

LASER TRABECULOPLASTY CPT 65855	Original Effective Date:	11/26/2013
	Most Recent Review Date:	08/25/2023
	Latest Revision Date:	08/13/2020

Scope: Guidance applies to laser trabeculoplasty, argon laser trabeculoplasty (ALT), selective laser trabeculoplasty (SLT), and diode laser trabeculoplasty (DLT); all procedures to improve the outflow of aqueous humor by photocoagulation of the trabecular meshwork to lower intraocular pressure.

Approval Process:

- A. Non-clinical medical team approval authority for codes listed below:

CPT	
65855	TRABECULOPLASTY BY LASER SURGERY, 1 OR MORE SESSIONS (DEFINED TREATMENT SERIES)
ICD-10	
H40.051 - H40.059	Ocular hypertension
H40.10X0 - H40.10X4	Unspecified open-angle glaucoma, stage unspecified - Unspecified open-angle glaucoma, indeterminate stage
H40.1110 - H40.1194	Primary open-angle glaucoma, right eye, stage unspecified - Primary open-angle glaucoma, unspecified eye, indeterminate stage
H40.1210 - H40.1294	Low-tension glaucoma, right eye, stage unspecified - Low-tension glaucoma, unspecified eye, indeterminate stage
H40.1310 - H40.1394	Pigmentary glaucoma, right eye, stage unspecified - Pigmentary glaucoma, unspecified eye, indeterminate stage
H40.1410 - H40.1494	Capsular glaucoma with pseudoexfoliation of lens, right eye, stage unspecified - Capsular glaucoma with pseudoexfoliation of lens, unspecified eye, indeterminate stage
H40.151 - H40.159	Residual stage of open-angle glaucoma, right eye - Residual stage of open-angle glaucoma, unspecified eye
H40.60X0 - H40.63X4	Glaucoma secondary to drugs, unspecified eye, stage unspecified - Glaucoma secondary to drugs, bilateral, indeterminate stage
Q15.0	Congenital glaucoma

B. Medical necessity for conditions not listed above require medical director determination

Coverage: Benefit coverage is specific to the member's benefit plan

Coding:

CPT	
65855	TRABECULOPLASTY BY LASER SURGERY, 1 OR MORE SESSIONS (DEFINED TREATMENT SERIES)
ICD-10	
H33.319	Horseshoe tear of retina without detachment
H25.9	Senile cataract, unspecified
H25.099	Incipient senile cataract
H25.019	Cortical senile cataract
H25.10	Senile nuclear cataract
H25.89	Total or mature cataract
H26.40	After-cataract, unspecified
H26.499	After-cataract, obscuring vision
H10.13	Acute atopic conjunctivitis
H04.129	Tear film insufficiency, unspecified
H40.011 - H40.019	Open angle with borderline findings
H40.021 - H40.029	Open angle with borderline findings, high risk
Z96.1	Lens replaced by other means

Summary of Revisions:

Date	Revision
08/13/2020	Updated references
08/11/2017	Removed ICD-9s
08/07/2015	Added ICD-10s

References:

Center for Medicare and Medicaid Services (CMS), Regulations and Guidance; [Regulations & Guidance - Centers for Medicare & Medicaid Services, http://www.cms.gov/Regulations-and-Guidance/Regulations-and-Guidance.html](http://www.cms.gov/Regulations-and-Guidance/Regulations-and-Guidance.html); 08/01/2013

CMS National Coverage Determinations (NCDs); [National Coverage Determinations \(NCDs\) Alphabetical Index http://www.cms.gov/medicare-coverage-database/indexes/ncd-alphabetical-index.aspx](http://www.cms.gov/medicare-coverage-database/indexes/ncd-alphabetical-index.aspx); 08/01/2013

Local Coverage Determinations (LCSs); http://medicare.fcso.com/coverage_find_lcds_and_ncds/lcd_search.asp; 08/16/2013

FIRST COAST SERVICE OPTIONS MAC - PART A/B LOCAL COVERAGE DETERMINATION - L33917 (Laser Trabeculoplasty), Effective 01/08/2019, Retired 03/11/2020

FIRST COAST SERVICE OPTIONS MAC - PART A/B LOCAL COVERAGE ARTICLE – A57508 (Laser Trabeculoplasty), Effective 10/03/2018, Retired 03/11/2020

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