

Vision Services, Therapy and Rehabilitation

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[Instructions for Use](#)

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Coverage Guidelines

Vision services, therapy and rehabilitation are covered in accordance with Medicare coverage criteria.

Eye Examination

Eye examination by the member's physician for the treatment or diagnosis for a specific illness, symptom, complaint or injury is covered.

Refer to the [Medicare Benefit Policy Manual, Chapter 16, §90 – Routine Services and Appliances](#). (Accessed August 10, 2021)

For visual acuity screening, refer to the “*Initial Preventive Physical Examination (IPPE)*” section in the Coverage Summary titled [Preventive Health Services and Procedures](#).

Services of an Optometrist and/or Ophthalmologist

Services of an optometrist and/or ophthalmologist are covered when medically reasonable and necessary for the diagnosis and treatment of an eye disease or injury.

Where more than one practitioner furnishes concurrent care, services furnished to a member by both an ophthalmologist and another physician (including an optometrist) may be recognized for payment if it is determined that each practitioner's services were reasonable and necessary.

Refer to the [Medicare Benefit Policy Manual, Chapter 15, §30.4 – Optometrist's Services](#). (Accessed August 10, 2021)

Frames and Lenses

Routine Corrective Refractive Frames and Lenses

Eye examinations for the purpose of prescribing, fitting, or changing eyeglasses; eye refractions by whatever practitioner and for whatever purpose performed are not covered by Medicare, however, some members may have this benefit, including the frames and lenses through their UnitedHealthcare Medicare Advantage plan.

Refer to the member's Schedule of Benefit (SOB) to determine eligibility for this benefit and the applicable copayment/coinsurance will apply, if any. In some cases, vision services may be provided by the medical group or by another vision services provider. Contact the customer services department for assistance in determining the member's assigned vision services provider.

Refer to the [Medicare Benefit Policy Manual, Chapter 16, §90 – Routine Services and Appliances](#). (Accessed August 10, 2021)

Post Cataract Surgery Frames and Lenses

One pair of eyeglasses or contact lenses are covered after each cataract surgery, with the insertion of a conventional intraocular lens (IOL).

Refer to the:

- [NCD for Intraocular Lenses \(IOLs\) \(80.12\)](#).
- [NCD for Refractive Keratoplasty \(80.7\)](#).

(Accessed August 10, 2021)

There is no specific time frame after the cataract surgery when a member must receive the post-cataract lenses. However, to ensure that the lenses are still medically necessary, the lenses should be dispensed within 3 months of being ordered.

For members who are aphakic and do not have an IOL, either because of surgery or congenital absence, the following lenses or combination of lenses are covered when determined to be medically necessary:

- Prosthetic bifocal lenses in frames (prescription eyeglasses);
- Prosthetic lenses in frames (prescription eyeglasses) for far vision and lenses in frames for near vision (prescription eyeglasses); or
- When contact lenses for far vision are prescribed, coverage includes: contact lenses and prosthetic lenses in frames (prescription eyeglasses) for near vision, and prosthetic lenses in frames (prescription eyeglasses) for when the contacts are removed (i.e., coverage for contacts for far vision, eyeglasses for near vision to be worn with the contacts, and eyeglasses for far vision for when the contacts are removed)

Note: Prosthetic lenses (prescription eyeglasses) that have ultraviolet absorbing or reflecting properties may be covered in lieu of the regular (untinted) prosthetic lenses mentioned in (a),(b) and(c) above if it has been determined that such lenses are medically reasonable and necessary for the individual patient.

Refer to the:

- [Medicare Benefit Policy Manual, Chapter 15, §120 – Prosthetic Devices.](#)
- [NCD for Intraocular Lenses \(IOLs\) \(80.12\).](#)

(Accessed August 10, 2021)

Hydrophilic Contact Lenses for Corneal Bandage

FDA-approved hydrophilic contact lens used as moist corneal bandages for the treatment of acute or chronic corneal pathology are covered:

- Bullous keratopathy
- Dry eyes
- Corneal ulcers and erosion
- Keratitis
- Corneal edema
- Descemetocoele
- Corneal ectasis
- Mooren's ulcer
- Anterior corneal dystrophy
- Neurotrophic keratoconjunctivitis

Hydrophilic contact lenses are not covered when used in the treatment of non-diseased eyes with spherical ametropia, refractive astigmatism and/or corneal astigmatism.

Refer to the:

- [NCD for Hydrophilic Contact Lens For Corneal Bandage \(80.1\)](#)
- [NCD for Hydrophilic Contact Lenses \(80.4\).](#)

(Accessed August 10, 2021)

Hard/Rigid Contact Lenses for the Treatment of Keratoconus

Hard/rigid contact lenses for the treatment of keratoconus are covered.

Note: Routine physical checkups; eyeglasses, contact lenses, and eye examinations for the purpose of prescribing, fitting, or changing eyeglasses; eye refractions by whatever practitioner and for whatever purpose performed; hearing aids and examinations for hearing aids; and immunizations are not covered.

The routine physical checkup exclusion applies to (a) examinations performed without relationship to treatment or diagnosis for a specific illness, symptom, complaint, or injury; and (b) examinations required by third parties such as insurance companies, business establishments, or Government agencies.

The exclusions apply to eyeglasses or contact lenses, and eye examinations for the purpose of prescribing, fitting, or changing eyeglasses or contact lenses for refractive errors.

The exclusions do not apply to physician services (and services incident to a physician's service) performed in conjunction with an eye disease, as for example, glaucoma or cataracts, or to post-surgical prosthetic lenses which are customarily used during convalescence from eye surgery in which the lens of the eye was removed, or to permanent prosthetic lenses required by an individual lacking the organic lens of the eye, whether by surgical removal or congenital disease. Refer to the [Medicare Benefit Policy Manual, Chapter 16, §90 – Routine Services and Appliances.](#) (Accessed August 10, 2021)

Non-Covered

Frames, lenses, contact lenses or plano lenses (non-prescription) are not covered except as described above. Refer to the [Medicare Benefit Policy Manual, Chapter 16, §90 – Routine Services and Appliances.](#) (Accessed August 10, 2021)

Low vision aids, progressive lenses, scratch coating for lenses, contact lens cleaner or solutions are not covered. Refer to the DME MAC [LCD for Refractive Lenses \(L33793\)](#) and the [Medicare Benefit Policy Manual, Chapter 16, §90 – Routine Services and Appliances](#). (Accessed October 27, 2021)

Local Coverage Determinations (LCD) for refractive lenses exists and compliance with these policies is required where applicable. Refer to the DME MAC [LCD for Refractive Lenses \(L33793\)](#). (Accessed October 27, 2021)

Vision Therapy (e.g., ocular exercises, visual training, vision training, orthoptics, and any associated supplemental testing) (CPT code 92065)

Medicare does not have a National Coverage Determination (NCD) for vision therapy. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time.

For coverage guidelines; refer to the UnitedHealthcare Commercial Medical Policy titled [Visual Information Processing Evaluation and Orthoptic and Vision Therapy](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines

For rehabilitation services for vision impairment, refer to Coverage Summary titled [Rehabilitation: Medical Rehabilitation \(OT, PT and ST, Including Cognitive Rehabilitation\)](#).

Annual Diabetic Retinal Examination

Annual diabetic retinal examination is covered for members with diabetes. Refer to the [Medicare Benefit Policy Manual, Chapter 16, §90 – Routine Services and Appliances](#). (Accessed August 10, 2021)

Glaucoma Screening

Refer to the Coverage Summary titled [Preventive Health Services and Procedures](#).

Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI)/Scanning Laser Glaucoma Tests (SLGT)/Optical Coherence Test (OCT)/Scanning Laser Polarimetry (CPT codes 92132, 92133 and 92134)

Medicare does not have a National Coverage Determination (NCD) for SLGT/OCT/ SCODI. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [SCODI](#).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the Wisconsin Physicians Service Insurance Corporation [LCD for Scanning Computerized Ophthalmic Diagnostic Imaging \(SCODI\) \(L34760\)](#).

Note: After checking the [SCODI](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

Verteporfin

Verteporfin is only covered when used in conjunction with ocular photodynamic therapy (OPT) for macular degeneration when furnished intravenously incident to a physician's service, when criteria are met.

For specific indications and limitations of coverage, see the following NCDs:

- [Photodynamic Therapy \(OPT\) \(80.2\)](#)
- [Ocular Photodynamic Therapy \(OPT\) \(80.2.1\)](#)
- [Photosensitive Drugs \(80.3\)](#)
- [Verteporfin \(80.3.1\)](#)

(Accessed August 12, 2021)

Keratoplasty/LASIK Procedure

Keratoplasty to treat specific lesions of the cornea is covered, such as phototherapeutic keratectomy that removes scar tissue from the visual field, deals with an abnormality of the eye and is not cosmetic.

Note: The use of lasers to treat ophthalmic disease constitutes ophthalmologic surgery. Coverage is restricted to practitioners who have completed an approved training program in ophthalmologic surgery.

Refractive keratoplasty is not covered to correct vision problems, e.g., myopia (nearsightedness) and hyperopia (farsightedness).

Refer to the [NCD for Refractive Keratoplasty \(80.7\)](#). (Accessed August 12, 2021)

Rehabilitation Services for Members with Vision Impairment

For coverage guidelines, refer to the Coverage Summary titled [Rehabilitation: Medical Rehabilitation \(OT, PT and ST, Including Cognitive Rehabilitation\)](#).

Intraocular Photography (also known as Fundus Photography)

Intraocular Photography to Diagnose Conditions listed below (CPT code 92250)

Intraocular photography when used by an ophthalmologist is covered for the diagnosis of such conditions as macular degeneration, retinal neoplasms, choroid disturbances and diabetic retinopathy, or to identify glaucoma, multiple sclerosis and other central nervous system abnormalities.

Note: Optometrists may be allowed to perform intraocular photography and other services, if the services are within the scope of practice permitted by state licensure. See the [Definition](#) section for Optometrist Services.

Refer to the [NCD for Intraocular Photography \(80.6\)](#). (Accessed August 12, 2021)

Remote Imaging to Detect Retinal Disease (e.g., retinopathy in patients with diabetes) (CPT code 92227)

Medicare does not have a National Coverage Determination (NCD) for remote imaging to detect retinal disease. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Intraocular Photography](#).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the National Government Services [LCD for Ophthalmology: Posterior Segment Imaging \(Extended Ophthalmoscopy and Fundus Photography\) \(L33567\)](#).

Note: After checking the [Intraocular Photography](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

Note: Fundus photography is not a substitute for an annual dilated examination by a qualified professional (e.g., in diabetic patients), and therefore not covered for this purpose.

Remote Imaging to Manage Active Retinal Disease (e.g., diabetic retinopathy) (CPT code 92228)

Medicare does not have a National Coverage Determination (NCD) for remote imaging to manage active retinal disease. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Intraocular Photography](#).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the National Government Services [LCD for Ophthalmology: Posterior Segment Imaging \(Extended Ophthalmoscopy and Fundus Photography\) \(L33567\)](#).

Note: After checking the [Intraocular Photography](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

Endothelial Cell Photography

Endothelial cell photography is covered when one or more of the following are met:

- Have slit lamp evidence of endothelial dystrophy (cornea guttata),
- Have slit lamp evidence of corneal edema (unilateral or bilateral),
- Are about to undergo a secondary intraocular lens implantation,
- Have had previous intraocular surgery and require cataract surgery,
- Are about to undergo a surgical procedure associated with a higher risk to corneal endothelium; i.e., phacoemulsification, or refractive surgery (see §80.7 for excluded refractive procedures),
- With evidence of posterior polymorphous dystrophy of the cornea or iridocorneal-endothelium syndrome, or
- Are about to be fitted with extended wear contact lenses after intraocular surgery

When a pre-surgical examination for cataract surgery is performed and the conditions of this section are met, if the only visual problem is cataracts, endothelial cell photography is covered as part of the presurgical comprehensive eye examination or combination brief/intermediate examination provided prior to cataract surgery, and not in addition to it.

Refer to the [NCD for Endothelial Cell Photography \(80.8\)](#). (Accessed August 12, 2021)

Vitreotomy

Vitreotomy is covered for the following conditions: vitreous loss incident to cataract surgery, vitreous opacities due to vitreous hemorrhage or other causes, retinal detachments secondary to vitreous strands, proliferative retinopathy, and vitreous retraction. Refer to the [NCD for Vitrectomy \(80.11\)](#). (Accessed August 12, 2021)

Phaco-Emulsification Procedure

Phaco-emulsification procedure for cataract extraction is covered. Refer to the [NCD for Phaco-Emulsification Procedure – Cataract Extraction \(80.10\)](#). (Accessed August 12, 2021)

Bladeless, Computer Controlled Laser Cataract Surgery (Femtosecond Laser System, e.g., LenSx® Laser):

CMS Rulings 05-01 and 1536-R allow facilities and physicians to charge patients only for the non-covered portion of a service that is furnished at the same time as a covered service.

Services that are part of cataract surgery with a conventional lens, including but not necessarily limited to the incision by whatever method, capsulotomy by whatever method, and lens fragmentation by whatever method, may not be charged to the patient. The patient may only be charged for those non-covered services specified above. (refer to the [Post Cataract Surgery Frames and Lenses](#) section.)

Medicare coverage and payment for cataract surgery is the same irrespective of whether the surgery is performed using conventional surgical techniques or a bladeless, computer controlled laser. Under either method, Medicare will cover and pay for the cataract removal and insertion of a conventional intraocular lens.

If the bladeless, computer controlled laser cataract surgery includes implantation of a presbyopia intraocular lens (PC-IOL) or astigmatism correcting intraocular lens (AC-IOL), only charges for those non-covered services specified above) may be charged to the patient. (refer to the [Post Cataract Surgery Frames and Lenses](#) section.)

These charges could possibly include charges for additional services, such as imaging, necessary to implant a PC-IOL or an AC-IOL but that are not performed when a conventional IOL is implanted. Performance of such additional services by a physician on a limited and non-routine basis in conventional IOL cataract surgery would not disqualify such services as non-covered services.

This guidance does not apply to the use of technology for refractive keratoplasty.

Refer to the [CMS Publication \(November 16, 2012 \) – Laser-Assisted Cataract Surgery and CMS Ruling 05-01 and CMS Ruling 1536-R](#). (Accessed August 12, 2021)

Visual Tests Prior to and General Anesthesia During Cataract Surgery

Pre-Surgery Evaluations

Where the only diagnosis is cataract(s), Medicare does not routinely cover testing other than one comprehensive eye examination (or a combination of a brief/intermediate examination not to exceed the charge of a comprehensive examination) and an A-scan or, if medically justified, a B-scan.

General Anesthesia

The use of general anesthesia in cataract surgery may be considered reasonable and necessary if, for particular medical indications, it is the accepted procedure among ophthalmologists in the local community to use general anesthesia. Refer to the [NCD for Use of Visual Test Prior to and General Anesthesia during Cataract Surgery \(10.1\)](#). (Accessed August 12, 2021)

Computer Enhanced Perimetry

Computer enhanced perimetry is covered when used in assessing visual fields in patients with glaucoma or other neuropathologic defects. Refer to the [NCD for Computer Enhanced Perimetry \(80.9\)](#). (Accessed August 12, 2021)

Glaucoma Surgical Treatments

Refer to the Coverage Summary titled [Glaucoma Surgical Treatments](#).

Avastin® (Bevacizumab)

Refer to the Coverage Summary titled [Medications/Drugs \(Outpatient/Part B\)](#).

Lucentis® (Ranibizumab)

Refer to the Coverage Summary titled [Medications/Drugs \(Outpatient/Part B\)](#).

Implantable Miniature Telescope (IMT) (CPT code 0308T and HCPCS code C1840)

Medicare does not have a National Coverage Determination (NCD) for Implantable Miniature Telescope (IMT). Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Implantable Miniature Telescope \(IMT\)](#).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Medical Policy titled [Macular Degeneration Treatment Procedures](#).

Note: After checking the [Implantable Miniature Telescope \(IMT\)](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

Computerized Corneal Topography (CPT code 92025)

Medicare does not have a National Coverage Determination (NCD) for computerized corneal topography. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Computerized Corneal Topography](#).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the CGS [LCD for Computerized Corneal Topography \(L34008\)](#).

Note: After checking the [Computerized Corneal Topography](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

Corneal Pachymetry (Ophthalmic Ultrasound) (CPT code 76514)

Medicare does not have a National Coverage Determination (NCD) for corneal pachymetry or ophthalmic ultrasound. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Corneal Pachymetry \(Ophthalmic Ultrasound\)](#).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the National Government Services [LCD for Corneal Pachymetry \(L33630\)](#).

Note: After checking the [Corneal Pachymetry \(Ophthalmic Ultrasound\)](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

Retinal Prosthesis (CPT code 0100T)

Medicare does not have a National Coverage Determination (NCD) for retinal prosthesis. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Retinal Prosthesis](#).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled [Omnibus Codes](#).

Note: After checking the [Retinal Prosthesis](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

Note: CPT code 0100T is subject to HDE rule. Refer to the definition of HDE below.

Corneal Hysteresis Measurement

Medicare does not have a National Coverage Determination (NCD) for corneal hysteresis measurement. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Corneal Hysteresis Measurement](#).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled [Corneal Hysteresis and Intraocular Measurement](#).

Note: After checking the [Corneal Hysteresis Measurement](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

Definitions

Humanitarian Device Exemption (HDE): Is the application process. An HDE is similar in both form and content to a pre-market approval (PMA) application; however, the HDE is “exempt” from the effectiveness requirements of a PMA.

An HDE application does not require the explanation of scientific results of a valid clinical investigation which demonstrates the device is effective for its intended purpose.

An HDE must contain sufficient information for the Food and Drug Administration (FDA) to determine that the probable benefit to health outweighs the risk of injury or illness taking into account the probable risks and benefits of currently available devices or alternative forms of treatment. (Refer to section 520(m) (2) (C)). An FDA approved HDE authorizes marketing of a Humanitarian Use Device (HUD). [FDA – Medical Devices, HDE Approvals](#). (Accessed August 12, 2021)

Optometrist Services: Effective April 1, 1987, a doctor of optometry is considered a physician with respect to all services the optometrist is authorized to perform under State law or regulation. To be covered under Medicare, the services must be medically reasonable and necessary for the diagnosis or treatment of illness or injury, and must meet all applicable coverage requirements. Refer to the [Medicare General Information, Eligibility, and Entitlement Manual, Chapter 5, §70.5 – Optometrist](#). (Accessed August 12, 2021)

Presbyopia: Age associated type of refractive error that results in a progressive loss of ability to focus on objects at near distance or close-up. [CMS Ruling 05-01 \(May 3, 2005\) – Requirements for Determining Coverage of Presbyopia-Correcting Intraocular Lenses](#). (Accessed August 12, 2021)

Vision Impairment Rehabilitation: Designed to improve the performance of activities of daily living in patients with vision impairment or vision loss whose vision cannot be corrected to normal or near normal by standard restorative processes. Vision impairment ranging from low vision to total blindness may result from primary eye disorders, such as macular degeneration, retinitis pigmentosa, or glaucoma, or as a condition secondary to another primary diagnosis, such as diabetes mellitus,

acquired immune deficiency syndrome (AIDS), infection, etc. Vision rehabilitation in these patients is intended to maximize the use of residual vision and to provide practical adaptations and training to increase functional ability, personal safety, and independence. [Medicare Program Memorandum AB-02-078 – Rehabilitation Services for Visually Impaired, Change Request 2083, May 29, 2002.](#) (Accessed August 12, 2021)

Supporting Information

Important Note: When searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the applicable referenced default policy below for coverage guidelines.

Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI)				
Accessed October 27, 2021				
LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L34061 (A56692)	Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI)	Part A and B MAC	CGS Administrators, LLC	KY, OH
L33751 (A57804)	Scanning Computerized Ophthalmic Diagnostic Imaging	Part A and B MAC	First Coast Service Options, Inc.	FL, PR, VI
L34380 (A56537)	Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI)	Part A and B MAC	National Government Services, Inc.	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L35038 (A57600)	Scanning Computerized Ophthalmic Diagnostic Imaging	Part A and B MAC	Novitas Solutions, Inc.	CO, NM, OK, TX, AR, LA, MS, DE, DC, MD, NJ, PA
L34431 (A56825)	Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI)	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV
L34760 (A56916)	Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI)	Part A MAC	Wisconsin Physicians Service Insurance Corporation	AK, AL*, AR*, AZ, CA, CO*, CT*, DE*, FL*, GA*, HI, IA, ID, IL*, IN, KS, KY*, LA*, MA*, MD*, ME*, MI, MO, MS*, MT, NC*, ND, NE, NH*, NJ*, NM*, NV, OH*, OK*, OR, PA*, RI*, SC*, SD, TN*, TX*, UT, VA*, VT*, WA, WI*, WV*, WY Note: States notated with an asterisk (*) should follow the other available state-specific LCD/LCA listed in this table. This WPS LCD/LCA only applies to states without asterisk.
L34760 (A56916)	Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI)	Part B MAC	Wisconsin Physicians Service Insurance Corporation	IA, IN, KS, MI, MO, NE

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Intraocular Photography (also known as Fundus Photography)

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LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L34399 (A57071)	Ophthalmology: Posterior Segment Imaging (Extended Ophthalmoscopy and Fundus Photography)	Part A and B MAC	CGS Administrators, LLC	KY, OH
L33567 (A56726)	Ophthalmology: Posterior Segment Imaging (Extended Ophthalmoscopy and Fundus Photography)	Part A and B MAC	National Government Services, Inc.	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L33467 (A53060)	Ophthalmology: Extended Ophthalmoscopy and Fundus Photography	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV

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Implantable Miniature Telescope (IMT)

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LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L33584 (A57411)	Implantable Miniature Telescope (IMT)	Part A and B MAC	National Government Services, Inc.	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
A53501	Implantable Miniature Telescope (IMT) for Macular Degeneration	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV
L35490 (A56902)	Category III Codes	Part A MAC	Wisconsin Physicians Service Insurance Corporation	AK, AL *, AR, AZ, CA, CO, CT *, DE, FL, GA *, HI, IA, ID, IL *, IN, KS, KY *, LA, MA *, MD, ME *, MI, MO, MS, MT, NC *, ND, NE, NH *, NJ, NM, NV, OH *, OK, OR, PA, RI *, SC *, SD, TN *, TX, UT, VA *, VT *, WA, WI *, WV *, WY Note: States notated with an asterisk (*) should follow the other available state-specific LCD/LCA listed in this table. This WPS LCD/LCA only applies to states without asterisk.
L35490 (A56902)	Category III Codes	Part B MAC	Wisconsin Physicians Service Insurance Corporation	IA, IN, KS, MI, MO, NE

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Computerized Corneal Topography

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LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L34008 (A56816)	Computerized Corneal Topography	Part A and B MAC	CGS Administrators, LLC	KY, OH
L33810 (A57699)	Computerized Corneal Topography	Part A and B MAC	First Coast Service Options, Inc.	FL, PR, VI

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Corneal Pachymetry (Ophthalmic Ultrasound)

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LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L33999 (A56457)	Corneal Pachymetry	Part A and B MAC	CGS Administrators, LLC	KY, OH
L33630 (A56548)	Corneal Pachymetry	Part A and B MAC	National Government Services, Inc.	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L34512 (A56611)	Corneal Pachymetry	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV

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Retinal Prosthesis

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LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
A54327	Billing and Coding: ArgusM II Retinal Prosthesis System	Part A and B MAC	CGS Administrators, LLC	KY, OH
A53044	ArgusM II Retinal Prosthesis System	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV

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Corneal Hysteresis Measurement

Accessed October 27, 2021

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L38014 (A56248)	Corneal Hysteresis	Part A and B MAC	National Government Services, Inc.	CT, IL, MA, ME, MN, NH NY, RI, VT, WI
L38211 (A56910)	Corneal Hysteresis	Part A MAC	Wisconsin Physicians Service Insurance Corporation	AK, AL, AR, AZ, CA, CO, CT*, DE, FL, GA, HI, IA, ID, IL*, IN, KS, KY, LA, MA*, MD, ME*, MI, MO, MS, MT, NC, ND, NE, NH*, NJ, NM, NV, OH, OK, OR, PA, RI*, SC, SD, TN, TX, UT, VA, VT*, WA, WI*, WV, WY Note: States notated with an asterisk (*) should follow the other available state-specific LCD/LCA listed in this table. This WPS LCD/LCA only applies to states without asterisk.

Corneal Hysteresis Measurement

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LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L38211 (A56910)	Corneal Hysteresis	Part B MAC	Wisconsin Physicians Service Insurance Corporation	IA, IN, KS, MI, MO, NE

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Policy History/Revision Information

Date	Summary of Changes
08/17/2021	<p>Coverage Guidelines</p> <p><i>Frames and Lenses</i></p> <p>Post Cataract Surgery Frames and Lenses</p> <ul style="list-style-type: none"> Removed notation addressing payment rules for presbyopia-correction intraocular lenses (IOL) <p>Hydrophilic Contact Lenses for Corneal Bandage</p> <ul style="list-style-type: none"> Removed notation addressing payment for hydrophilic contact lenses <p>Non-Covered</p> <ul style="list-style-type: none"> Added reference link to the Durable Medical Equipment (DME) MAC Local Coverage Determination (LCD) for <i>Refractive Lenses (L33793)</i> <p>Verteporfin</p> <ul style="list-style-type: none"> Removed reference link to the National Coverage Determination (NCD) for <i>Photodynamic Therapy (OPT) (80.2)</i> <p>Supporting Information</p> <ul style="list-style-type: none"> Archived previous policy version MCS104.01

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The benefit information in this Coverage Summary is based on existing national coverage policy; however, Local Coverage Determinations (LCDs) may exist and compliance with these policies are required where applicable.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)).

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