/11/14	Revision: Program Exceptions section updated.

DECISION TREE: