Coverage Summary

Vision Services, Therapy and Rehabilitation

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<td>Approved by: UnitedHealthcare Medicare Benefit Interpretation Committee</td>
<td>Last Review Date: 07/23/2019</td>
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Related Medicare Advantage Policy Guidelines:

- Computer Enhanced Perimetry (NCD 80.9)
- Corneal Topography
- Endothelial Cell Photography (NDC 80.4)
- Hydrophilic Contact Photography (NCD 80.6)
- Hydrophilic Contact Lens For Corneal Bandage (NCD 80.1)
- Intraocular Photography (NCD 80.6)
- Intraocular Lenses (IOLs) (80.12)
- Ocular Photodynamic Therapy (OPT) (NCD 80.2.1)
- Ocular Telescope
- Phaco-Emulsification Procedure - Cataract Extraction (NCD 80.10)
- Photodynamic Therapy (OPT) (NCD 80.2)
- Photosensitive Drugs (NCD 80.3)
- Refractive Keratoplasty (NCD 80.7)
- Retinal Prosthesis
- Use of Visual Tests Prior to and General Anesthesia during Cataract Surgery (NCD 10.1)
- Verteporfin (NCD 80.3.1)
- Vitrectomy (NCD 80.11)

This information is being distributed to you for personal reference. The information belongs to UnitedHealthcare and unauthorized copying, use, and distribution are prohibited. This information is intended to serve only as a general reference resource and is not intended to address every aspect of a clinical situation. Physicians and patients should not rely on this information in making health care decisions. Physicians and patients must exercise their independent clinical discretion and judgment in determining care. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the Member’s Evidence of Coverage (EOC)/Schedule of Benefits (SOB)/Summary of Benefits (SB). If there is a discrepancy between this policy and the member’s EOC/SB, the member’s EOC/SB provision will govern. The information contained in this document is believed to be current as of the date noted.

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 is 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).

INDEX TO COVERAGE SUMMARY

1. **COVERAGE**
   1. Eye Examination
   2. Services of an Optometrist or Ophthalmologist
   3. Frames and Lenses
      a. Routine Corrective Refractive Frames and Lenses
      b. Post Cataract Surgery Frames and Lenses
      c. Hydrophilic Contact Lenses for Corneal Bandage
      d. Hard/rigid Contact Lenses for the Treatment of Keratoconus
      e. Other Frames and Lenses
      f. Low Vision Aids, Progressive Lenses, Scratch Coating for Lenses, Contact Lens Cleaner or Solutions
      g. Vision Therapy
   4. Annual Diabetic Retinal Examination
   5. Glaucoma Screening
I. COVERAGE

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

Guidelines/Notes:

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

   *See the Medicare Benefit Policy Manual, Chapter 16, §90 - Routine Services and Appliances. (Accessed July 16, 2019)*

   *For visual acuity screening, see the Initial Preventive Physical Examination (IPPE) section in the Coverage Summary for Preventive Health Services and Procedures.*

2. **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.
3. **Frames and Lenses**

   a. **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.*

   *See the Medicare Benefit Policy Manual, Chapter 15, §30.4 - Optometrist’s Services. (Accessed July 16, 2019)*

   b. **Post Cataract Surgery Frames and Lenses**

   1) One pair of eyeglasses or contact lenses are covered after each cataract surgery, with the insertion of a conventional intraocular lens (IOL). *See the NCD for Intraocular Lenses (IOLs) (80.12). Also see NCD for Refractive Keratoplasty (80.7). (Accessed July 16, 2019)*

   **Notes:**

   - **Presbyopia-correction IOL:** Effective May 3, 2005, CMS issued a ruling concerning payment rules for the patient’s request for insertion of presbyopia-correction IOL instead of conventional IOL following cataract surgery. *In this case, the patient is financially responsible for the following:*
     - Payment of that portion of the facility charge that exceeds the facility charge for insertion of a conventional IOL
     - Payment of facility charges for resources required for fitting and vision acuity testing of a presbyopia-correcting IOL that exceeds the facility charges for resources furnished for a conventional IOL
     - Payment of that portion of the physician’s charge for the presbyopia-correcting IOL that exceeds the physician’s charge for a conventional IOL
   
   *See the CMS Ruling 05-01 (May 3, 2005) - Requirements for Determining Coverage of Presbyopia-Correcting Intraocular Lenses. (Accessed July 16, 2019)*

   - **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.**

   2) 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:

   a. Prosthetic bifocal lenses in frames (prescription eyeglasses);

   b. Prosthetic lenses in frames (prescription eyeglasses) for far vision and lenses in frames for near vision (prescription eyeglasses); or

   c. 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.


Also see the [NCD for Intraocular Lenses (IOLs) (80.12)](#). (Accessed July 16, 2019)

**c. 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
  - Descemetocele
  - 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.

**Note:** Payment for the lens is included in the payment for the physician’s service to which the lens is incident.

See the [NCD for Hydrophilic Contact Lens For Corneal Bandage (80.1)](#) and the [NCD for Hydrophilic Contact Lenses (80.4)](#). (Accessed July 16, 2019)

**d. 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

e. Frames, lenses, contact lenses or plano lenses (non-prescription) are not covered except as described above. See the Medicare Benefit Policy Manual, Chapter 16, §90 - Routine Services and Appliances. (Accessed July 16, 2019)

f. Low vision aids, progressive lenses, scratch coating for lenses, contact lens cleaner or solutions are not covered. See the Medicare Benefit Policy Manual, Chapter 16, §90 - Routine Services and Appliances. (Accessed July 16, 2019)

g. Vision therapy (e.g., ocular exercises, visual training, vision training, orthoptics, and any associated supplemental testing) are not covered; based on the member’s Evidence of Coverage (EOC).

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

Local Coverage Determinations (LCD) for refractive lenses exists and compliance with these policies is required where applicable. See the DME MAC LCD for Refractive Lenses (L33793). (Accessed February 17, 2020)

4. Annual Diabetic Retinal Examination


5. Glaucoma Screening; see the Coverage Summary for Preventive Health Services and Procedures

6. 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 for all 50 states compliance with these policies is required where applicable. For state-specific LCDs/LCAs, see the LCD/LCA Availability Grid (Attachment A).
- Committee approval date: July 23, 2019
- Accessed January 2, 2020

7. 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 July 17, 2019)

8. Keratoplasty/LASIK Procedure
a. 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.)

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

See the NCD for Refractive Keratoplasty (80.7); also see the (Accessed July 17, 2019)

9. Rehabilitation Services for Members with Vision Impairment; see the Coverage Summary for Rehabilitation: Medical Rehabilitation (OT, PT and ST, Including Cognitive Rehabilitation) for coverage guideline.

10. Intraocular Photography (also known as Fundus Photography)

a. 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 Section II for the definition of optometrist services.

   See the NCD for Intraocular Photography (80.6). (Accessed July 17, 2019)

b. 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 state-specific LCDs/LCAs, see the LCD/LCA Availability Grid (Attachment B).
   - For states with no LCDs/LCAs, see the National Government Services LCD/LCA for Ophthalmology: Posterior Segment Imaging (Extended Ophthalmoscopy and Fundus Photography) (L33567) for coverage guideline.
     (IMPORTANT NOTE: After checking the LCD/LCA Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
   - Committee approval date: July 23, 2019
   - Accessed February 17, 2020

   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.

   c. 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 state-specific LCDs/LCAs, see the LCD/LCA Availability Grid (Attachment B).
• **For states with no LCDs/LCAs**, see the National Government Services [LCD/LCA for Ophthalmology: Posterior Segment Imaging (Extended Ophthalmoscopy and Fundus Photography)](L33567) for coverage guideline.

  (**IMPORTANT NOTE**: After checking the LCD/LCA Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)

• **Committee approval date**: July 23, 2019
• **Accessed February 17, 2020**

11. **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 irido-corneal-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.

See the [NCD for Endothelial Cell Photography (80.8)](Accessed July 17, 2019).

12. **Vitrectomy**

   Vitrectomy 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. See the [NCD for Vitrectomy (80.11)](Accessed July 17, 2019).

13. **Phaco-Emulsification Procedure**

   Phaco-emulsification procedure for cataract extraction is covered. See the [NCD for Phaco-Emulsification Procedure-Cataract Extraction (80.10)](Accessed July 17, 2019).

   **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. (see Guideline 3.b)
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. (see Guideline 3.b)

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.


14. **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.

   See the NCD for Use of Visual Test Prior to and General Anesthesia during Cataract Surgery (10.1). (Accessed July 17, 2019)

15. **Computer Enhanced Perimetry**

   Computer enhanced perimetry is covered when used in assessing visual fields in patients with glaucoma or other neuropathologic defects. See the NCD for Computer Enhanced Perimetry (80.9). (Accessed July 17, 2019)

16. **Glaucoma Surgical Treatments**; see the Coverage Summary for Glaucoma Surgical Treatments.

17. **Avastin® (Bevacizumab)***; see the Coverage Summary for Age Related Macular Degeneration (AMD) Therapy (Macugen®, Lucentis®, Avastin®, EYLEA®).

18. **Lucentis® (Ranibizumab)**; see the Coverage Summary for Age Related Macular Degeneration (AMD) Therapy (Macugen®, Lucentis®, Avastin®, EYLEA®).

19. **Implantable Miniature Telescope (IMT) (CPT codes C1840 and 0308T)**

   - Medicare does not have a National Coverage Determination (NCD) for Implantable Miniature Telescope (IMT).
   - Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist for all 50 states and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, see the LCD/LCA Availability Grid (Attachment C).
   - Committee approval date: July 23, 2019
20. **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 state-specific LCDs/LCAs, see the **LCD/LCA Availability Grid (Attachment D)**.
- **For states with no LCDs/LCAs**, see the CGS **LCD/LCA for Computerized Corneal Topography (L34008)** for coverage guideline.
  
  **IMPORTANT NOTE**: After searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.
- **Committee approval date**: July 23, 2019
- Accessed February 17, 2020

21. **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 state-specific LCDs/LCAs, see the **LCD/LCA Availability Grid (Attachment E)**.
- **For states with no LCDs/LCAs**, see the National Government Services **LCD/LCA for Corneal Pachymetry (L33630)** for coverage guideline.
  
  **IMPORTANT NOTE**: After checking the LCD/LCA Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.
- **Committee approval date**: July 23, 2019
- Accessed February 17, 2020

22. **Retinal Prosthesis (HCPCS 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 state-specific LCDs/LCAs, see the **LCD/LCA Availability Grid (Attachment F)**.
- **For states with no LCDs/LCAs**, see the UnitedHealthcare Commercial Medical Policy for Omnibus Codes for coverage guideline.
  
  **IMPORTANT NOTE**: After checking the LCD/LCA Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.
- **Committee approval date**: July 23, 2019
- Accessed February 17, 2020

Note: HCPCS code 0100T is subject to HDE rule. See definition of HDE below.

23. **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 state-specific LCDs/LCAs, see the **LCD/LCA Availability Grid (Attachment G)**.
- **For states with no LCDs/LCAs**, see the UnitedHealthcare Commercial Medical Policy for...
Corneal Hysteresis and Intraocular Measurement for coverage guideline.

(IMPORTANT NOTE: After checking the LCD/LCA Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)

- **Committee approval date:** July 23, 2019
- **Accessed February 17, 2020**

24. **Visual Field Assessment, e.g., ForeseeHome AMD Monitoring Program (CPT codes 0378T and 0379T)**

- Medicare does not have a National Coverage Determination (NCD) for visual field assessment, e.g., ForeseeHome and Monitoring Program.
- **Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable.** For state-specific LCDs/LCAs, see the LCD/LCA Availability Grid (Attachment H).
- **For states with no LCDs/LCAs, see the Novitas Solutions, Inc. LCD/LCA for Services That Are Not Reasonable and Necessary (L35094) for coverage guideline.**

(IMPORTANT NOTE: After checking the LCD/LCA Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)

- **Committee approval date:** July 23, 2019
- **Accessed February 17, 2020**

### II. 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. (See section 520(m) (2) (C)). An FDA approved HDE authorizes marketing of a Humanitarian Use Device (HUD). *FDA - Medical Devices, HDE Approvals.* (Accessed July 17, 2019)

**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. See the Medicare General Information, Eligibility, and Entitlement Manual, Chapter 5, §70.5 - Optometrist. (Accessed July 17, 2019)

**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 July 17, 2019)

**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 July 17, 2019)

### III. REFERENCES

See above

### IV. REVISION HISTORY

07/23/2019

**Guideline 6 [Scanning Computerized Ophthalmic Diagnostic Imagine (SCODI)/Scanning Laser Glaucoma Tests (SLGT)/Optical Coherence Test (OCT)/Scanning Laser Polarimetry (CPT codes 92132, 92133 and 92134)]**

- Revised language pertaining to applicable Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) to indicate LCDs/LCAs exist for all 50 states and compliance with these policies is required where applicable
- Removed default guidelines for states with no LCDs/LCAs

**Guideline 8 (Keratoplasty/LASIK Procedure)**

- Removed reference link to the Medicare Program Memorandum AB-02-078, Provider Education Article titled *Medicare Coverage of Rehabilitation Services for Beneficiaries With Vision Impairment, Change Request 2083* dated May 29, 2002

**Guideline 19 [Implantable Miniature Telescope (IMT) (CPT codes C1840 and 0308T)]**

- Revised language pertaining to applicable LCDs/LCAs to indicate LCDs/LCAs exist for all 50 states and compliance with these policies is required where applicable
- Removed default guidelines for states with no LCDs/LCAs

**Attachments**

- Updated LCD Availability Grids to reflect the most current reference links

### V. ATTACHMENTS

#### Attachment A - LCD/LCA Availability Grid

**Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI)**

(CPT codes 92132, 92133 and 92134)

*CMS website accessed February 17, 2020*

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<td>A and B MAC</td>
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<td>CO, NM, OK, TX, AR, LA, MS, DE, DC, MD, NJ, PA</td>
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<td>CGS Administrators, LLC</td>
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<td>L34760</td>
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### Attachment A - UHC MA Coverage Summary: Vision Services, Therapy and Rehabilitation

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<td>A and B MAC</td>
<td>Palmetto GBA</td>
<td>AL, GA, NC, SC, TN, VA, WV</td>
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</table>

End of Attachment A

### Attachment B - LCD/LCA Availability Grid

**Intraocular Photography (also known as Fundus Photography)**

(CPT code 92250, 92227 and 92228)

CMS website accessed February 17, 2020

<table>
<thead>
<tr>
<th>ID #</th>
<th>Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
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</thead>
<tbody>
<tr>
<td>L33670 (A57071)</td>
<td>Ophthalmology: Posterior Segment Imaging (Extended Ophthalmoscopy and Fundus Photography)</td>
<td>MAC - Part A and B</td>
<td>National Government Services, Inc.</td>
<td>CT, IL, MA, ME, MN, NH, NY, RI, VT, WI</td>
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<tr>
<td>L33777 (A57743)</td>
<td>Fundus Photography</td>
<td>A and B MAC</td>
<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
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<tr>
<td>L34399 (A57071)</td>
<td>Non-covered Services</td>
<td>A and B MAC</td>
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<tr>
<td>L33467 (A57743)</td>
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<td>MAC - Part A and B</td>
<td>CGS Administrators, LLC</td>
<td>KY, OH</td>
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End of Attachment B

### Attachment C - LCD/LCA Availability Grid

**Implantable Miniature Telescope (IMT)**

(CPT codes C1840 and 0308T)

CMS website accessed February 17, 2020

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<tr>
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<th>Title</th>
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<tbody>
<tr>
<td>L36219 (A55607)</td>
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<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>AS, CA, GU, HI, MP, NV</td>
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<tr>
<td>L35008 (A55681)</td>
<td>Non-Covered Services</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>AK., AZ, ID, MT, ND, OR, SD, UT, WA, WY</td>
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<tr>
<td>A53501</td>
<td>Implantable Miniature Telescope (IMT) for Macular Degeneration</td>
<td>A and B MAC</td>
<td>Palmetto GBA</td>
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<tr>
<td>L35490 (A56902)</td>
<td>Category III Codes</td>
<td>MAC - Part A and B</td>
<td>Wisconsin Physicians Service Insurance Corporation</td>
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<td>L35490 (A56902)</td>
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<td>Wisconsin Physicians Service Insurance Corporation</td>
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<tr>
<td>L33584 (A57411)</td>
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<td>MAC - Part A and B</td>
<td>National Government Services, Inc.</td>
<td>CT, IL, MA, ME, MN, NH, NY, RI, VT, WI</td>
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End of Attachment C
### Attachment D - LCD/LCA Availability Grid

**Computerized Corneal Topography**  
(CPT code 92025)  
CMS website accessed February 17, 2020

<table>
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<th>Title</th>
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<tr>
<td>L33810</td>
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<td>A and B MAC</td>
<td>First Coast Service Options, Inc.</td>
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<td>MAC - Part A and B</td>
<td>CGS Administrators, LLC</td>
<td>KY, OH</td>
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End of Attachment D

### Attachment E - LCD/LCA Availability Grid

**Corneal Pachymetry (Ophthalmic Ultrasound)**  
(CPT code 76514)  
CMS website accessed February 17, 2020

<table>
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<tr>
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<th>Title</th>
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<th>Contractor</th>
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<tbody>
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<td>L33999</td>
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<td>L33630</td>
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<td>MAC - Part A and B</td>
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<td>L34512</td>
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End of Attachment E

### Attachment F - LCD/LCA Availability Grid

**Retinal Prosthesis**  
(CPT code 0100T)  
CMS website accessed February 17, 2020

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<tbody>
<tr>
<td>A53044</td>
<td>ArgusM II Retinal Prosthesis System</td>
<td>A and B MAC</td>
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<td>A54327</td>
<td>Billing and Coding: ArgusM II Retinal Prosthesis System</td>
<td>MAC - Part A and B</td>
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<tr>
<td>L36219</td>
<td>Non-Covered Services</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>AS, CA, GU, HI, MP, NV</td>
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<td>L35008</td>
<td>Non-Covered Services</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
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<td>L33392</td>
<td>Category III CPT® Codes</td>
<td>A and B MAC</td>
<td>National Government Services, Inc.</td>
<td>CT, IL, MA, ME, MN, NH</td>
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End of Attachment F

### Attachment G - LCD/LCA Availability Grid

**Corneal Hysteresis Measurement**  
(CPT code 92145)  
CMS website accessed February 17, 2020

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<th>Title</th>
<th>Contractor Type</th>
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<td>A and B MAC</td>
<td>Palmetto GBA</td>
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<td>L33777</td>
<td>Non-covered Services</td>
<td>A and B MAC</td>
<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
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### Attachment G - LCD/LCA Availability Grid

**Corneal Hysteresis Measurement**  
(CPT code 92145)

CMS website accessed February 17, 2020

<table>
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<tr>
<th>ID #</th>
<th>Title</th>
<th>Contractor Type</th>
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<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>AS, CA, GU, HI, MP, NV</td>
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<td>L35008</td>
<td>Non-Covered Services</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>AK., AZ, ID, MT, ND, OR, SD, UT, WA, WY</td>
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<td>Corneal Hysteresis</td>
<td>MAC - Part A and B</td>
<td>Wisconsin Physicians Service Insurance Corporation</td>
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<td>L38211</td>
<td>Corneal Hysteresis</td>
<td>MAC - Part A</td>
<td>Wisconsin Physicians Service Insurance Corporation</td>
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</table>

**End of Attachment G**

### Attachment H - LCD/LCA Availability Grid

**Visual Field Assessment, e.g., ForeseeHome AMD Monitoring Services**  
(CPT codes 0378T and 0379T)

CMS website accessed February 17, 2020

<table>
<thead>
<tr>
<th>ID #</th>
<th>Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
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</thead>
<tbody>
<tr>
<td>L33392</td>
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<tr>
<td>L35094</td>
<td>Services That Are Not Reasonable and Necessary</td>
<td>A and B MAC</td>
<td>Novitas Solutions, Inc.</td>
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**End of Attachment H**