Coverage Summary

Laser Procedures

Policy Number: L-003  Products: UnitedHealthcare Medicare Advantage Plans  Original Approval Date: 02/18/2009
Approved by: UnitedHealthcare Medicare Benefit Interpretation Committee  Last Review Date: 01/21/2020
Related Medicare Advantage Policy Guideline: Laser Procedures (NCD 140.5)

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The benefit information in this Coverage Summary is based on existing national coverage policy, however, Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence (Medicare IOM Pub. No. 100-16, Ch. 4, §90.5).

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I. COVERAGE

Coverage Statement: Laser procedures are covered when Medicare coverage criteria are met

Guidelines/Notes:

1. Medicare recognizes the use of lasers for many medical indications. Procedures performed with lasers are sometimes used in place of more conventional techniques. In the absence of a specific non-coverage instruction, and where a laser has been approved for marketing by the Food and Drug Administration, Medicare Administrative Contractor discretion may be used to determine whether a procedure performed with a laser is reasonable and necessary and, therefore, covered.

Note: The determination of coverage for a procedure performed using a laser is made on the basis that the use of lasers to alter, revise, or destroy tissue is a surgical procedure. Therefore, coverage of laser procedures is restricted to practitioners with training in the surgical management of the disease or condition being treated.
2. The following are examples (may not be an all inclusive list) of laser procedures that may be covered when considered reasonable and necessary:
   - Laser ablation of the prostate
   - Laser ocular surgery (YAG laser capsulotomy, panretinal (Scatter) laser photocoagulation, iridotomy by laser surgery and laser trabeculoplasty)

See the National Coverage Determination (NCD) for Laser Procedures (140.5). (Accessed December 18, 2019)

Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. These LCDs/LCAs are available at https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx (Accessed December 18, 2019)

II. DEFINITIONS

III. REFERENCES

See above

IV. REVISION HISTORY

01/21/2020 Guidelines 1 (Laser Procedure Coverage Criteria)
   - Revised language to indicate:
     o Medicare recognizes the use of lasers for many medical indications
     o Procedures performed with lasers are sometimes used in place of more conventional techniques
     o In the absence of a specific noncoverage instruction, and where a laser has been approved for marketing by the Food and Drug Administration, Medicare Administrative Contractor discretion may be used to determine whether a procedure performed with a laser is reasonable and necessary and, therefore, covered

Guideline 2 (Examples of Laser Procedures)
   - Revised list of examples of of laser procedures that may be covered when considered reasonable and necessary; replaced “ocular surgery (Lasik for surgically induced astigmatism)” with “laser ocular surgery [YAG laser capsulotomy, panretinal (Scatter) laser photocoagulation, iridotomy by laser surgery and laser trabeculoplasty]”