

# Glaucoma Management Adjudication Guideline

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## 1. Abstract

### 1.1 For Members

Glaucoma is an umbrella term for eye diseases can cause pressure build up inside your eyeball, which can damage delicate, critical parts at the back of your eye.

Daman covers diagnostic and treatment services for glaucoma, if medically necessary, for all health insurance plans administered by Daman, as per policy terms and conditions.

### 1.2 For Medical Professionals

Glaucoma describes a group of conditions in which there is characteristic cupping of the optic disc with corresponding visual field defects, due to retinal ganglion cell loss. It is a progressive condition and is the most common cause of irreversible blindness worldwide.

Daman covers management of glaucoma, as per medical necessity.

Daman does not cover experimental treatments if their safety and efficacy is not proven and supported by international best practice with high level of evidence.

## 2. Scope

This guideline highlights the medically necessary services required for the diagnosis and treatment of glaucoma for all health insurance plans administered by Daman

## 3. Adjudication Policy

### 3.1 Eligibility / Coverage Criteria

Diagnostic and treatment services for glaucoma are covered for all health insurance plans administered by Daman, as per policy terms and conditions.

In case of members holding Visitor's plan, only the emergency treatment of acute angle closure glaucoma is covered, and it should be supported with confirmatory documentation/interpretation and reports (e.g. gonioscopy findings, tonometry, biomicroscopic evaluation of the anterior chamber, ophthalmoscopy for optic nerve evaluation etc.)

### **Pharmacological management:**

Daman covers pharmacological management of glaucoma based on medical necessity and in accordance with international best practice.

### **Surgical treatment:**

Daman will cover laser/surgical treatment for open angle glaucoma if any of the following criteria are met and clearly documented:

- No significant reduction in the IOP to prevent vision loss despite pharmacological therapy.
- There is progression of optic nerve head damage/visual field defect despite pharmacological therapy.

## **3.2 Requirements for Coverage**

ICD and CPT codes must be coded to the highest level of specificity.

## **3.3 Non-Coverage**

For Visitor's plan, only acute angle-closure glaucoma is covered, as an emergency treatment, and should be supported with appropriate documentation. Daman covers laser/surgical treatment for open-angle glaucoma according to the medically necessary criteria mentioned in the "Eligibility/Coverage criteria" section of this adjudication rule.

Regarding serial tonometry, it will only be covered if the medically relevant criteria are met, as listed in the "Eligibility/Coverage criteria" section, and if performed serially, and not as a one-time measurement.

Daman does not cover treatments that are considered to be experimental, along with associated costs for inclusive services their safety and efficacy is not approved or supported by peer-reviewed medical literature such as MIGS procedure as there is currently **moderate-to-low quality evidence base** for direct comparison to traditional approached, requiring further regulatory and international recognition including formal technology assessment.

## **Payment and Coding Rules**

Please apply Regulator payment rules and regulations and relevant coding manuals for ICD, CPT, etc.

## Billing of Glaucoma Related Services:

A. General ophthalmological services

B. Evaluation and management (E/M) services

The following services are included in the above mentioned ophthalmological examination services and cannot be claimed for separately, and should be performed within Evaluation and Management (i.e. no separate codes are available for the following procedures):

Note: This list may not be all-inclusive.

- Visual acuity
- Gross visual field test
- External ocular exam
- Adnexal exam
- Retinoscopy
- Slit lamp examination
- Tonometry, as a component of general eye examination (excluding serial tonometry)
- Routine ophthalmoscopic examination (excluding extended ophthalmoscopy)
- Keratometry
- Corneal staining/sensitivity
- Fundus examination (excluding fundus photography)

C. Special ophthalmological services:

Special ophthalmological services may be reported in addition to the general ophthalmological services and must be supported with documentation.

Regarding serial tonometry, it requires at least three measurements done at different times on the same day or several days and only one service should be claimed (on the last service date) no matter how many times it is performed over one or several days.

The provider may claim the first and second sessions (or any number of sessions) with zero claimed amounts if not performed on the same day, and claim the third or last session as one unit.

## 4. Denial Codes

Denial Codes	Code description
MNEC-003	Service is not clinically indicated based on good clinical practice
MNEC-004	Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities
MNEC-005	Service/supply may be appropriate, but too frequent
CODE-010	Activity/diagnosis inconsistent with clinician speciality

## 5. Appendices

### 5.1 References

- <https://www.nice.org.uk/guidance/ng81>
- <https://pubmed.ncbi.nlm.nih.gov/41689131>
- <https://www.ncbi.nlm.nih.gov/books/NBK579558/>
- <https://my.clevelandclinic.org/health/diseases/4212-glaucoma>
- <https://pubmed.ncbi.nlm.nih.gov/40484184>
- [http://eyewiki.aao.org/Primary\\_Open-Angle\\_Glaucoma](http://eyewiki.aao.org/Primary_Open-Angle_Glaucoma)
- [http://eyewiki.aao.org/Primary\\_vs.\\_Secondary\\_Angle\\_Closure\\_Glaucom](http://eyewiki.aao.org/Primary_vs._Secondary_Angle_Closure_Glaucom)
- [http://eyewiki.aao.org/Medical\\_Management\\_for\\_Primary\\_Open\\_Angle\\_Glaucoma](http://eyewiki.aao.org/Medical_Management_for_Primary_Open_Angle_Glaucoma)
- [http://eyewiki.aao.org/Glaucoma,\\_Congenital\\_Or\\_Infantile](http://eyewiki.aao.org/Glaucoma,_Congenital_Or_Infantile)
- [http://eyewiki.aao.org/Normal\\_Tension\\_Glaucoma#Optic\\_nerve\\_and\\_anatomical\\_features](http://eyewiki.aao.org/Normal_Tension_Glaucoma#Optic_nerve_and_anatomical_features)
- <https://www.uptodate.com/contents/angle-closure-glaucoma>
- <https://www.uptodate.com/contents/overview-of-glaucoma-in-infants-and-children>
- <https://www.aafp.org/pubs/afp/issues/2023/0300/glaucoma.html>

## 5.2 Revision History

Date	Change(s)
18/11/2018	Release of V3.0 <ul style="list-style-type: none"> <li>Content update</li> </ul>
26/12/2024	Release of V4.0 <ul style="list-style-type: none"> <li>Template and content updated</li> </ul>
03/12/2025	Release of V5.0 <ul style="list-style-type: none"> <li>General content updated</li> </ul>
19/06/2026	Release of V5.1 <ul style="list-style-type: none"> <li>Non Coverage and References Updated</li> </ul>

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