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: 01/15/2019

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. Laser procedures may be covered in place of conventional techniques. The laser must be FDA approved for the use for which it is proposed.

   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 are covered when reasonable and necessary to treat the patients conditions:
   o Laser ablation of the prostate
   o Ocular surgery (Lasik for surgically induced Astigmatism)
o Laser for psoriasis
o Laser trabeculoplasty

See the NCD for Laser Procedures (140.5). (Accessed December 14, 2018)

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 14, 2018)

II. DEFINITIONS

III. REFERENCES

See above

IV. REVISION HISTORY

04/01/2019 Updated policy introduction; added language to clarify:
• There are instances where [the Coverage Summary] 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)

01/15/2019 Annual review; no updates.
01/16/2018 Annual review; no updates.
01/17/2017 Annual review; no updates.
01/19/2016 Annual review; no updates.
01/20/2015 Annual review; no updates.
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02/19/2013 Annual review; no updates.
02/27/2012 Annual review; no updates.
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