

MEDICARE REIMBURSEMENT FOR LASER PHOTOCOAGULATION

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QUESTION: What are Nidek's GYC-500 Vixi and GYC-500 lasers?

ANSWER: The Nidek [GYC-500 Vixi](#) and GYC-500 lasers are used for photocoagulation of the anterior (iris, angle) and posterior (retina, choroid) segments of the eye. Both lasers are green wavelength, compact, solid-state units with the capability to be table (slit-lamp) or indirect-ophthalmoscopy headset mounted. Vixi can also perform a variety of pre-programmed scan patterns.

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QUESTION: What are the indications for laser photocoagulation treatment of the eye?

ANSWER: Posterior segment treatment is commonly done for diabetic retinopathy,¹ and surrounding retinal holes or tears to prevent retinal detachment.² Other ophthalmic conditions that may benefit from laser photocoagulation are macular edema, and branch or central vein occlusions.

Anterior segment laser treatments are commonly done for glaucoma.³

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QUESTION: Are these laser procedures covered by Medicare and other payors?

ANSWER: Yes, for the proper indications and when supported by the medical record, although few Medicare Administrative Contractors (MACs) have policies for any of these codes.^{4,5} Be sure to check for private payor or Medicare Advantage (MA) coverage guidance before initiating treatment and to determine if prior authorization is required.

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QUESTION: What CPT codes describe laser photocoagulation of the eye?

ANSWER: While there are many codes that contain the words "photocoagulation", this FAQ addresses only the following codes:

- 65855 *Trabeculoplasty by laser surgery*
- 66761 *Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)*
- 66762 *Iridoplasty by photocoagulation (1 or more sessions) (eg, for improvement of vision, for widening of anterior chamber angle)*
- 67105 *Repair of retinal detachment, including drainage of subretinal fluid when performed; photocoagulation*
- 67145 *Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) w/o drainage; photocoagulation (laser or xenon arc)*
- 67210 *Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation*
- 67220 *Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg laser), 1 or more sessions*
- 67228 *Treatment of extensive or progressive retinopathy; (eg diabetic retinopathy), photocoagulation*
- 67229 *Treatment of extensive or progressive retinopathy; preterm infant; (less than 37 weeks gestation at birth), performed from birth up to 1 year of age (eg, retinopathy of prematurity), photocoagulation or cryotherapy*

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QUESTION: What does Medicare allow for these procedures?

ANSWER: The 2025 national Medicare Physician Fee Schedule allowable amounts are:

Code	Surgeon In Office	Surgeon In Facility
65855	\$235	\$197
66761	\$285	\$226
66762	\$459	\$409
67105	\$285	\$264
67145	\$234	\$208
67210	\$494	\$478
67220	\$508	\$479
67228	\$326	\$291
67229	N/A	\$1,107

All the codes are classified into APC 5481 for facility payments. Due to differences in payment methodology for hospitals and ambulatory surgery centers, the payments vary. The 2025 national Medicare allowed amounts are:

Code	ASC	HOPD
65855	\$131	\$549
66761	\$180	\$549
66762	\$271	\$549
67105	\$166	\$549
67145	\$145	\$549
67210	\$272	\$549
67220	\$286	\$549
67228	\$172	\$549
67229	\$295	\$549

All fee schedule amounts are modified by local indices, so actual payments will vary.

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QUESTION: Are these codes bundled with other services?

ANSWER: Yes. According to Medicare's National Correct Coding Initiative (NCCI), there is an extensive list of bundled surgical codes. Also, extended ophthalmoscopy (92201, 92202) is bundled with the posterior segment codes when performed the same day or in the global surgery period for the same eye.

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QUESTION: If we need to repeat laser photocoagulation, is it billable?

ANSWER: Sometimes. Note that 66762, 67210 and 67220 contain the descriptor "one or more sessions". This means that any treatment with the same code for the same eye within the 90-day global period is not payable for the surgeon. The CPT manual states that these "Codes...include treatment at one or more sessions that may occur at different encounters. These codes should be reported once during a defined treatment period."

In a facility, each laser treatment is billed, regardless of timing, because the global period does not apply there.

- 1 National Eye Institute. Diabetic Retinopathy. Updated December 10, 2024. [Link here](#)
- 2 American Academy of Ophthalmology. Preferred Practice Patterns (listing shows multiple document access). [Link here](#).
- 3 Juzych MS, Chopra V, et al. Comparison of long-term outcomes of selective laser trabeculoplasty versus argon laser trabeculoplasty in open-angle glaucoma. *Ophthalmology*. 2004 Oct;111(10):1853-9. [Link here](#).
- 4 National Government Services, Inc. LCD L33628. Panretinal (Scatter) Photocoagulation. Rev eff. 09/19/2019. [Link here](#)
- 5 First Coast Service Options, Inc. LCD L33917. Laser Trabeculoplasty (Retired). Rev eff. 01/08/2019. [Link here](#).

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