Coverage Summary

Vision Services, Therapy and Rehabilitation

Policy Number: V-001  Products: UnitedHealthcare Medicare Advantage Plans  
Original Approval Date: 11/28/2006

Approved by: UnitedHealthcare Medicare Benefit Interpretation Committee  
Last Review Date: 03/19/2019

Related Medicare Advantage Policy Guidelines:

- Computer Enhanced Perimetry (NCD 80.9)
- Corneal Topography
- Endothelial Cell Photography (NDC 80.8)
- Hydrophilic Contact Lenses (NCD 80.4)
- 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)

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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 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

I. 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
   6. Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI)
| 7. | Verteporfin |
| 8. | Keratoplasty/LASIK Procedure |
| 9. | Rehabilitation Services for Members with Vision Impairment |
| 10. | Intraocular Photography (also known as Fundus Photography) |
| a. | Intraocular Photography to Diagnose Conditions |
| b. | Remote Imaging to Detect Retinal Disease (e.g., retinopathy in patients with diabetes) |
| c. | Remote Imaging to Manage Active Retinal Disease (e.g., diabetic retinopathy) |
| 11. | Endothelial Cell Photography |
| 12. | Vitrectomy |
| 13. | Phaco-Emulsification Procedure |
| 14. | Visual Tests Prior to and General Anesthesia during Cataract Surgery |
| 15. | Computer Enhanced Perimetry |
| 16. | Glaucoma Surgical Treatments |
| 17. | Avastin® (Bevacizumab) |
| 18. | Lucentis® (Ranibizumab) |
| 19. | Implantable Miniature Telescope (IMT) |
| 20. | Computerized Corneal Topography |
| 21. | Corneal Pachmetry (Ophthalmic ultrasound) |
| 22. | Retinal Prosthesis |
| 23. | Corneal Hysteresis Measurement |
| 24. | Visual Field Assessment, e.g., ForeseeHome AMD Monitoring Program |

II. DEFINITIONS

III. REFERENCES

IV. REVISION HISTORY

V. ATTACHMENTS

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 August 8, 2018)*

   *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.

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


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)](https://www.cms.gov). Also see [NCD for Refractive Keratoplasty (80.7)](https://www.cms.gov).

   **Notes:**
   
   - **Presbyopia-correction IOL:** Effective May 3, 2005, CMS issued a ruling concerning payment rules for the beneficiary’s request for insertion of presbyopia-correction IOL instead of conventional IOL following cataract surgery. In this case, the beneficiary 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


   - 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 April 3, 2018)

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:
  o Bullous keratopathy
  o Dry eyes
  o Corneal ulcers and erosion
  o Keratitis
  o Corneal edema
  o Descemetocoele
  o Corneal ectasia
  o Mooren’s ulcer
  o Anterior corneal dystrophy
  o 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 August 8, 2018)

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 surgical removal or congenital disease. See the Medicare Benefit Policy Manual, Chapter 16, §90 - Routine Services and Appliances. (Accessed August 8, 2018)

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 August 8, 2018)

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 August 8, 2018)

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 exist and compliance with these policies is required where applicable. See the DME MAC LCD for Refractive Lenses (L33793). (Accessed December 13, 2018)

4. Annual Diabetic Retinal Examination
Annual diabetic retinal examination is covered for members with diabetes. See the Medicare Benefit Policy Manual, Chapter 16, §90 - Routine Services and Appliances. (Accessed August 8, 2018)

5. Glaucoma Screening
For 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 Scanning Laser Glaucoma Tests (SLGT)/Optical Coherence Test (OCT)/Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI).
   • 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 Availability Grid (Attachment A).
   • For states with no LCDs/LCAs, see the MCG™ Care Guidelines, 23rd edition, 2019. Scanning Laser Polarimetry (SLP) for Glaucoma, ACG:A-0398 (AC) for information regarding medical necessity review with individual consideration for evaluation and treatment of patients with retinal disorders. (IMPORTANT NOTE: After checking the LCD Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
   • Committee approval date: March 19, 2019
   • Accessed May 1, 2019

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 August 8, 2018)

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)](http://www.unitedhealthcare.com); also see the Medicare Program Memorandum AB-02-078, Provider Education Article: Medicare Coverage of Rehabilitation Services for Beneficiaries With Vision Impairment, Change Request 2083, May 29, 2002. (Accessed August 8, 2018)

9. **Rehabilitation Services for Members with Vision Impairment;** see the [Coverage Summary for Rehabilitation: Medical Rehabilitation (OT, PT and ST, Including Cognitive Rehabilitation)](http://www.unitedhealthcare.com) 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)](http://www.unitedhealthcare.com). (Accessed August 15, 2018)

    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 Availability Grid (Attachment B)](http://www.unitedhealthcare.com).
        - For states with no LCDs/LCAs, see the National Government Services [LCD for Ophthalmology: Posterior Segment Imaging (Extended Ophthalmoscopy and Fundus Photography) (L33567)](http://www.unitedhealthcare.com) for coverage guideline. *(IMPORTANT NOTE: After checking the LCD Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)*
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 Availability Grid (Attachment B).
- For states with no LCDs/LCAs, see the National Gougovernment Services LCD for Ophthalmology: Posterior Segment Imaging (Extended Ophthalmoscopy and Fundus Photography) (L33567) for coverage guideline. **IMPORTANT NOTE:** After checking the LCD Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.

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 August 8, 2018)*

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 August 8, 2018)*

13. Phaco-Emulsification Procedure

Phaco-emulsification procedure for cataract extraction is covered. *See the NCD for Phaco-Emulsification Procedure-Cataract Extraction (80.10). (Accessed August 8, 2018)*
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 noncovered 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 beneficiary may only be charged for those noncovered 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 noncovered services specified above may be charged to the beneficiary. (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 noncovered 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 August 8, 2018)

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 August 8, 2018)

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
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) for Implantable Miniature Telescope (IMT) exist and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, see the [LCD Availability Grid (Attachment C)].*
   - *For states with no LCDs/LCAs, see the UnitedHealthcare Commercial Medical Policy for Macular Degeneration Treatment Procedures for coverage guideline. (IMPORTANT NOTE: After checking the LCD Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)*
   - *Committee approval date: August 21, 2018*
   - *Accessed May 1, 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 Availability Grid (Attachment D)].*
   - *For states with no LCDs/LCAs, see the CGS LCD 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: August 21, 2018*
   - *Accessed May 1, 2019*

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 Availability Grid (Attachment E)].*
   - *For states with no LCDs/LCAs, see the National Government Services LCD for Corneal Pachymetry (L33630) for coverage guideline. (IMPORTANT NOTE: After checking the LCD Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)*
   - *Committee approval date: August 21, 2018*
   - *Accessed May 1, 2019*

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 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 Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)*
   - *Committee approval date: August 21, 2018*
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 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 Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
- Committee approval date: August 21, 2018
- Accessed May 1, 2019

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 Availability Grid (Attachment H).
- For states with no LCDs/LCAs, see the Novitas Solutions, Inc. LCD for Services That Are Not Reasonable and Necessary (L35094) for coverage guideline. (IMPORTANT NOTE: After checking the LCD Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
- Committee approval date: August 21, 2018
- Accessed May 1, 2019

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 March 4, 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 March 4, 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 March 4, 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 March 4, 2019)

### III. REFERENCES
See above

### IV. REVISION HISTORY

04/01/2019  • Updated policy introduction; added language to clarify:
  o There are instances where [the Coverage Summary] may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG)
  o 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*)
  • Retitled reference links that direct users to UnitedHealthcare Commercial policies

03/19/2019  Re-review with the following update:

09/18/2018  Updated Local Coverage Determination (LCD) Availability Grids; removed instruction to “use the applicable LCD based on member’s residence/place and type of service” (this note only applies when selecting the appropriate DME LCD Policy)

08/21/2018  Annual review with the following update:
  Guideline 1 (Services of an Optometrist or Ophthalmologist)
  • changed “or” to “and/or”
  • added the following language from the Medicare Medicare Benefit Policy Manual, Chapter 15, §30.4 - Optometrist’s Services:

  Where more than one practitioner furnishes concurrent care, services furnished to a member 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.
06/19/2018  Re-review with the following update:
Guideline 19 [Jetrea® (Ocriplasmin) (HCPCS code J7316)] – guideline retired

03/20/2018  Re-review with the following updates:
Guideline 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)] - updated the MCG™ reference from 21st edition 2017 to the 22nd edition 2018; no change in MCG™ guideline; no change in the Coverage Summary guideline.

Guideline 9 (Rehabilitation Services)
- Deleted detailed guideline; moved guideline to the CS for Rehabilitation: Medical Rehabilitation (OT, PT and ST, Including Cognitive Rehabilitation)
- Revised guideline to read: 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.

01/16/2018  Re-review with the following updates:
Guideline 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)] – Updated the applicable LCDs to include the most recent website links and effective dates related to the Cahaba-Palmetto jurisdiction transition; no change in guideline.

Guideline 10.b [Remote Imaging to Detect Retinal Disease (e.g., retinopathy in patients with diabetes) (CPT code 92227)] – Updated the applicable LCDs to include the most recent website links and effective dates related to the Cahaba-Palmetto jurisdiction transition; no change in guideline.

Guideline 10.c [Remote Imaging to Manage Active Retinal Disease (e.g., diabetic retinopathy) (CPT code 92228)] – Updated the applicable website links and effective dates related to the Cahaba-Palmetto jurisdiction transition; no change in guideline.

Guideline 22 [Corneal Pachymetry (Ophthalmic Ultrasound) (CPT Code 76514)] – Updated the applicable LCDs to include the most recent website links and effective dates related to the Cahaba-Palmetto jurisdiction transition; no change in guideline.

Guideline 23 [Retinal Prosthesis (HCPCS code 0100T)] – Updated the applicable LCDs to include the most recent website links and effective dates related to the Cahaba-Palmetto jurisdiction transition; no change in guideline.

Guideline 24 [Corneal Hysteresis Measurement] - Updated the applicable LCDs to include the most recent website links and effective dates related to the Cahaba-Palmetto jurisdiction transition; no change in guideline.

11/20/2017  Re-review with the following updates:
Guideline 3.b (Post Cataract Surgery Frames and Lenses) – added reference link to NCD 80.7 to further clarify CMS reference to use for the coverage of presbyopia-correction IOL and astigmatism lenses.

Guideline 25 [Visual Field Assessment, e.g., ForeseeHome AMD Monitoring Program (CPT codes 0378T and 0379T)] – added guideline (new to this CS)
08/15/2017 Annual review with the following updates:

Guideline 3.c (Hydrophilic Contact Lenses for Corneal Bandage) – added the following note based on NCD for Hydrophilic Contact Lens For Corneal Bandage (80.1):

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

Guideline 6 [Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI)/Scanning Laser Glaucoma Tests (SLGT)/Optical Coherence Test (OCT)/Scanning Laser Polarimetry]

- Updated to include individual consideration for evaluation and treatment of patients with retinal disorders.
- Deleted cross reference to the LCDs; the only available LCD [LCD for Ocular Photodynamic Therapy (OPT) with Verteporfin (L33705)] was retired.

Guideline 10 [Intraocular Photography (also known as Fundus Photography)] – updated to include the new title and guideline which were approved on July 26, 2016, however, the guideline was inadvertently omitted from this Coverage Summary from September 2016 until August 2017. The Revision History section was also updated to include the specific summary of update approved on July 26, 2016.

Guideline 12 [Fundus Photography (CPT code 92250)] - removed guideline which was approved for deletion on July 26, 2016 as part of the update of Guideline 10 [Intraocular Photography (also known as Fundus Photography)], however, the update was inadvertently omitted from this Coverage Summary from September 2016 to August 2017. Revision History section was also updated to include the specific summary of updates approved on July 26, 2016.

Guideline 24 (Corneal Hysteresis Measurement) – added guideline with default to the UnitedHealthcare Medical Policy for Corneal Hysteresis and Intraocular Measurement for states with no LCDs.

03/21/2017 Re-review with the following recommended updates:


10/18/2016 Re-review with the following recommended updates:

Guideline 17 [Intrastromal Corneal Ring Segments (CPT code 65785)] – deleted guideline; procedure no longer included in the Provider Notification List.

08/16/2016 Annual review with the following recommended updates:

Guideline 7 (Verteporfin) – Deleted the following verbiage as this information is already cited in the reference NCD 80.2.1: “On April 3, 2013, Centers for Medicare & Medicaid Services (CMS) issued a final decision memo stating that CMS will expand coverage of ocular photodynamic therapy (OPT) with verteporfin for “wet” age-related macular edema (AMD). Currently, fluorescein angiography (FA) testing is required for coverage of follow-up treatments. CMS will revise the requirements for testing to permit either optical coherence tomography (OCT) or FA to assess treatment response. All other coverage criteria would continue to apply. For details, refer to the CMS Decision Memo for Ocular Photodynamic Therapy (OPT) with
Verteporfin for Macular Degeneration (CAG-00066R4).

Guideline 9 (Rehabilitation Services) – Updated the reference links to the available LCDs.

07/26/2016 Re-review with the following updates:

Guideline 10 (Intraocular Photography) - added “also known as Fundus Photography”
  - Guideline 10.a [Intraocular Photography to Diagnose Conditions listed below (CPT code 92250)] – new section title added with reference to CPT code 92250; guideline updated to state “when used by an ophthalmologist”
  - Guideline 10.b [Remote Imaging to Detect Retinal Disease (e.g., retinopathy in patients with diabetes) (CPT code 92227)] – added new guideline
  - Guideline 10.c [Remote Imaging to Manage Active Retinal Disease (e.g., diabetic retinopathy) (CPT code 92228)] – added new guideline

Guideline 12 [Fundus Photography (CPT code 92250)] – removed guideline; see new guideline under Guideline 10 [Intraocular Photography (also known as Fundus Photography)]

03/15/2016 Re-review with the following update:


01/19/2016 Re-review with the following updates:

- Guideline 3 (Frames and Lenses) - Added reference link to the available LCDs for Refractive Lenses (L33793)
- Guideline 12 (Fundus Photography) - Replaced the default LCD for states with no LCDs from NGS LCD for Posterior Segment Imaging (Extended Ophthalmoscopy and Fundus Photography) (L25466) to LCD for Ophthalmology: Posterior Segment Imaging (Extended Ophthalmoscopy and Fundus Photography) (L33567)
- Guideline 17 (Intrastromal Corneal Ring Segments)
  - Updated to include the change of CPT code 0099T (retired) to CPT Code L5785
  - Replaced default LCD for states with no LCDs from Wisconsin LCD for Category III Codes (L35490) to First Coast LCD for Noncovered Services (L33777)
- Guideline 23 (Computerized Corneal Topography) - Replaced default LCD for states with no LCDs from CGS LCD for Computerized Corneal Tomography (L31864) to LCD for Computerized Corneal Tomography (L34008)
- Updated reference link(s) of the applicable LCDs to reflect the new condensed LCD link(s).

08/18/2015 Annual review, with the following updates:

Guideline 1 (Eye Examination)
- Revised language to read:
  *Eye examination by the member’s physician for the treatment or diagnosis for a
specific illness, symptom, complaint or injury is covered.

- Added the reference link to the Medicare Benefit Policy Manual, Chapter 16, §90 - Routine Services and Appliances
- Added the reference link to Initial Preventive Physical Examination (IPPE) section of the Preventive Health Services Coverage Summary

Guideline #2 (Services of an optometrist or ophthalmologist)
- Updated language based on the Medicare Benefit Policy Manual, Chapter 15, §30.4 Optometrist’s Services

Guideline 4 (Annual diabetic retinal examination)
- Added the reference link to the Medicare Benefit Policy Manual, Chapter 16, §90 - Routine Services and Appliances

Guideline 6 [(Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI)/ Scanning Laser Glaucoma Tests (SLGT)/Optical Coherence Test (OCT))]
- Added CPT codes 92132, 92133 and 92134
- Added Scanning Laser Polarimetry to section title
- Changed default for states with no LCDs from Novitas LCD for SCODI (L27529) to MCG™ Care Guidelines, 19th edition, 2015, Scanning Laser Polarimetry (SLP) for Glaucoma, ACG:A-0398 (AC)

Guideline 10 (Intraocular Photography)
- Deleted reference links to the LCDs as there are no LCDs available at this time.

Guideline 12 [Digital Systems (Digital Photography and Telescreening)/Fundus Photography]
- Removed “Digital Systems (Digital Photography and Telescreening)” from section title
- Added CPT code 92250
- Changed default policy from First Coast LCDs for Fundus Photography (L31496 and L29179) to LCD for Posterior Segment Imaging (Extended Ophthalmoscopy and Fundus Photography) (L25466)

Guideline 13 (Vitrectomy)
- Deleted reference links to the LCDs as there are no LCDs available at this time.

Guideline 17 [Intrastromal Corneal Ring Segments (0099T)]
- Changed the default LCD from Wisconsin L32789 (retired) to Wisconsin L35488

Guideline 21 [Jetrea® (Ocriplasmin)]
- Added HCPCS code J7316

Guideline 22 [Implantable Miniature Telescope (IMT)]
- Added HCPCS code C1840 and 0308T
- Changed default policy for states with no LCDs from NGS LCD for Implantable Miniature Telescope (IMT) (L32454) to UHC MP for Macular Degeneration Treatment Procedures

Guideline 23 (Computerized Corneal Topography)
- Added CPT code 92025
- Changed default policy for states with no LCDs from First Coast LCD for Computerized Corneal Topography (L29122) to CGS LCD for Computerized Corneal Tomography (L31864)

Guideline 25 [Retinal Prosthesis (HCPCS code 0100T)]
- Changed default policy for states with no LCDs from Novitas LCD Services That Are Not Reasonable and Necessary (L31686) to UHC MP for Omnibus Codes

Definitions - deleted the following definitions:
- Computer Enhanced Perimetry (addressed in the reference NCD)
- Ocular Photodynamic Therapy (OPT) (addressed in the reference NCD)
Orthoptics (no Medicare reference found)
- Refractive Keratoplasty (addressed in the reference NCD)
- Verteporfin (addressed in the reference NCD)

06/16/2015 Guideline # 25 [Retinal Prosthesis (HCPCS code 0100T)] - New guidelines added.
Definition Section - added definition of Humanitarian Device Exemption (HDE)


03/12/2015 Formatting change only.

02/17/2015 Guideline #13 (Digital Systems (Digital Photography and Telescreening)/Fundus Photography)- Under guidelines for performing Fundus Photography and SCODI on the Same Day on the Same Eye; updated language with “distinct procedural service or HCPCS modifier XU-unusual, non-overlapping service” to reflect changes in the LCD.

Guideline #17 [Intrastromal Corneal Ring Segments (CPT code 0099T)] – Revised guidelines for states without LCDs”; replaced United Healthcare Medical Policy for Intrastromal Corneal Ring Segments (retired) with the Wisconsin LCD for Category III Codes (L32789).

10/21/2014 Guideline #3.g. (Vision Therapy)- Added reference to member EOC and added cross reference for “rehabilitation services for vision impairment” to Guidelines # 9
Guideline #21 [Jetrea® (Ocriplasmin)]- Added guideline (new to the policy)
Guideline # 24[Corneal Pachmetry (Ophthalmic Ultrasound)]- Added guideline (new to the policy)

08/19/2014 Annual review with the following updates:
- Guideline #8 (Keratoplasty/LASIK Procedure)- Updated list of available LCDs
- Guideline #21 (Implantable Miniature Telescope (IMT))- Removed reference to retired NHIC LCD for Implantable Miniature Telescope (IMT) (L32275)
- Definitions:
  - Deleted definitions of: Aphakia (Not addressed in Coverage Summary), Astigmatism (No CMS reference available), Anisometropia (Not addressed in C, LASIK (Laser In Situ Keratomileusis) (no CMS reference available), Prosthetic Lenses (no CMS reference available) and Refraction (No CMS reference available)
  - Computer Enhanced Perimetry - Added reference to the NCD for Computer Enhanced Perimetry (80.9)
  - Glaucoma Screening - Deleted; definition addressed in the cross referenced Coverage Summary titled Preventive Health Services and Procedures
  - Ocular Photodynamic Therapy (OPT) - Updated based on NCD for Ocular Photodynamic Therapy (OPT) (80.2.1)
  - Optometrist Services - Added website links to the Medicare Benefit Policy Manual, Chapter 16, General Exclusions from Coverage and to the Medicare Claims Processing Manual, Chapter 12, Physician/Practitioner Billing
  - Presbyopia - Added CMS reference to the CMS Ruling 05-01, Requirements for Determining Coverage of Presbyopia-Correcting Intraocular Lenses (May
Guideline #17 (Intrastromal Corneal Ring Segments) - Changed default guideline for states without Local Coverage Determinations (LCDs) from Noridian LCD for NonCovered Services (L24473) to UnitedHealthcare Medical Policy for Intrastromal Corneal Ring Segments

Guideline #21 (Implantable Miniature Telescope) - Changed default guideline for states without Local Coverage Determinations (LCDs) from NHIC LCD Implantable Miniature Telescope (IMT) (L32275) to National Government Services LCD for Implantable Miniature Telescope (IMT) (L32454)

02/18/2014

Updated Guidelines #7 (Verteporfin) to include a note pertaining to the Centers for Medicare & Medicaid Services (CMS) final decision memo dated April 3, 2013, on the expansion of coverage of ocular photodynamic therapy (OPT) with verteporfin for “wet” age-related macular edema (AMD)

08/20/2013

Updated to include the following guidelines:
- Guidelines #21 Implantable Miniature Telescope (IMT)
- Guidelines #22 Computerized Corneal Topography

08/29/2011

Annual review; updated the following:
- Guidelines #6 SLGT/OCT/SCODI-updated guidelines with Highmark LCD, L27529 as basis for CS guidelines for states with no LCDs (CIGNA L6553 was retired.)
- Guidelines #7 Verteporfin-deleted the reference to the Prescription Solutions Prior-auth Guidelines
- Guidelines #12 Digital Systems (Digital Photography and Telescreening)/Fundus Photography-updated guidelines with First Coast LCDs, L31496 and L29179, as basis for CS guidelines for states with no LCDs (NHIC L10804 was retired.)
- Guidelines #17 Intrastromal Corneal Ring Segments (ICRS)-updated guidelines with Noridian LCD, L24473, as basis for CS guidelines with no LCDs
- Guidelines #18 Glaucoma Surgical Treatments-deleted from this CS; new CS developed
- Guidelines #19 Avastin-deleted from this CS; new CS developed
- Guidelines #20 Lucentis-deleted from this CS; new CS developed
- Section II Definitions-deleted definition of Age Related Macular Degeneration (AMD); moved to the new CS

11/16/2010

Updated Guidelines #16 LASIK or Laser Surgery (Ophthalmologic Surgery) deleted as LCD reference (L26681) was retired on July 1, 2010 with no replacement; updated Guidelines #10 Keratoplasty to include LASIK Procedures.
## Attachment A - LCD Availability Grid

### Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI)
(CPT codes 92132, 92133 and 92134)

**CMS website accessed May 1, 2019**

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
</tr>
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<tbody>
<tr>
<td>L35038</td>
<td>Scanning Computerized Ophthalmic Diagnostic Imaging (L35038)</td>
<td>A and B MAC</td>
<td>Novitas Solutions, Inc.</td>
<td>CO, NM, OK, TX, AR, LA, MS, DE, DC, MD, NJ, PA</td>
</tr>
<tr>
<td>L33751</td>
<td>Scanning Computerized Ophthalmic Diagnostic Imaging</td>
<td>A and B MAC</td>
<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
</tr>
<tr>
<td>L34061</td>
<td>Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI)</td>
<td>MAC - Part A and B</td>
<td>CGS Administrators, LLC</td>
<td>KY, OH</td>
</tr>
<tr>
<td>L34760</td>
<td>Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI)</td>
<td>MAC - Part A and B</td>
<td>Wisconsin Physicians Service Insurance Corporation</td>
<td>IA, IN, KS, MI, MO, NE</td>
</tr>
<tr>
<td>L34760</td>
<td>Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI)</td>
<td>MAC - Part A</td>
<td>Wisconsin Physicians Service Insurance Corporation</td>
<td>AK, AL, AR, AZ, CT, FL, GA, IA, OD, IL, IN, KS, KY, LA, MA, ME, MI, MS, MT, NC, ND, NE, NH, NJ, OH, OR, RI, SC, SD, TN, UT, VA, VI, VA, VT, WI, WV, WVY</td>
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<tr>
<td>L34380</td>
<td>Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI)</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>
</tr>
<tr>
<td>L34431</td>
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<td>A and B MAC</td>
<td>Palmetto GBA</td>
<td>NC, SC, VA, WV AL, GA, TN</td>
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End of Attachment A

## Attachment B - LCD Availability Grid

### Intraocular Photography (also known as Fundus Photography)
(CPT code 92250, 92227 and 92228)

**CMS website accessed May 1, 2019**

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<thead>
<tr>
<th>LCD ID</th>
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<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
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</thead>
<tbody>
<tr>
<td>L33567</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>
</tr>
<tr>
<td>L33670</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>L33777</td>
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<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
</tr>
<tr>
<td>L34399</td>
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<td>MAC - Part A and B</td>
<td>CGS Administrators, LLC</td>
<td>KY, OH</td>
</tr>
<tr>
<td>L33467</td>
<td>Ophthalmology: Extended Ophthalmoscopy and Fundus Photography</td>
<td>A and B MAC</td>
<td>Palmetto GBA</td>
<td>AL, GA NC, SC, TN, VA, WV</td>
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End of Attachment B
### Attachment C - LCD Availability Grid

#### Implantable Miniature Telescope (IMT)

(CPT codes C1840 and 0308'T)

CMS website accessed May 1, 2019

<table>
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<tr>
<th>LCD ID</th>
<th>LCD Title</th>
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<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>
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<td>CT, IL, MA, ME, MN, NH NY, RI, VT, WI</td>
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End of Attachment C

### Attachment D - LCD Availability Grid

#### Computerized Corneal Topography

(CPT code 92025)

CMS website accessed May 1, 2019

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<th>LCD ID</th>
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<tr>
<td>L34008</td>
<td>Computerized Corneal Topography</td>
<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 Availability Grid

#### Corneal Pachymetry (Ophthalmic Ultrasound)

(CPT code 76514)

CMS website accessed May 1, 2019

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<tr>
<th>LCD ID</th>
<th>LCD Title</th>
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<td>L33999</td>
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<td>CGS Administrators, LLC</td>
<td>KY, OH</td>
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<tr>
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<tr>
<td>L34512</td>
<td>Corneal Pachymetry</td>
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End of Attachment E
### Attachment F - LCD Availability Grid
**Retinal Prosthesis**
(CPT code 0100T)
CMS website accessed May 1, 2019

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<tr>
<td>A54327</td>
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<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 NY, RI, VT, WI</td>
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End of Attachment F

### Attachment G - LCD Availability Grid
**Corneal Hysteresis Measurement**
(CPT code 92145)
CMS website accessed May 1, 2019

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<td>Corneal Hysteresis</td>
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End of Attachment G

### Attachment H - LCD Availability Grid
**Visual Field Assessment, e.g., ForeseeHome AMD Monitoring Services**
(CPT codes 0378T and 0379T)
CMS website accessed May 1, 2019

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<td>A and B MAC</td>
<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
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</tbody>
</table>
# Attachment H - LCD Availability Grid

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

CMS website accessed May 1, 2019

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
</tr>
</thead>
<tbody>
<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>
</tr>
<tr>
<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, WA, UT, WY</td>
</tr>
<tr>
<td>L35094</td>
<td>Services That Are Not Reasonable and Necessary</td>
<td>A and B MAC</td>
<td>Novitas Solutions, Inc.</td>
<td>AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX</td>
</tr>
</tbody>
</table>

End of Attachment H