GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

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

HMO, PPO, Individual Marketplace, Elite, Advantage
Paramount considers laser vitreolysis experimental and investigational for treatment of vitreous degeneration and vitreous floaters 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.

<table>
<thead>
<tr>
<th>CPT CODE</th>
<th>Description</th>
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<tbody>
<tr>
<td>67031</td>
<td>Severing of vitreous strands, vitreous face adhesions, sheets, membranes or opacities, laser surgery (1 or more stages)</td>
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</table>

TAWG REVIEW DATES: 06/23/2017

REVISION HISTORY EXPLANATION
06/23/17: Policy created to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG). Laser vitreolysis (67031) for treatment of vitreous degeneration and vitreous floaters is non-covered.

REFERENCES/RESOURCES
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid [http://jfs.ohio.gov/](http://jfs.ohio.gov/)
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Industry Standard Review
Hayes, Inc.