LASIK Surgery Indications

Adjudication Guideline

damanhealth.ae

Table of Contents

1. Abstract

1.1 For Members

LASIK is an irreversible refractive procedure performed to change the shape of the cornea to improve myopia, hyperopia or astigmatism to decrease or eliminate eyeglasses, contact lenses or other refractive surgical procedures.

LASIK is short for laser-assisted in-situ keratomileusis, the technical term for the surgical procedure.

Daman covers Lasik surgery, if medically indicated and for specific plans having this benefit.

1.2 For Medical Professionals

Laser in Situ Keratomileusis (LASIK) is an irreversible refractive procedure performed to change the shape of the cornea to improve conditions like short-sightedness (myopia), long-sightedness (hyperopia) and irregular vision (astigmatism) or to decrease or eliminate eyeglasses, contact lenses or other refractive surgical procedures.

LASIK is indicated for long-sightedness, short-sightedness and irregular vision within Regulator standards. LASIK can be performed and billed only by a licensed ophthalmologist.

Daman covers LASIK as per medical necessity and for those plans with this specific benefit.

2. Scope

This guideline addresses the coverage & indications of LASIK for all plans administered by Daman, subject to policy terms and conditions.

3. Adjudication Policy

3.1 Eligibility / Coverage Criteria

As per Regulator standard for Laser Refractive Surgery, LASIK can be performed and billed only by a licensed ophthalmologist.

Plan	Coverage of LASIK	Mode of payment
Thiqa plan	**In Public (SEHA):** Providers covered 100%, pre-authorization not required **In Public (Non-SEHA):** Providers covered 100%, With pre-authorization **In Private:** providers - Covered, with pre-authorization	Direct billing
Aounak & Reaaya plans	Covered 100%, with pre-authorization	Direct billing
Enhanced (as per SOB)	Covered up to a limit (per patient per year), with pre-authorization	Direct billing: If network Reimbursement: If non-network

3.2 Requirements for Coverage

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

3.3 Non-Coverage

LASIK is not covered for some health plans as it is a general exclusion of their respective policies, as below:

- Basic Plan

- Visitor's Plan

- Few of other Daman customized Plans (please refer respective SOBs for each plan)

3.4 Payment and Coding Rules

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

CPT Code	Code Description
65760	Keratomileusis
92499	Unlisted ophthalmic procedure (LASIK procedure only Royal Spanish hospital have been contracted this CPT code)
66999	Unlisted procedure, anterior segment of eye (Only for SMILE)

4. Denial Codes

Codes	Code Description
NCOV-003	Service(s) is (are) not covered
BNEX-005	Annual Limit/Sublimit amount exceeded
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 diagnosis/activities
CLAI-012	Submission not compliant with contractual agreement between provider & payer
CLAI-017	Policy of member covers optical appliances only on reimbursement basis. Hence though the services may be covered no direct billing is available.

Adjudication Examples:

Example 1:

Question: A 32-year Thiqa member patient was diagnosed with myopia, right eye of -6.5 dioptres, and the authorisation request was LASIK procedure (65760)? Will this request be approved?

Answer: As per Regulator standard the procedure will be covered for the member since the patient is matching the criteria

Example 2:

Question: A 24-year Sahtak gold member patient was diagnosed with hypermetropia, left eye of +5.5. The claim invoice was for LASIK procedure (65760)? Will this claim be covered?

Answer: No. It will not be covered.

Example 3:

Question: A 29-year patient with basic plan was diagnosed with astigmatism, regular of right eye of -3.0 dioptres, the requested claim was LASIK procedure (65760)? Will this claim be covered?
Answer: No. Although the patient refraction error matches the criteria, but basic plan has a general exclusion in the policy.

5. Appendices

5.1 References

- https://www.doh.gov.ae/-/media/721F474782574B779777D85118BE9FDD.ashx
- https://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/SurgeryandLifeSupport/LASIK/ucm061366.htm
- https://www.aao.org/munnerlyn-laser-surgery-center/laser-in-situ-keratomileusis-lasik-3
- https://www.aao.org/eyenet/article/keratoconus-questions-solutions
- https://www.uptodate.com/contents/refractive-errors-in-children?source=search_result&search=Aniseikonia&selectedTitle=1~2
- http://eyewiki.aao.org/Presbyopia#Management
- https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm520560.htm

5.2 Revision History

Date	Change(s)
01/07/2013	V2.0: New Template
15/07/2014	V4.0: 1. Restored original effective date 2. Disclaimer updated as per system requirements
11/12/2017	V5.0: Content update
28/02/2025	V6.0: 1. New template 2. Updated Eligibility / Coverage Criteria 3. Added Payment and Coding Rules 4. Updated Denial Codes 5. Updated references