SUPERSEDED Local Coverage Determination (LCD): Optical Coherence Biometry (L33927)

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Please note: This version is not currently in effect.

Contractor Information

<table>
<thead>
<tr>
<th>Contractor Name</th>
<th>Contract Type</th>
<th>Contract Number</th>
<th>Jurisdiction</th>
<th>State(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Coast Service Options, Inc.</td>
<td>A and B MAC</td>
<td>09102 - MAC B</td>
<td>J - N</td>
<td>Florida</td>
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<td>First Coast Service Options, Inc.</td>
<td>A and B MAC</td>
<td>09202 - MAC B</td>
<td>J - N</td>
<td>Puerto Rico</td>
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<tr>
<td>First Coast Service Options, Inc.</td>
<td>A and B MAC</td>
<td>09302 - MAC B</td>
<td>J - N</td>
<td>Virgin Islands</td>
</tr>
</tbody>
</table>

LCD Information

Document Information

LCD ID
L33927

Original ICD-9 LCD ID
L29244

Original Effective Date
For services performed on or after 10/01/2015

Revision Effective Date
N/A

Revision Ending Date
N/A

Retirement Date
N/A

Notice Period Start Date
N/A

Notice Period End Date
N/A

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CMS National Coverage Policy Language quoted from CMS National Coverage Determinations (NCDs) and coverage provisions in interpretive manuals are italicized throughout the Local Coverage Determination (LCD). NCDs and coverage provisions in interpretive manuals are not subject to the LCD Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See §1869(f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, italicized text represents quotation from one or more of the following CMS sources:

Program Memorandum B-03-001 (Change Request 2530, dated 01/17/2003)
Program Memorandum AB-03-119 (Change Request 2853, dated 08/08/2003)
Program Memorandum 105 (Change Request 3128, dated 02/20/2004)

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Optical Coherence Biometry (OCB) is a new ophthalmic diagnostic test to perform ophthalmic biometry and intraocular lens (IOL) calculation without ultrasound. The instrument utilized is a non-invasive, non-contact device that measures axial length, corneal curvature, and anterior chamber depth taking a series of measurements. All measurements are stored in a computer, as well as automatically transferred to the IOL calculation program, which allows the surgeon immediate and individualized computation of IOL implant options for his/her patient. The method takes about one minute per eye.

The performance of OCB will be considered medically reasonable and necessary if performed preoperatively by the operating surgeon or his/her designee for the purpose of determining intraocular lens power in a patient undergoing cataract surgery. Generally, it is expected that the provider that is performing the cataract surgery will perform OCB.

Coding Information

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.

999x Not Applicable

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.
### ICD-10 Codes that Support Medical Necessity

**Group 1 Codes:** N/A

<table>
<thead>
<tr>
<th>ICD-10 Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>E08.36</td>
<td>Diabetes mellitus due to underlying condition with diabetic cataract</td>
</tr>
<tr>
<td>E09.36</td>
<td>Drug or chemical induced diabetes mellitus with diabetic cataract</td>
</tr>
<tr>
<td>E10.36</td>
<td>Type 1 diabetes mellitus with diabetic cataract</td>
</tr>
<tr>
<td>E11.36</td>
<td>Type 2 diabetes mellitus with diabetic cataract</td>
</tr>
<tr>
<td>E13.36</td>
<td>Other specified diabetes mellitus with diabetic cataract</td>
</tr>
<tr>
<td>H25.011 - H25.049</td>
<td>Cortical age-related cataract, right eye - Posterior subcapsular polar age-related cataract, unspecified eye</td>
</tr>
<tr>
<td>H25.10 - H26.059</td>
<td>Age-related nuclear cataract, unspecified eye - Posterior subcapsular polar infantile and juvenile cataract, unspecified eye</td>
</tr>
<tr>
<td>H26.101 - H26.109</td>
<td>Unspecified traumatic cataract, right eye - Unspecified traumatic cataract, unspecified eye</td>
</tr>
<tr>
<td>H26.131 - H26.139</td>
<td>Total traumatic cataract, right eye - Total traumatic cataract, unspecified eye</td>
</tr>
<tr>
<td>H26.20 - H26.229</td>
<td>Unspecified complicated cataract - Cataract secondary to ocular disorders (degenerative, inflammatory), unspecified eye</td>
</tr>
<tr>
<td>H26.8</td>
<td>Other specified cataract</td>
</tr>
<tr>
<td>H27.00 - H27.139</td>
<td>Aphakia, unspecified eye - Posterior dislocation of lens, unspecified eye</td>
</tr>
<tr>
<td>H28</td>
<td>Cataract in diseases classified elsewhere</td>
</tr>
<tr>
<td>Q12.0</td>
<td>Congenital cataract</td>
</tr>
<tr>
<td>Q12.3</td>
<td>Congenital aphakia</td>
</tr>
<tr>
<td>T85.21XA - T85.29XS</td>
<td>Breakdown (mechanical) of intraocular lens, initial encounter - Other mechanical complication of intraocular lens, sequela</td>
</tr>
<tr>
<td>Z96.1*</td>
<td>Presence of intraocular lens</td>
</tr>
</tbody>
</table>

**Group 1 Medical Necessity ICD-10 Codes Asterisk Explanation:** * Diagnosis code Z96.1 should not be billed as the primary diagnosis.

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

N/A

### ICD-10 Additional Information

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## General Information

### Associated Information

**Documentation Requirements**

Medical record documentation maintained by the performing provider must clearly indicate the medical necessity of the service being billed. In addition, documentation that the service was performed must be included in the
patient's record. This information is normally found in the office/progress notes and/or procedure report. Documentation should support the criteria as set forth in the “Indications and Limitations of Coverage and/or Medical Necessity” section of this policy.

**Utilization Guidelines**

N/A

Sources of Information and Basis for Decision
FCSO reference LCD number – L29374


Haigis, W., Lege, B., Miller, N., & Schneider, B. (2000). Comparison of immersion ultrasound biometry and partial coherence interferometry for intraocular lens calculation according to Haigis. Graefe's Archives of Clinical Experience in Ophthalmology, 238, 765-773. This document was used in the evaluation of the differences between OCB and the A-scan.


**Revision History Information**

N/A

**Associated Documents**

Attachments [Coding guidelines 2015](#) (PDF - 77 KB)

Related Local Coverage Documents N/A

Related National Coverage Documents N/A

Public Version(s) Updated on 07/01/2014 with effective dates 10/01/2015 - N/A Updated on 04/03/2014 with effective dates 10/01/2015 - N/A

**Keywords**

N/A Read the [LCD Disclaimer](#)