

Clinical Policy: Destruction of Localized Lesion of the Retina

Reference Number: OC.UM.CP.0021

Last Review Date: 11/2022

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

This policy describes the medical necessity requirements for destruction of localized lesion(s) of the retina.

Policy/Criteria

- I. It is the policy of health plans affiliated with Envision Vision, Inc.® (Envision) that the destruction of a localized lesion of the retina is **medically necessary** for the following indications:
 - A. Retinal inflammation and/or edema secondary to systemic conditions: histoplasmosis, sarcoidosis, or sickle-cell disease;
 - B. Vascular occlusion or vasculitis;
 - C. Central serous chorioretinopathy.

Background

Photocoagulation is the destruction of a lesion of the retina using a laser or xenon arc. After the patient's eye has been dilated, the physician places a contact lens on the eye of the patient. Photocoagulation is performed without entering the posterior chamber; the destructive light beam is guided through the contact and to the retinal lesion, which is destroyed in one session or in a series of sessions. A topical antibiotic or pressure patch may be applied to aid postoperative healing.

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2020, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

| CPT® Codes | Description |
|------------|---|
| 67210 | Destruction of localized lesion of retina (e.g., macular edema, tumors), 1 or more sessions; photocoagulation |

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

+ Indicates a code requiring an additional character

| ICD-10 Codes | ICD-10 Code Description |
|--------------|--|
| B39.9 | Histoplasmosis, unspecified |
| D57.1 | Sickle-cell disease without crisis |
| D86.0 | Sarcoidosis of lung |
| D86.1 | Sarcoidosis of lymph nodes |
| D86.2 | Sarcoidosis of lung with sarcoidosis of lymph nodes |
| D86.3 | Sarcoidosis of skin |
| D86.81 | Sarcoid meningitis |
| D86.82 | Multiple cranial nerve palsies in sarcoidosis |
| D86.83 | Sarcoid iridocyclitis |
| D86.84 | Sarcoid pyelonephritis |
| D86.85 | Sarcoid myocarditis |
| D86.86 | Sarcoid arthropathy |
| D86.87 | Sarcoid myositis |
| D86.89 | Sarcoidosis of other sites |
| D86.9 | Sarcoidosis, unspecified |
| E08.3511 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, right eye |
| E08.3512 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, left eye |
| E08.3513 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, bilateral |
| E08.3521 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye |
| E08.3522 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye |
| E08.3523 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral |
| E08.3531 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye |
| E08.3532 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye |
| E08.3533 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral |
| E08.3541 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye |
| E08.3542 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye |

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| ICD-10 Codes | ICD-10 Code Description |
|--------------|--|
| E08.3543 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral |
| E08.3551 | Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, right eye |
| E08.3552 | Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, left eye |
| E08.3553 | Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, bilateral |
| E08.3591 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, right eye |
| E08.3592 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, left eye |
| E08.3593 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, bilateral |
| E09.3511 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye |
| E09.3512 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye |
| E09.3513 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral |
| E09.3521 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye |
| E09.3522 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye |
| E09.3523 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral |
| E09.3531 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye |
| E09.3532 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye |
| E09.3533 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral |
| E09.3541 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye |
| E09.3542 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye |
| E09.3543 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral |
| E09.3551 | Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, right eye |
| E09.3552 | Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, left eye |

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| ICD-10 Codes | ICD-10 Code Description |
|--------------|---|
| E09.3553 | Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, bilateral |
| E09.3591 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye |
| E09.3592 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye |
| E09.3593 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral |
| E10.3511 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye |
| E10.3512 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye |
| E10.3513 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral |
| E10.3521 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye |
| E10.3522 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye |
| E10.3523 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral |
| E10.3531 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye |
| E10.3532 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye |
| E10.3533 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral |
| E10.3541 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye |
| E10.3542 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye |
| E10.3543 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral |
| E10.3551 | Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, right eye |
| E10.3552 | Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, left eye |
| E10.3553 | Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral |
| E10.3591 | Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye |
| E10.3592 | Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye |
| E10.3593 | Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral |
| E11.3511 | Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye |

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| ICD-10 Codes | ICD-10 Code Description |
|--------------|---|
| E11.3512 | Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye |
| E11.3513 | Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral |
| E11.3521 | Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye |
| E11.3522 | Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye |
| E11.3523 | Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral |
| E11.3531 | Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye |
| E11.3532 | Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye |
| E11.3533 | Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral |
| E11.3541 | Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye |
| E11.3542 | Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye |
| E11.3543 | Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral |
| E11.3551 | Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, right eye |
| E11.3552 | Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, left eye |
| E11.3553 | Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral |
| E11.3591 | Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye |
| E11.3592 | Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye |
| E11.3593 | Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral |
| E13.3511 | Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye |
| E13.3512 | Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye |
| E13.3513 | Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral |
| E13.3521 | Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye |
| E13.3522 | Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye |
| E13.3523 | Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral |

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| ICD-10 Codes | ICD-10 Code Description |
|--------------|--|
| E13.3531 | Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye |
| E13.3532 | Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye |
| E13.3533 | Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral |
| E13.3541 | Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye |
| E13.3542 | Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye |
| E13.3543 | Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral |
| E13.3551 | Other specified diabetes mellitus with stable proliferative diabetic retinopathy, right eye |
| E13.3552 | Other specified diabetes mellitus with stable proliferative diabetic retinopathy, left eye |
| E13.3553 | Other specified diabetes mellitus with stable proliferative diabetic retinopathy, bilateral |
| E13.3591 | Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye |
| E13.3592 | Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye |
| E13.3593 | Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral |
| H34.01 | Transient retinal artery occlusion, right eye |
| H34.02 | Transient retinal artery occlusion, left eye |
| H34.03 | Transient retinal artery occlusion, bilateral |
| H34.11 | Central retinal artery occlusion, right eye |
| H34.12 | Central retinal artery occlusion, left eye |
| H34.13 | Central retinal artery occlusion, bilateral |
| H34.211 | Partial retinal artery occlusion, right eye |
| H34.212 | Partial retinal artery occlusion, left eye |
| H34.213 | Partial retinal artery occlusion, bilateral |
| H34.231 | Retinal artery branch occlusion, right eye |
| H34.232 | Retinal artery branch occlusion, left eye |
| H34.233 | Retinal artery branch occlusion, bilateral |
| H34.8110 | Central retinal vein occlusion, right eye, with macular edema |
| H34.8111 | Central retinal vein occlusion, right eye, with retinal neovascularization |
| H34.8112 | Central retinal vein occlusion, right eye, stable |
| H34.8120 | Central retinal vein occlusion, left eye, with macular edema |
| H34.8121 | Central retinal vein occlusion, left eye with retinal neovascularization |
| H34.8122 | Central retinal vein occlusion, left eye, stable |
| H34.8130 | Central retinal vein occlusion, bilateral, with macular edema |
| H34.8131 | Central retinal vein occlusion, bilateral, with retinal neovascularization |
| H34.8132 | Central retinal vein occlusion, bilateral, stable |

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| ICD-10 Codes | ICD-10 Code Description |
|--------------|---|
| H34.8310 | Tributary (branch) retinal vein occlusion, right eye, with macular edema |
| H34.8311 | Tributary (branch) retinal vein occlusion, right eye, with retinal neovascularization |
| H34.8312 | Tributary (branch) retinal vein occlusion, right eye, stable |
| H34.8320 | Tributary (branch) retinal vein occlusion, left eye, with macular edema |
| H34.8321 | Tributary (branch) retinal vein occlusion, left eye, with retinal neovascularization |
| H34.8322 | Tributary (branch) retinal vein occlusion, left eye, stable |
| H34.8330 | Tributary (branch) retinal vein occlusion, bilateral, with macular edema |
| H34.8331 | Tributary (branch) retinal vein occlusion, bilateral, with retinal neovascularization |
| H34.8332 | Tributary (branch) retinal vein occlusion, bilateral, stable |
| H35.061 | Retinal vasculitis, right eye |
| H35.062 | Retinal vasculitis, left eye |
| H35.063 | Retinal vasculitis, bilateral |
| H35.071 | Retinal telangiectasis, right eye |
| H35.072 | Retinal telangiectasis, left eye |
| H35.073 | Retinal telangiectasis, bilateral |
| H35.21 | Other non-diabetic proliferative retinopathy, right eye |
| H35.22 | Other non-diabetic proliferative retinopathy, left eye |
| H35.23 | Other non-diabetic proliferative retinopathy, bilateral |
| H35.351 | Cystoid macular degeneration, right eye |
| H35.352 | Cystoid macular degeneration, left eye |
| H35.353 | Cystoid macular degeneration, bilateral |
| H35.711 | Central serous chorioretinopathy, right eye |
| H35.712 | Central serous chorioretinopathy, left eye |
| H35.713 | Central serous chorioretinopathy, bilateral |
| H35.81 | Retinal edema |

| Reviews, Revisions, and Approvals | Date | Approval Date |
|--|---------|---------------|
| Annual Review | 12/2019 | 12/2019 |
| Converted to new template | 04/2020 | 06/2020 |
| Annual Review; Revised indications; Updated references | 12/2020 | 12/2020 |
| Annual Review | 12/2021 | 12/2021 |
| Annual Review | 11/2022 | 11/2022 |

References

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Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Envolve Vision, Inc., or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise

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professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

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Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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