FIRST COAST SERVICE OPTIONS
MAC - PART B
LOCAL COVERAGE DETERMINATION

LCD Database ID Number
L33925

Contractor Name
First Coast Service Options, Inc.

Contractor Number
09102 – Florida
09202 – Puerto Rico
09302 – Virgin Islands

Contractor Type
MAC – Part B

LCD Title
Ophthalmological Diagnostic Services

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Language quoted from CMS National Coverage Determination (NCDs) and coverage provisions in interpretive manuals are italicized throughout the Local Coverage Determination (LCD). NCDs and coverage provisions in interpretive manuals are not subject to the LCD Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See §1869(f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, italicized text represents quotation from one or more of the following CMS sources:
CMS Manual System, Pub. 100-02, Medicare Benefit Policy Manual, Chapter 16, Section 90
CMS Manual System, Pub. 100-03, Medicare National Coverage Determinations (NCD) Manual, Chapter 1, Part 1, Sections 80.6 and 80.8
CMS Manual System, Pub 100-08, Medicare Program Integrity, Chapter 13, Section 13.1.3
Ophthalmological Diagnostic Services

Primary Geographic Jurisdiction

Florida
Puerto Rico/Virgin Islands

Oversight Region

Region I

Original Determination Effective Date

10/01/2015

Original Determination Ending Date

N/A

Revision Effective Date

N/A

Revision Ending Date

N/A

Indications and Limitations of Coverage and/or Medical Necessity

Diagnostic ophthalmological services (92018-92499) rendered by a physician are covered services when medically necessary and reasonable for the patient's condition. Routine eye examinations for the purpose of prescribing, fitting, or changing eyeglasses or contact lens(es); eye refractions are noncovered.

CPT/HCPCS Codes

92284 Dark adaptation examination with interpretation and report

92286 Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis

92287 Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis with fluorescein angiography

ICD-10 Codes that Support Medical Necessity

Dark Adaptation Examination (CPT Code 92284):

E50.5 Vitamin A deficiency with night blindness
H35.50 Unspecified hereditary retinal dystrophy
H35.52 Pigmentary retinal dystrophy
H35.53 Other dystrophies primarily involving the sensory retina
H35.54 Dystrophies primarily involving the retinal pigment epithelium
H40.20X0-H40.20X4 Unspecified primary angle-closure glaucoma
H53.60 Unspecified night blindness]
Abnormal dark adaptation curve
Congenital night blindness
Other night blindness

**Endothelial Cell Photography (CPT Code 92286):**

- H18.10-H18.13: Bullous keratopathy
- H18.20: Unspecified corneal edema
- H18.221-H18.239: Other and unspecified corneal edema
- H18.51: Endothelial corneal dystrophy
- H18.59: Other hereditary corneal dystrophies
- H27.00-H27.03: Bullous keratopathy
- Q12.3: Congenital aphakia
- Z96.1: Presence of intraocular lens

**Special Anterior Segment Photography (CPT Code 92287):**

Note: the remainder of the ICD-10 codes listed below are for this procedure code only:

- A18.54: Tuberculous iridocyclitis
- C69.40-C69.42: Malignant neoplasm of ciliary body
- E10.39-E10.49: Type 1 diabetes mellitus with other diabetic ophthalmic complication
- E11.39-E11.49: Type 2 diabetes mellitus with other diabetic ophthalmic complication
- E13.39-E13.9: Other specified diabetes mellitus with other diabetic ophthalmic complication
- H20.00-H21.329: Disorders of sclera, cornea, iris and ciliary-body
- H21.341-H21.89: Other disorders of iris and ciliary body
- H22: Disorders of iris and ciliary body in diseases classified elsewhere
- H40.1410-H40.1494: Capsular glaucoma with pseudoexfoliation of lens
- H40.50X0-H40.53X4: Glaucoma secondary to other eye disorders
- H40.811-H40.819: Glaucoma with increased episcleral venous pressure
- H40.89: Other specified glaucoma
- H42: Glaucoma in diseases classified elsewhere
- Q11.0-Q11.2: Anophthalmos, microphthalmos and macrophthalmos
- Q12.0-Q12.9: Congenital lens malformations
- Q13.0-Q13.9: Congenital malformations of anterior segment of eye
- Q15.0: Congenital glaucoma

**Diagnoses that Support Medical Necessity**

N/A

**ICD-10 Codes that DO NOT Support Medical Necessity**

N/A

**Diagnoses that DO NOT Support Medical Necessity**
Associated Information

Documentation Requirements

- Office Notes supplying documentation of complaint or symptomatology for visual disturbances and the affect on activities of daily living
- Diagnostic test results

The provider has a responsibility to maintain a record for postpayment audit.

Utilization Guidelines

It is expected that these services would be performed as indicated by current medical literature and/or standards of practice. When services are performed in excess of established parameters, they may be subject to review for medical necessity.

Sources of Information and Basis for Decision

FCSO reference LCD number – L29457


Start Date of Comment Period

N/A

End Date of Comment Period

N/A

Start Date of Notice Period

04/01/2014

Revision Number: Original

This LCD replaces all previous LCD versions (refer to “Sources of Information and Basis for Decision” section of the LCD) and publications on this subject to comply with ICD-10-CM based on Change Request 8112. The effective date of this LCD is based on date of service.

Related Documents

N/A

LCD Attachments

N/A