ضمان
Daman™

Laser Photocoagulation Indications

Adjudication Guideline

Rule Category:	Ref: No:	Version Control:	Effective Date:	Revision Date:
Medical	2013-MN-0002	Version No. 5.0	15/05/2013	16/06/2026
Approved by:	**Responsible:**	**Related Adjudication Guidelines:**		
Daman	Medical Standards & Governance	NA		

ضمان
Daman™

Table of Contents

1. Abstract 3
   1.1 For Members 3
   1.2 For Medical Professionals 3
2. Scope 3
3. Adjudication Policy 3
   3.1 Eligibility / Coverage Criteria 3
   3.2 Requirements for Coverage 6
   3.3 Non-Coverage 6
   3.4 Payment and Coding Rules 6
4. Denial Codes 7
5. Appendices 8
   5.1 References 8
   5.2 Revision History 8

ضمان
Daman™

1. Abstract

1.1 For Members

Laser photocoagulation is a type of laser surgery that is used to treat eye diseases, repairing damage and thereby reducing the risk of severe vision loss.

It uses a powerful beam of light to destroy abnormal tissue, seal leaky blood vessels, destroy abnormal blood vessels, etc. It is a non-invasive procedure, thereby facilitating a more reliable and less painful surgical procedure.

Laser Photocoagulation, if medically necessary, is covered for all health insurance plans administered by Daman.

1.2 For Medical Professionals

Daman covers laser photocoagulation as per medical necessity.

For some conditions, laser photocoagulation can only be covered if reported along with fluorescein angiography (as mentioned in the Eligibility/Coverage criteria). According to the AMA Coding Rules, codes that include the phrase "one or more sessions" should only be reported once for the entire defined treatment period, regardless of the number of sessions performed to complete the treatment.

2. Scope

The scope of this guideline is to specify the coverage of laser photocoagulation, for appropriate and justified medical conditions, for all health insurance plans administered by Daman.

3. Adjudication Policy

3.1 Eligibility / Coverage Criteria

Daman covers laser photocoagulation for all health insurance plans administered by Daman, based on medical necessity.

Below are the ophthalmological conditions for which Daman covers laser photocoagulation. For some conditions, laser photocoagulation will only be covered if reported along with fluorescein angiography. The list of conditions includes, but is not limited to:

ضمان
Daman

Ophthalmological Conditions	Criteria for Covering Laser Photocoagulation
Proliferative diabetic retinopathy (PDR)	Fluorescein angiography (FA) should also be reported
Non-proliferative diabetic retinopathy (NPDR): • Severe OR • with macular edema (regardless of severity)	Fluorescein angiography (FA) should also be reported
Central serous retinopathy	Fluorescein angiography (FA) should also be reported
Wet age-related macular degeneration with extrafoveal/juxta foveal choroidal neovascularization (CNV)	Fluorescein angiography (FA) should also be reported
Central serous retinopathy	Fluorescein angiography (FA) should also be reported
Retinal artery microaneurysm's	Fluorescein angiography (FA) is not required
Retinal ischemia	Fluorescein angiography (FA) is not required
Retinal tear/s	Fluorescein angiography (FA) is not required
Retinal detachment	Fluorescein angiography (FA) is not required
Retinoschisis	Fluorescein angiography (FA) is not required
Retinopathy of prematurity	Fluorescein angiography (FA) is not required
Glaucoma	Fluorescein angiography (FA) is not required
Corneal neovascularization	Fluorescein angiography (FA) is not required
Secondary membranous cataract removal	Fluorescein angiography (FA) is not required

Please note that laser photocoagulation will not be covered for the following diagnoses if stand-alone. Additional diagnosis is required. For example, laser photocoagulation will only be covered for non-proliferative diabetic retinopathy if macular edema is reported along with it.

Laser photocoagulation should only be ordered and performed by an Ophthalmologist.

Comparison of Anti-VEGF Therapy vs Laser Photocoagulation

- Assess each eye separately based on active pathology, OCT findings, visual acuity, and whether edema is center-involving or non-center-involving.
- If proliferative diabetic retinopathy is present, panretinal photocoagulation is usually first treatment; anti-VEGF is considered when PRP cannot initially be delivered or when disease remains active after complete PRP.
- If diabetic macular edema is non-center-involving clinically significant macular oedema, offer macular laser treatment.
- If diabetic macular edema is center-involving with visual impairment and central retinal thickness is 400 micrometres or greater, offer anti-VEGF treatment.
- If diabetic macular edema is center-involving with visual impairment and central retinal thickness is less than 400 micrometres, consider either anti-VEGF or macular laser.
- If center-involving Diabetic Macular Edema has good vision, consider observation or macular laser and discuss both options with the patient.
- After the anti-VEGF loading phase, if response is suboptimal, consider macular laser as adjuvant therapy rather than replacing anti-VEGF immediately.

Assessing efficacy in photocoagulation

- Assess efficacy using symptom change, best-corrected visual acuity, OCT retinal thickness, and disease activity on retinal examination.
- For DME, treatment response is suboptimal if there is reduced vision due to DME, increased DME, or no change or worsening in retinal thickness related to DME.
- For non-center-involving DME treated with laser, resolution should be judged by clinical improvement and OCT evidence of reduced or resolved edema.
- For proliferative diabetic retinopathy treated, regression is defined by regression or disappearance of new vessels, fibrosis in areas of neovascularization, and absence of new vitreous or preretinal hemorrhage.
- OCT should be used routinely in macular oedema follow-up, and fluorescein angiography may be used when ischemia, leakage pattern, or payer-required pretreatment documentation needs clarification.

When to repeat photocoagulation

- Do not define a universal fixed lifetime maximum number of laser sessions from international DME guidance alone; repeat treatment should be based on persistent or recurrent active disease and objective reassessment.
- Succesive treatment for the same disease or condition may be considered after 6 months when medical necessity is documented; treatment before 6 months requires clear justification and supporting records.
- In center-involving DME, repeat or add laser is generally considered after the anti-VEGF loading phase when response remains suboptimal.
- In proliferative diabetic retinopathy, assess regression 2 to 3 months after completion of initial treament; if disease remains active, additional treatment including anti-VEGF may be required according to activity.
- After resolution of CSMO or PDR, monitoring should be individualized for the first 12 months, with continued OCT-based review for macular oedema and ongoing specialist follow-up when retinal features require it.

3.2 Requirements for Coverage

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

- E&M should not be separately billed on the same day of the Laser photocoagulation, unless documented and proven to be significant.

3.3 Non-Coverage

- Laser photocoagulation is not covered for the Visitor’s Plan.

3.4 Payment and Coding Rules

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

- According to the AMA Coding Rules, those codes which include the phrase “one or more sessions“ should only be reported once for the entire defined treatment period, regardless of the number of sessions performed to complete the treatment.

ضمان
Daman™

4. Denial Codes

Code	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

http://eyewiki.aao.org/Age-related_macular_degeneration#Diagnostic_procedures
www.nice.org.uk/guidance/ng242/resources/visual-summary-diabetic-retinopathy-management-and-monitoring-pdf-13490816941
www.asrs.org/content/documents/evidence-based-guidelines-for-management-of-diabetic-macular-edema.pdf
http://eyewiki.aao.org/Central_Serous_Chorioretinopathy#Diagnostic_Procedures_and_Tests
http://eyewiki.aao.org/Diabetic_Retinopathy#Prognosis
http://eyewiki.aao.org/Fluorescein_Angiography
http://eyewiki.aao.org/Lasers_(surgery)#Panretinal_Photocoagulation_for_Treatment_of_Proliferative_Diabetic_Retinopathy
http://eyewiki.aao.org/Panretinal_Photocoagulation
http://eyewiki.aao.org/Retinopathy_of_Prematurity#Management
https://emedicine.medscape.com/article/1844294-overview#a1

5.2 Revision History

Date	Change(s)
01/07/13	V1.1 New template
15/07/14	V2.0 Disclaimer updated as per system requirements
08/02/2019	V3.0 Guideline revision
31/12/2024	V4.0 Guideline revision and template update
16/06/2026	V5.0 Eligibility and References Updated

Disclaimer

By accessing these Daman Adjudication Guidelines, you acknowledge that you have read and understood the terms of use set out in the disclaimer below:
The information contained in this Adjudication Guideline is intended to outline the procedures of adjudication of medical claims as applied by the National Health Insurance Company – Daman PJSC (hereinafter "Daman"). The Adjudication Guideline is not intended to be comprehensive, should not be used as treatment guidelines and should only be used for the purpose of reference or guidance for adjudication procedures and shall not be construed as conclusive. Daman in no way interferes with the treatment of patient and will not bear any responsibility for treatment decisions interpreted through Daman Adjudication Guideline. Treatment of patient is and remains at all times the sole responsibility of the treating Healthcare Provider. This Adjudication Guideline does not grant any rights or impose obligations on Daman. The Adjudication Guideline and all of the information it contains are provided "as is" without warranties of any kind, whether express or implied which are hereby expressly disclaimed.
Under no circumstances will Daman be liable to any person or business entity for any direct, indirect, special, incidental, consequential, or other damages arising out of any use of, access to, or inability to use or access to, or reliance on this Adjudication Guideline including but without limitation to, any loss of profits, business interruption, or loss of programs or information, even if Daman has been specifically advised of the possibility of such damages. Daman also disclaims all liability for any material contained in other websites linked to Daman website.
This Adjudication Guideline is subject to the laws, decrees, circulars and regulations of Abu Dhabi and UAE. Any information provided herein is general and is not intended to replace or supersede any laws or regulations related to the Adjudication Guideline as enforced in the UAE issued by any governmental entity or regulatory authority, or any other written document governing the relationship between Daman and its contracting parties.
This Adjudication Guideline is developed by Daman and is the property of Daman and may not be copied, reproduced, distributed or displayed by any third party without Daman's express written consent. This Adjudication Guideline incorporates the Current Procedural Terminology (CPT®), which is a registered trademark of the American Medical Association ("AMA") and the CPT codes and descriptions belong to the AMA. Daman reserves the right to modify, alter, amend or obsolete the Adjudication Guideline at any time by providing one month prior notice.