

# Local Coverage Article: Billing and Coding: Implantable Miniature Telescope (IMT) for Macular Degeneration (A53501)

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## Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Palmetto GBA	A and B MAC	10112 - MAC B	J - J	Alabama
Palmetto GBA	A and B MAC	10212 - MAC B	J - J	Georgia
Palmetto GBA	A and B MAC	10312 - MAC B	J - J	Tennessee
Palmetto GBA	A and B and HHH MAC	11202 - MAC B	J - M	South Carolina
Palmetto GBA	A and B and HHH MAC	11302 - MAC B	J - M	Virginia
Palmetto GBA	A and B and HHH MAC	11402 - MAC B	J - M	West Virginia
Palmetto GBA	A and B and HHH MAC	11502 - MAC B	J - M	North Carolina

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## Article Information

### General Information

**Article ID**

A53501

**Original Effective Date**

10/01/2015

**Article Title**

Billing and Coding: Implantable Miniature Telescope  
(IMT) for Macular Degeneration

**Revision Effective Date**

10/03/2019

**Article Type**

Billing and Coding

**Revision Ending Date**

N/A

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Statement**

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**Retirement Date**

N/A

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## **CMS National Coverage Policy**

N/A

## **Article Guidance**

### **Article Text:**

The Implantable Miniature Telescope (IMT) is a prosthetic device in the form of a miniature telescope, implanted monocularly to enlarge the retinal image of the central visual field and reduce the impact of untreatable, severe-to-profound vision-impairing central scotomas associated with end stage age related macular degeneration (ARMD).

The implantable miniature telescope is considered medically reasonable and necessary only for patients who meet ALL of the following criteria:

- 65 years of age or older; and
- Diagnosis of stable, untreatable, severe-to-profound central vision impairment caused by blind spots (bilateral central scotoma) associated with end stage ARMD as determined by fluorescein angiography (findings of geographic atrophy or disciform scar with foveal involvement); and
- Evidence of a visually significant cataract (grade 2 or higher); and
- Corrected distance Snellen visual acuity poorer than 20/160 but no worse than 20/800; and
- No active wet ARMD (no sign of active choroidal neovascularization in either eye); and
- Have no sign of eye disease other than well controlled glaucoma; and
- Have not been treated for wet ARMD in the previous 6 months; and
- Achieve at least a 5 letter improvement on the Early Treatment Diabetic Retinopathy Study (ETDRS) visual acuity chart in the eye scheduled for surgery using an external telescope; and
- Agree to undergo 2 to 4 pre-surgical training sessions with a low vision specialist (optometrist or occupational

therapist); and

- Agree to participate in postoperative visual rehabilitation with a low vision specialist; and
- Complete and agree to the 'Acceptance of Risk and Informed Consent Agreement' provided in the device labeling documentation.

**Note:** Palmetto GBA expects performing providers to obtain adequate training prior to procedure performance. Medical records may be subject to review and/or denial if criteria are not documented and IMT contraindications are identified.

## Coding Information

### CPT/HCPCS Codes

#### Group 1 Paragraph:

**Do not report 0308T in conjunction with 65800 through 65815, 66020, 66030, 66600 through 66635, 66761, 66825, 66982 through 66986 or operating microscope code 69990.**

#### Group 1 Codes:

CODE	DESCRIPTION
0308T	INSERTION OF OCULAR TELESCOPE PROSTHESIS INCLUDING REMOVAL OF CRYSTALLINE LENS OR INTRAOCULAR LENS PROSTHESIS

### CPT/HCPCS Modifiers

N/A

### ICD-10 Codes that Support Medical Necessity

#### Group 1 Paragraph:

N/A

#### Group 1 Codes:

ICD-10 CODE	DESCRIPTION
H35.3110	Nonexudative age-related macular degeneration, right eye, stage unspecified
H35.3111	Nonexudative age-related macular degeneration, right eye, early dry stage
H35.3112	Nonexudative age-related macular degeneration, right eye, intermediate dry stage
H35.3113	Nonexudative age-related macular degeneration, right eye, advanced atrophic without subfoveal involvement
H35.3114	Nonexudative age-related macular degeneration, right eye, advanced atrophic with subfoveal involvement
H35.3120	Nonexudative age-related macular degeneration, left eye, stage unspecified

ICD-10 CODE	DESCRIPTION
H35.3121	Nonexudative age-related macular degeneration, left eye, early dry stage
H35.3122	Nonexudative age-related macular degeneration, left eye, intermediate dry stage
H35.3123	Nonexudative age-related macular degeneration, left eye, advanced atrophic without subfoveal involvement
H35.3124	Nonexudative age-related macular degeneration, left eye, advanced atrophic with subfoveal involvement
H35.3130	Nonexudative age-related macular degeneration, bilateral, stage unspecified
H35.3131	Nonexudative age-related macular degeneration, bilateral, early dry stage
H35.3132	Nonexudative age-related macular degeneration, bilateral, intermediate dry stage
H35.3133	Nonexudative age-related macular degeneration, bilateral, advanced atrophic without subfoveal involvement
H35.3134	Nonexudative age-related macular degeneration, bilateral, advanced atrophic with subfoveal involvement

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

N/A

#### Additional ICD-10 Information

N/A

#### Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

N/A

#### Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

## Other Coding Information

N/A

# Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
10/03/2019	R7	This article is being revised in order to adhere to CMS requirements per chapter 13, section 13.5.1 of the Program Integrity Manual, to remove all coding from LCDs and incorporate into related Billing and Coding Articles.
02/26/2018	R6	The Jurisdiction "J" Part B Contracts for Alabama (10112), Georgia (10212) and Tennessee (10312) are now being serviced by Palmetto GBA. Effective 02/26/18, these three contract numbers are being added to this article. No coverage, coding or other substantive changes (beyond the addition of the 3 Part B contract numbers) have been completed in this revision.
10/01/2016	R5	Under <b>ICD-10 Codes That Support Medical Necessity</b> added ICD-10 codes H35.3110, H35.3111, H35.3112, H35.3113, H35.3114, H35.3120, H35.3121, H35.3122, H35.3123, H35.3124, H35.3130, H35.3131, H35.3132, H35.3133, and H35.3134. Under <b>ICD-10 Codes That Support Medical Necessity</b> deleted ICD-10 code H35.31. This revision is due to the Annual ICD-10 Code Update and becomes effective October 1, 2016.
04/21/2016	R4	Under <b>Article Text</b> the verbiage was revised for clarification. Under the bullet CPT Code 0308T added the full description of the service. The paragraph stating, "Do not report..." was moved under the <b>CPT/HCPCS Codes</b> section of the LCD. Under <b>CPT/HCPCS Codes</b> added verbiage to the paragraph "Do not report..." Under <b>Statutory Requirements URL(s)</b> deleted the cited url.
10/01/2015	R3	Under <b>Covered ICD-10 Codes</b> place H35.31 in this section of the article.
10/01/2015	R2	Under <b>Article Text</b> changed the qualifying age 75 to 65 years of age or older.
10/01/2015	R1	Added HCPCS codes from Article Text to the <b>HCPCS Coding</b> section.

## Associated Documents

### Related Local Coverage Document(s)

N/A

### Related National Coverage Document(s)

N/A

### Statutory Requirements URL(s)

N/A

**Rules and Regulations URL(s)**

N/A

**CMS Manual Explanations URL(s)**

N/A

**Other URL(s)**

N/A

**Public Version(s)**

Updated on 09/26/2019 with effective dates 10/03/2019 - N/A

Updated on 01/31/2018 with effective dates 02/26/2018 - N/A

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## Keywords

- Implantable
- Miniature
- Telescope
- Macular Degeneration