

## Endothelial Cell Photography (NCD 80.8)

<b>Policy Number</b>	80.8	<b>Approved By</b>	UnitedHealthcare Medicare Reimbursement Policy Committee	<b>Current Approval Date</b>	05/28/2014
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### IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®\*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general resource regarding UnitedHealthcare’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee’s benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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### Application

This reimbursement policy applies to services reported using the Health Insurance Claim Form CMS-1500 or its electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians, and other health care professionals.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated. CPT codes and descriptions are copyright 2010 American Medical Association (or such other date of publication of CPT). All rights reserved. CPT is a registered

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### Summary

#### Overview

Endothelial cell photography involves the use of a specular microscope to determine the endothelial cell count. It is used by ophthalmologists as a predictor for successful ocular surgery or certain other ocular procedures.

#### Reimbursement Guidelines

##### Indications and Limitations of Coverage:

**Endothelial cell photography is a covered procedure under Medicare when reasonable and necessary for patients who meet one or more of the following criteria:**

- 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 §10.1.)

#### CPT/HCPCS Codes

Code	Description
92285	External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, gonioscopy, stereophotography)
92286	Special anterior segment photography with interpretation and report; with specular endothelial microscopy and cell count

#### Service Codes

Code	Description
8090	Routine/Refractive Eye Exam—Physician if ICD 367.0-367.22, 367.31-367.32, 367.4, 367.51-367.53, 367.81, 367.89, 367.9, 368.00-368.03 or V72.0
8091	Medical Eye Exam-Physician

#### References Included (but not limited to):

##### CMS National Coverage Determination (NCD)

NCD 80.8 Endothelial Cell Photography

##### CMS Local Coverage Determinations (LCDs)

Numerous LCDs

##### CMS Article

One Article

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### **CMS Benefit Policy Manual**

Chapter 15-Covered Medical and Other Health Services; § 30.4 Optometrist's Services  
Chapter 16-General Exclusions From Coverage; § 90 - Routine Services and Appliances

### **UnitedHealthcare Medicare Advantage Coverage Summary**

Vision Services, Therapy and Rehabilitation

### **UnitedHealthcare Medicare & Retirement Reimbursement Policy**

Multiple Procedure Payment Reduction on Diagnostic Cardiovascular and Ophthalmology Procedures

### **MLN Matters**

Article MM7848, Multiple Procedure Payment Reduction (MPPR) on the Technical Component (TC) of Diagnostic Cardiovascular and Ophthalmology Procedures

### **History**

<b>Date</b>	<b>Revisions</b>
05/28/2014	Administrative Updates
07/10/2013	Administrative Updates