

# Medical Policy



## Laser Vitreolysis

Policy Number: PG0404

Last Reviewed Date: 03/01/2025

Last Revised: 03/01/2025

HMO AND PPO

ELITE (MEDICARE ADVANTAGE)

MARKETPLACE

### GUIDELINES:

- This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder terms, conditions, exclusions, and limitations contract. It does not constitute a contract or guarantee regarding coverage or reimbursement/payment. Self-Insured group specific policy will supersede this general policy when group supplementary plan document or individual plan decision directs otherwise.
- Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards.
- This medical policy is solely for guiding medical necessity and explaining correct procedure reporting used to assist in making coverage decisions and administering benefits.

### SCOPE:

☒ Professional

☐ Facility

### DESCRIPTION:

Vitreous floaters are microscopic collagen fibers within the vitreous that tend to clump and cast shadows on the retina, appearing as floaters. The most common cause of vitreous floaters in ophthalmology is posterior vitreous detachment (PVD), a separation of the posterior hyaloid face from the retina. Often this condition is not visually threatening. The etiology of a vitreous floater is due to vitreous syneresis (liquefaction) and contraction with age.

Laser vitreolysis is accomplished by using a Neodymium: Yttrium-Aluminum Garnet (Nd: YAG) laser. The Nd: YAG laser is used to photo-disrupt or to vaporize floaters within the vitreous of the eye. The Nd: YAG laser is commonly used in other eye procedures. When applied for the treatment of vitreous floaters, the eye is dilated and anesthetized, a special contact lens is put in place, and the laser is focused through the pupil on individual floaters. Large floaters can be removed with this method, but small ones are not treated.

The use of laser vitreolysis as a procedure for treatment of vitreous floaters is not widely practiced. The procedure has limitations due to the fact that the floaters must be visualized to be targeted by photo-emulsification and small floaters or floaters close to the retina may remain after treatment or be untreatable. For this reason, the treatment may decrease the number of floaters, but not eliminate them completely.

### POLICY:

#### **Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans**

- Laser vitreolysis (67031) for treatment of vitreous degeneration and vitreous floaters is non-covered.

### COVERAGE CRITERIA:

#### **Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans**

Paramount considers laser vitreolysis (67031) experimental/investigational for treatment of vitreous degeneration and vitreous floaters (H43.391-H43.399, H43.811-H43.819) because its effectiveness for these indications has not been established.

### CODING/BILLING INFORMATION:

The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered

may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

#### CPT CODE

<b>67031</b>	Severing of vitreous strands, vitreous face adhesions, sheets, membranes or opacities, laser surgery (1 or more stages)
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#### ICD-10 CODES

<b>H43.391- H43.399</b>	Other vitreous opacities
<b>H43.811- H43.819</b>	Vitreous degeneration

#### REVISION HISTORY EXPLANATION: ORIGINAL EFFECTIVE DATE: 06/23/2017

Date	Explanation & Changes
<b>06/23/2017</b>	<ul style="list-style-type: none"> <li>Policy created to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG)</li> <li>Laser vitreolysis (67031) for treatment of vitreous degeneration and vitreous floaters is non-covered</li> </ul>
<b>10/27/2017</b>	<ul style="list-style-type: none"> <li>ICD-10 diagnosis codes H43.391-H43.399, H43.811-H43.819 added to policy</li> <li>Laser vitreolysis (67031) is non-covered for treatment of vitreous degeneration and vitreous floaters (H43.391-H43.399, H43.811-H43.819)</li> <li>Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG)</li> </ul>
<b>10/25/2018</b>	<ul style="list-style-type: none"> <li>Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG)</li> </ul>
<b>12/28/2020</b>	<ul style="list-style-type: none"> <li>Medical policy placed on the new Paramount Medical policy format</li> </ul>
<b>03/01/2023</b>	<ul style="list-style-type: none"> <li>Medical Policy updated to reflect Medicaid coverage to Anthem as of 02/01/2023</li> </ul>
<b>03/01/2024</b>	<ul style="list-style-type: none"> <li>Medical Policy reviewed and updated to reflect the most current clinical evidence</li> </ul>
<b>03/01/2025</b>	<ul style="list-style-type: none"> <li>Medical Policy reviewed and updated to reflect the most current clinical evidence</li> </ul>

**Paramount reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to**

<https://www.paramounthealthcare.com/providers/medical-policies/policy-library>

#### REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services  
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals> [https://www.cms.gov/Regulations-and-Guidance/Manuals/Internet-Only-Manuals-IOMs](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs)

National Physician Fee Schedule Relative Value File Calendar Year XXXX, Centers for Medicare & Medicaid Services (CMS) <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files>

NCCI Policy Manual for Medicare Services, current version, Chapter 1, General Correct Coding Policies  
<https://www.cms.gov/files/document/medicare-ncci-policy-manual-2023-chapter-1.pdf>

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services <https://www.ama-assn.org/amaone/cpt-current-procedural-terminology>

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update>

Centers for Medicare & Medicaid Services (CMS), ICD-10-CM Official Guidelines for Coding and Reporting  
<https://www.cms.gov/medicare/coding/icd10>

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Centers of Medicare & Medicaid Services (CMS), Medicare Claims Processing Manual, Chapter 23-Fee Schedule administration and coding Requirements <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c23.pdf>

Centers for Medicare & Medicaid Services (CMS), National Correct Coding Initiative (NCCI) Policy Manual for Medicare Services <https://www.cms.gov/medicare-medicare-coordination/national-correct-coding-initiative-ncci/ncci-medicare>

Center for Medicare and Medicaid Services, Medicare NCCI Medically Unlikely Edits (MUEs) <https://www.cms.gov/medicare/coding-billing/national-correct-coding-initiative-ncci-edits/medically-unlikely-edits>  
U.S. Preventive Services Task Force, <https://www.uspreventiveservicestaskforce.org/uspstf/>

Hayes, Inc., <https://www.hayesinc.com/>

Industry Standard Review