

Local Coverage Determination (LCD): Fundus Photography (L33670)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
First Coast Service Options, Inc.	A and B MAC	09101 - MAC A	J - N	Florida
First Coast Service Options, Inc.	A and B MAC	09102 - MAC B	J - N	Florida
First Coast Service Options, Inc.	A and B MAC	09201 - MAC A	J - N	Puerto Rico Virgin Islands
First Coast Service Options, Inc.	A and B MAC	09202 - MAC B	J - N	Puerto Rico
First Coast Service Options, Inc.	A and B MAC	09302 - MAC B	J - N	Virgin Islands

LCD Information

Document Information

LCD ID
L33670

LCD Title
Fundus Photography

Proposed LCD in Comment Period
N/A

Source Proposed LCD
N/A

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CMS National Coverage Policy

This LCD supplements but does not replace, modify or supersede existing Medicare applicable National Coverage Determinations (NCDs) or payment policy rules and regulations for Fundus Photography. Federal statute and subsequent Medicare regulations regarding provision and payment for medical services are lengthy. They are not repeated in this LCD. Neither Medicare payment policy rules nor this LCD replace, modify or supersede applicable state statutes regarding medical practice or other health practice professions acts, definitions and/or scopes of practice. All providers who report services for Medicare payment must fully understand and follow all existing laws, regulations and rules for Medicare payment for Fundus Photography and must properly submit only valid claims for them. Please review and understand them and apply the medical necessity provisions in the policy within the context of the manual rules. Relevant CMS manual instructions and policies may be found in the following Internet-Only Manuals (IOMs) published on the CMS Web site.

Internet Only Manual (IOM) Citation:

- CMS IOM Publication 100-08, *Medicare Program Integrity Manual*,
 - Chapter 13, Section 13.5.4 Reasonable and Necessary Provision in an LCD

National Correct Coding Initiative (NCCI) Citation:

- NCCI Policy Manual for Medicare Services
 - Chapter 11, Section G. Ophthalmology, Subsection 5.

Social Security Act (Title XVIII) Standard References:

- Title XVIII of the Social Security Act, Section 1862(a)(1)(A) states that no Medicare payment shall be made for

items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury.

- Title XVIII of the Social Security Act, Section 1862(a)(7). This section excludes routine physical examinations.
- Title XVIII of the Social Security Act, Section 1833(e) states that no payment shall be made to any provider for any claim that lacks the necessary information to process the claim.

Federal Register References:

- Code of Federal Regulations (CFR), Title 42, Volume 2, Chapter IV, Part 410.32 Diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests: Conditions

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

History/Background and/or General Information

Fundus photography is a procedure involving the use of a retinal camera to photograph the regions of the vitreous, retina, choroid and optic nerve for diagnostic purposes. These photographs are also used for therapeutic assessment of recently performed retinal laser surgery and to aid in the interpretation of fluorescein angiography.

Covered Indications

Fundus photography will be covered if accompanied by fluorescein dye angiography when used to evaluate abnormalities or degeneration of the macula, the peripheral retina or the posterior pole.

Fundus photography may be covered as a stand-alone procedure, without fluorescein dye angiography, following recently performed non-surgical or surgical treatment for macular pathology.

Preglaucoma, borderline glaucoma, and glaucoma are generally slow disease processes which can be followed by modalities other than fundus photography. Baseline studies will, however, be allowed when performed by the treating physician as part of initial glaucoma eye care. Either of two situations may apply:

- Intraocular pressures are clearly documented in the patient's medical record and are at or above 21mm Hg or there is a difference in cup/disc ratio between the two eyes of 20% or greater.
- Intraocular pressures are less than 22mm Hg and there is clear fundoscopic evidence of glaucomatous optic nerve damage (e.g., abnormal cup size, thinning or notching of the disc rim, progressive change, disc hemorrhage, nerve fiber layer defects).

In either instance, repeat studies by the same physician more than once per year would generally not be expected unless other clinical indications exist to justify the study.

Fundus photos may be of value in the documentation of rapidly evolving diabetic retinopathy. In the absence of prior treatment, studies would not generally be performed for this indication more frequently than every 6 months.

Fundus photography may be indicated to document abnormalities related to a disease process affecting the eye, or to follow the course of such disease.

Limitations

- Fundus photography is considered medically reasonable and necessary when it is furnished by a qualified optometrist or ophthalmologist in the course of the evaluation and management of a retinal disorder or another condition that has affected the retina as outlined above. Therefore, the digital imaging systems for the detection and evaluation of diabetic retinopathy used to acquire retinal images through a dilated pupil with remote interpretation do not meet reasonableness and necessity criteria for fundus photography.
- Performing Fundus Photography and SCODI on the Same Day on the Same Eye: Fundus photography and scanning ophthalmic computerized diagnostic imaging (SCODI) are generally mutually exclusive of one another. A provider would use one technique or the other to evaluate fundal disease. There are a limited number of clinical conditions where fundus photography and SCODI are medically reasonable and necessary on the same day on the same eye. (Please refer to the National Correct Coding Initiative Policy Manual for Medicare Services, Chapter 11, Section G, Ophthalmology, Subsection 5).

The physician is not precluded from performing fundus photography and posterior segment SCODI on the same eye on the same day under appropriate circumstances (i.e., when each service is necessary to evaluate and treat the patient).

Fundus photography and posterior segment SCODI will be considered medically reasonable and necessary when performed on the same eye on the same day as outlined below.

Fundus photography and posterior segment SCODI are frequently used together for the following diagnoses:

1. Histoplasmosis
2. Malignant neoplasm of the choroid
3. Hemangioma
4. Benign neoplasm of the choroid
5. Diabetes mellitus with diabetic retinopathy with or without macular edema
6. Diabetes mellitus with diabetic retinopathy with retinal detachment
7. Diabetes mellitus with diabetic macular edema, resolved following treatment
8. Chorioretinal inflammation
9. Acute posterior multifocal placoid pigment epitheliopathy
10. Posterior cyclitis
11. Harada's disease
12. Chorioretinal scars
13. Macular scars of the posterior pole
14. Solar retinopathy
15. Choroidal degeneration
16. Age-related choroidal atrophy
17. Diffuse secondary choroidal atrophy
18. Choroidal dystrophy
19. Choroidal rupture
20. Choroidal detachment
21. Chorioretinal and retinal disorders in other classified diseases
22. Retinal detachment, break, tear, or round hole
23. Retinoschisis and retinal cysts
24. Cyst of the ora serrata
25. Central retinal artery or vein occlusion
26. Retinal artery or vein branch occlusion

27. Retinal venous engorgement
28. Background retinopathy and retinal vascular changes
29. Non-diabetic proliferative retinopathy
30. Macular degeneration
31. Angioid streaks, cysts, holes, pseudoholes, or puckering of the macula
32. Toxic maculopathy
33. Retinal dystrophy
34. Retinal hemorrhage
35. Chorioretinopathy
36. Detachment of retinal pigment epithelium
37. Retinal edema and other specified retinal disorders
38. Degenerative myopia
39. Hypotony of the eye
40. Cystoid macular edema following cataract surgery
41. Congenital malformations of the posterior segment of the eye

As published in the CMS IOM Publication 100-08, *Medicare Program Integrity Manual*, Chapter 13, Section 13.5.4, an item or service may be covered by a contractor LCD if it is reasonable and necessary under the Social Security Act Section 1862 (a)(1)(A). Contractors shall determine and describe the circumstances under which the item or service is considered reasonable and necessary.

Summary of Evidence

N/A

Analysis of Evidence (Rationale for Determination)

N/A

General Information

Associated Information

Documentation Requirements

Please refer to the Local Coverage Article: Billing and Coding: Fundus Photography (A57075) for documentation requirements that apply to the reasonable and necessary provisions outlined in this LCD.

Utilization Guidelines

Please refer to the Local Coverage Article: Billing and Coding: Fundus Photography (A57075) for utilization guidelines

that apply to the reasonable and necessary provisions outlined in this LCD.

Sources of Information

First Coast Service Options, Inc. reference LCD number(s) – L29179, L29341

1. American Academy of Ophthalmology Preferred Practice Patterns for Age-Related Macular Degeneration, Diabetic Retinopathy, and Primary Open-Angle Glaucoma.
2. Ciardella, A., Borodoker, N., Costa, D., Huang, S., Cunningham, Jr., E., Slakter, J. (2002). Imaging the posterior segment in uveitis. *Ophthalmology Clinics of North America*, 15(3). Retrieved November 7, 2003, from mdconsult database (303398).
3. Duane's Clinical Ophthalmology
4. Friedman, D. (2001). Neuro-Ophthalmology. *Ophthalmology Clinics of North America*, 14(1). Retrieved November 3, 2003, from mdconsult database (276461).

Bibliography

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
10/01/2019	R9	<p>Revision Number: 6 Publication: September 2019 Connection LCR A/B2019-058</p> <p>Explanation of Revision: Based on Change Request (CR) 10901, the LCD was revised to remove all billing and coding and all language not related to reasonable and necessary provisions ("Bill Type Codes", "Revenue Codes", "CPT/HCPCS Codes", "ICD-10 Codes that Support Medical Necessity", "Documentation Requirements" and "Utilization Guidelines" sections of the LCD) and place them into a newly created billing and coding article. During the process of moving the ICD-10-CM diagnosis codes to the billing and coding article, the ICD-10-CM diagnosis code ranges were broken out and listed individually. In addition, The Social Security Act, Code of Federal Regulations, and IOM reference sections were updated. The effective date of this revision is for claims processed on or after January 8, 2019, for dates of service on or after October 3, 2018.</p> <p>Based on CR 11322/CR 11333 (Annual 2020 ICD-10-CM Update) the newly created Billing and Coding Article was revised. Added ICD-10-CM diagnosis codes Q87.11 and</p>	<ul style="list-style-type: none">• Revisions Due To ICD-10-CM Code Changes• Other (Revisions based on CRs 10901, 11322, 11333)

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		<p>Q87.19. Deleted ICD-10-CM diagnosis code Q87.1. The effective date of this revision is for dates of service on or after 10/01/19.</p> <p>10/01/2019: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination and therefore not all the fields included on the LCD are applicable as noted in this LCD.</p>	
03/01/2018	R8	<p>Revision Number: 5</p> <p>Publication: March 2018 Connection</p> <p>LCR A/B2018-021</p> <p>Explanation of Revision: Based on an annual review of the LCD, it was determined that the italicized language in the "Indications and Limitations of Coverage and/or Medical Necessity" section of the LCD does not represent direct quotation from the CMS sources listed in the LCD; therefore, this LCD is being revised to assure consistency with the manual language. The effective date of this revision is based on date of service.</p> <p>03/01/2018: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination and therefore not all the fields included on the LCD are applicable as noted in this policy.</p>	<ul style="list-style-type: none"> Other (Revisions based on annual review completed on 01/31/2018.)
10/01/2017	R7	<p>Revision Number: 4</p> <p>Publication: September 2017 Connection</p> <p>LCR A/B2017-038</p> <p>Explanation of Revision: Based on CR 10153 (Annual 2018 ICD-10-CM Update) the LCD was revised. Descriptor revised for ICD-10-CM diagnosis code S04.049S. Added ICD-10-CM diagnosis code H44.2A1 – H44.2E9. The effective date of this revision is based on date of service.</p>	<ul style="list-style-type: none"> Revisions Due To ICD-10-CM Code Changes

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		10/01/2017: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination and therefore not all the fields included on the LCD are applicable as noted in this policy.	
03/23/2017	R6	Revision History Number: R3 Revision Number: 3 Publication: April 2017 Connection LCR A/B2017-011 Explanation of Revision: Based on a reconsideration request the LCD was revised to add ICD-10-CM codes T85.22XA-T85.22XS in the "ICD-10 Codes that Support Medical Necessity" section of the LCD for CPT code 92250. The effective date of this revision is for claims processed on or after 03/23/2017, for dates of service on or after 10/01/15.	<ul style="list-style-type: none"> Revisions Due To ICD-10-CM Code Changes
10/01/2016	R5	Revision Number: 2 Publication: October 2016 Connection LCR A/B2016-097 Explanation of Revision: Based on CR 9677 (Annual 2017 ICD-10-CM Update) the LCD was revised. Under the "Limitations" section of the LCD, in the table "Fundus photography and posterior segment SCODI are frequently used together for the following diagnoses", revised the following ranges: E08.311 – E08.359 to E08.311 – E08.3599, E09.311 – E09.359 to E09.311 – E09.3599, E10.311 – E10.359 to E10.311 – E10.3599, E11.311 – E11.359 to E11.311 – E11.3599, E13.311 – E13.359 to E13.311 – E13.3599, and H34.811 – H34.839 to H34.8110 – H34.8392. The following ranges were added to the table "Fundus photography and posterior segment SCODI are frequently used together for the following diagnoses", E08.37X1-E08.37X9, E09.37X1-E09.37X9, E10.37X1-E10.37X9, E11.37X1-E11.37X9, E13.37X1-E13.37X9. Under the "ICD-10 Codes that Support Medical Necessity" section of the LCD added ICD-10-CM diagnosis code ranges E08.37X1-E08.37X9, and E09.37X1-E09.37X9 and modified the following code ranges: E08.311 – E08.359 to read E08.311-E08.3599, and E09.311 – E09.359 to read E09.311-	<ul style="list-style-type: none"> Revisions Due To ICD-10-CM Code Changes

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		E09.3599. The effective date of this revision is based on date of service.	
10/01/2015	R4	Revision Number: 1 Publication: November 2015 Connection LCR A/B 2015-030 Explanation of revision: This LCD was revised to include ICD-10 code range H59.031–H59.039 in the “Indications and Limitations of Coverage and/or Medical Necessity” and “ICD-10 Codes that Support Medical Necessity” sections of the LCD. The effective date of this revision is for claims processed on or after 11/19/2015, for dates of service on or after 10/01/15.	<ul style="list-style-type: none"> Revisions Due To ICD-10-CM Code Changes
10/01/2015	R3	5/29/2015-The language and/or ICD-10-CM diagnoses were updated to be consistent with the current ICD-9-CM LCD’s language and coding.	<ul style="list-style-type: none"> Provider Education/Guidance
10/01/2015	R2	04/20/2015 – The language and/or ICD-10-CM diagnoses were updated to be consistent with current LCD language and ICD-9-CM coding.	<ul style="list-style-type: none"> Provider Education/Guidance
10/01/2015	R1	CORRECTED FORMATTING.	<ul style="list-style-type: none"> Other

Associated Documents

Attachments

N/A

Related Local Coverage Documents

Article(s)

A57075 - Billing and Coding: Fundus Photography

Related National Coverage Documents

N/A

Public Version(s)

Updated on 10/02/2019 with effective dates 10/01/2019 - N/A

Updated on 02/22/2018 with effective dates 03/01/2018 - 09/30/2019

Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.

Keywords

N/A