

Local Coverage Determination (LCD): Scanning Computerized Ophthalmic Diagnostic Imaging (L33751)

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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
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LCD Information

Document Information

LCD ID
L33751

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

Original ICD-9 LCD ID
[L28982](#)

Revision Effective Date
For services performed on or after 02/18/2016

LCD Title
Scanning Computerized Ophthalmic Diagnostic Imaging

Revision Ending Date
N/A

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Retirement Date
N/A

Notice Period Start Date
N/A

Notice Period End Date
N/A

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

National Coverage Determinations Manual, sections 80.6, 80.9, 140.5, and 220.1

National Correct Coding Initiative Policy Manual, Chapter 11, Section G, Ophthalmology

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Many forms of scanning computerized ophthalmic diagnostic imaging (SCODI) tests currently exist (e.g., confocal laser scanning ophthalmoscopy (topography), scanning laser polarimetry, optical coherence tomography (OCT), and retinal thickness analysis). Although these techniques are different, their objective is the same.

Confocal scanning laser ophthalmoscopy (topography) uses multiple tomographic images to make quantitative topographic measurements of either the optic nerve head or posterior retinal structures to detect glaucomatous damage to the nerve fiber layer of the retina or non-glaucomatous retinal changes in the microstructure of the posterior retina (e.g. macular edema, atrophy associated with degenerative retinal diseases).

Scanning laser polarimetry measures change in the linear polarization of light (retardation). It uses a polarimeter, an optical device to measure linear polarization change and a scanning laser ophthalmoscope together to measure the thickness of the nerve fiber layer of the retina.

Optical coherence tomography is a non-invasive, non-contact imaging technique. It produces high-resolution, longitudinal, cross-sectional tomographs of ocular structures to detect evidence of glaucomatous damage or subsurface retinal defects.

Retinal thickness analysis is a computerized slitlamp biomicroscope that is intended to provide manual and computerized tomography of the retina in vivo to determine the thickness and the inner structure of the retina. It is indicated for assessing the area and location of retinal thickness abnormalities, such as thickening due to macular edema and atrophy associated with degenerative diseases, and for visualizing other retinal pathologies.

Indications of Coverage for Posterior Segment SCODI

Posterior segment SCODI allows for early detection of glaucomatous damage to the nerve fiber layer or optic nerve of the eye. It is the goal of these diagnostic imaging tests to discriminate among patients with normal intraocular pressures (IOP) who have glaucoma, patients with elevated IOP who have glaucoma, and patients with elevated IOP who do not have glaucoma. These tests can also provide precise methods of observation of the optic nerve head and can more accurately reveal subtle glaucomatous changes over the course of follow-up exams than visual field and/or disc photos. This can allow earlier and more efficient efforts of treatment toward the disease process.

Retinal disorders are the most common causes of severe and permanent vision loss. SCODI is also used for the evaluation and treatment of patients with retinal disease, especially certain macular abnormalities. It details the microscopic anatomy of the retina and the vitreo-retinal interface.

Posterior segment SCODI will be considered medically reasonable and necessary under the following circumstances:

1. The patient presents with "mild" glaucomatous damage or "suspect glaucoma" as demonstrated by any of the following:

- Intraocular pressure \geq 22mmHg as measured by applanation;
- Symmetric or vertically elongated cup enlargement, neural rim intact, cup/disc ratio > 0.4 ;
- Diffuse or focal narrowing or notching of disc rim, especially at inferior or superior poles;
- Diffuse or localized abnormalities of the retinal nerve fiber layer, especially at the inferior or superior poles;
- Nerve fiber layer disc hemorrhage;
- Asymmetrical appearance of the optic disc or rim between fellow eyes that suggests loss of neural tissue;
- Nasal step peripheral to 20 degrees or small paracentral or arcuate scotoma; or
- Mild constriction of visual field isopters.

Because of the slow disease progression of patients with "suspect glaucoma" or those with "mild" glaucomatous damage, the use of scanning computerized ophthalmic diagnostic imaging at a frequency of $> 1/\text{year}$ is not expected.

2. The patient presents with "moderate" glaucomatous damage as demonstrated by any of the following:

- Enlarged optic cup with neural rim remaining but sloped or pale, cup to disc ratio > 0.5 but < 0.8 ;
- Definite focal notch with thinning of the neural rim; or
- Definite glaucomatous visual field defect (e.g., arcuate defect, nasal step, paracentral scotoma, or general depression).

Patients with "moderate damage" may be followed with scanning computerized ophthalmic diagnostic imaging and/or visual fields. One or two tests of either per year may be appropriate. If both scanning computerized ophthalmic diagnostic imaging and visual field tests are used, only one of each test would be considered medically necessary, as these tests provide duplicative information.

Scanning computerized ophthalmic diagnostic imaging is not considered medically reasonable and necessary for patients with "advanced" glaucomatous damage. Instead, visual field testing should be performed. (Late in the course of glaucoma, when the nerve fiber layer has been extensively damaged, visual fields are more likely to detect small changes than scanning computerized ophthalmic diagnostic imaging).

The patient with "advanced" glaucomatous damage would demonstrate any of the following:

- Diffuse enlargement of optic nerve cup, with cup to disc ratio > 0.8 ;
- Wipe-out of all or a portion of the neural retinal rim;
- Severe generalized constriction of isopters (i.e., Goldmann I4e, < 10 degrees of fixation);
- Absolute visual field defects to within 10 degrees of fixation;
- Severe generalized reduction of retinal sensitivity; or
- Loss of central visual acuity, with temporal island remaining.

In addition, scanning computerized ophthalmic diagnostic imaging is not considered medically reasonable and necessary when performed to provide additional confirmatory information regarding a diagnosis which has already been determined.

3. Monitoring patients for the development of chloroquine (CQ) and/or hydroxychloroquine (HCQ) retinopathy. Patients being treated with CQ and/or HCQ should receive a baseline examination within the first year of treatment and as an annual follow-up after five years of treatment. For higher-risk patients, annual testing may begin immediately (without a 5-year delay).

4. The evaluation and treatment of patients with retinal disease (e.g., macular degeneration, diabetic retinopathy) and in the evaluation and treatment of certain macular abnormalities (e.g. macular edema, atrophy associated with degenerative retinal diseases).

Limitations of Coverage for Posterior Segment SCODI

Performing Fundus Photography and SCODI on the Same Day on the Same Eye

Fundus photography (CPT code 92250) and scanning ophthalmic computerized diagnostic imaging (CPT code 92133 or 92134) are generally mutually exclusive of one another in that a provider would use one technique or the other to evaluate fundal disease. However, there are a limited number of clinical conditions where both techniques are medically reasonable and necessary on the ipsilateral eye. In these situations, both CPT codes may be reported appending modifier 59-distinct procedural service or HCPCS modifier XU-unusual-non-overlapping service to CPT code 92250 (National Correct Coding Initiative Policy Manual, Chapter 11, Section G, Ophthalmology).

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:

B39.4
C69.30–C69.32
D18.09
D31.30–D31.32
E08.311–E08.359
E09.311–E09.359
E10.311–E10.359
E11.311–E11.359
E13.311–E13.359
H30.001–H30.93
H31.001–H31.129
H31.22
H31.321–H31.329
H31.401–H31.429
H32
H33.001–H33.059
H33.101–H33.119
H33.191–H33.199
H33.20–H33.23
H33.301–H33.339
H33.40–H33.42
H33.8
H34.10–H34.13
H34.231–H34.239
H34.811–H34.839
H35.00–H35.09
H35.20–H35.23
H35.30–H35.389
H35.50–H35.54
H35.60 –H35.63
H35.70–H35.739
H35.81
H35.89
H36
H44.20–H44.23
H44.40–H44.449
H59.031–H59.039
Q14.8

Indications of Coverage for Anterior Segment SCODI

Anterior segment SCODI will be considered medically reasonable and necessary for evaluation of specified forms of glaucoma and disorders of the cornea, iris and ciliary body.

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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.

013x Hospital Outpatient
085x Critical Access Hospital

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.

0510 Clinic - General Classification
0920 Other Diagnostic Services - General Classification

CPT/HCPCS Codes
Group 1 Paragraph: N/A

Group 1 Codes:

- 92132 SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, ANTERIOR SEGMENT, WITH INTERPRETATION AND REPORT, UNILATERAL OR BILATERAL
- 92133 SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH INTERPRETATION AND REPORT, UNILATERAL OR BILATERAL; OPTIC NERVE
- 92134 SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH INTERPRETATION AND REPORT, UNILATERAL OR BILATERAL; RETINA

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph: ICD-10-CM codes applicable for CPT codes 92133 and 92134 (Do not report 92133 and 92134 at the same patient encounter)

Group 1 Codes:

ICD-10 Codes	Description
A18.53	Tuberculous chorioretinitis
B39.4	Histoplasmosis capsulati, unspecified
C69.30 - C69.32	Malignant neoplasm of unspecified choroid - Malignant neoplasm of left choroid
C71.0	Malignant neoplasm of cerebrum, except lobes and ventricles
C71.1	Malignant neoplasm of frontal lobe
C71.2	Malignant neoplasm of temporal lobe
C71.3	Malignant neoplasm of parietal lobe
D18.09	Hemangioma of other sites
D31.30 - D31.32	Benign neoplasm of unspecified choroid - Benign neoplasm of left choroid

ICD-10 Codes**Description**

E08.311 - E08.359	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema - Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema
E09.311 - E09.359	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy with macular edema - Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema
E10.311 - E10.359	Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema - Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema
E11.311 - E11.359	Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema - Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema
E13.311 - E13.359	Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema - Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema
H05.00 - H05.9	Unspecified acute inflammation of orbit - Unspecified disorder of orbit
H15.811 - H15.9	Equatorial staphyloma, right eye - Unspecified disorder of sclera
H21.231 - H21.239	Degeneration of iris (pigmentary), right eye - Degeneration of iris (pigmentary), unspecified eye
H30.001 - H30.049	Unspecified focal chorioretinal inflammation, right eye - Focal chorioretinal inflammation, macular or paramacular, unspecified eye
H30.101 - H30.149	Unspecified disseminated chorioretinal inflammation, right eye - Acute posterior multifocal placoid pigment epitheliopathy, unspecified eye
H30.20 - H30.93	Posterior cyclitis, unspecified eye - Unspecified chorioretinal inflammation, bilateral
H31.001 - H31.099	Unspecified chorioretinal scars, right eye - Other chorioretinal scars, unspecified eye
H31.101 - H31.129	Choroidal degeneration, unspecified, right eye - Diffuse secondary atrophy of choroid, unspecified eye
H31.22	Choroidal dystrophy (central areolar) (generalized) (peripapillary)
H31.321 - H31.329	Choroidal rupture, right eye - Choroidal rupture, unspecified eye
H31.401 - H31.429	Unspecified choroidal detachment, right eye - Serous choroidal detachment, unspecified eye
H32	Chorioretinal disorders in diseases classified elsewhere
H33.001 - H33.059	Unspecified retinal detachment with retinal break, right eye - Total retinal detachment, unspecified eye
H33.101 - H33.119	Unspecified retinoschisis, right eye - Cyst of ora serrata, unspecified eye
H33.191 - H33.199	Other retinoschisis and retinal cysts, right eye - Other retinoschisis and retinal cysts, unspecified eye
H33.20 - H33.23	Serous retinal detachment, unspecified eye - Serous retinal detachment, bilateral
H33.301 - H33.339	Unspecified retinal break, right eye - Multiple defects of retina without detachment, unspecified eye
H33.40 - H33.43	Traction detachment of retina, unspecified eye - Traction detachment of retina, bilateral
H33.8	Other retinal detachments
H34.10 - H34.13	Central retinal artery occlusion, unspecified eye - Central retinal artery occlusion, bilateral
H34.231 - H34.239	Retinal artery branch occlusion, right eye - Retinal artery branch occlusion, unspecified eye
H34.811 - H34.819	Central retinal vein occlusion, right eye - Central retinal vein occlusion, unspecified eye
H34.821 - H34.829	Venous engorgement, right eye - Venous engorgement, unspecified eye
H34.831 - H34.839	Tributary (branch) retinal vein occlusion, right eye - Tributary (branch) retinal vein occlusion, unspecified eye
H35.00 - H35.09	Unspecified background retinopathy - Other intraretinal microvascular abnormalities
H35.20 - H35.23	Other non-diabetic proliferative retinopathy, unspecified eye - Other non-diabetic proliferative retinopathy, bilateral
	Unspecified macular degeneration - Toxic maculopathy, unspecified eye

ICD-10 Codes**Description**

H35.30 - H35.389	Unspecified hereditary retinal dystrophy - Dystrophies primarily involving the retinal pigment epithelium
H35.50 - H35.54	Retinal hemorrhage, unspecified eye - Retinal hemorrhage, bilateral
H35.60 - H35.63	Unspecified separation of retinal layers - Hemorrhagic detachment of retinal pigment epithelium, unspecified eye
H35.70 - H35.739	Retinal edema
H35.81	Other specified retinal disorders
H35.89	Retinal disorders in diseases classified elsewhere
H36	Retinal disorders in diseases classified elsewhere
H40.001 - H40.63X4	Preglaucoma, unspecified, right eye - Glaucoma secondary to drugs, bilateral, indeterminate stage
H40.811 - H40.9	Glaucoma with increased episcleral venous pressure, right eye - Unspecified glaucoma
H42	Glaucoma in diseases classified elsewhere
H43.00 - H43.9	Vitreous prolapse, unspecified eye - Unspecified disorder of vitreous body
H44.131 - H44.139	Sympathetic uveitis, right eye - Sympathetic uveitis, unspecified eye
H44.20 - H44.23	Degenerative myopia, unspecified eye - Degenerative myopia, bilateral
H44.40 - H44.449	Unspecified hypotony of eye - Primary hypotony of unspecified eye
H46.00 - H46.03	Optic papillitis, unspecified eye - Optic papillitis, bilateral
H46.8	Other optic neuritis
H46.9	Unspecified optic neuritis
H47.011 - H47.099	Ischemic optic neuropathy, right eye - Other disorders of optic nerve, not elsewhere classified, unspecified eye
H47.10 - H47.399	Unspecified papilledema - Other disorders of optic disc, unspecified eye
H53.40 - H53.459	Unspecified visual field defects - Other localized visual field defect, unspecified eye
H53.481 - H53.489	Generalized contraction of visual field, right eye - Generalized contraction of visual field, unspecified eye
H59.031 - H59.039	Cystoid macular edema following cataract surgery, right eye - Cystoid macular edema following cataract surgery, unspecified eye
Q14.2	Congenital malformation of optic disc
Q14.8 - Q14.9	Other congenital malformations of posterior segment of eye - Congenital malformation of posterior segment of eye, unspecified
Q15.0	Congenital glaucoma
S05.10XA - S05.12XS	Contusion of eyeball and orbital tissues, unspecified eye, initial encounter - Contusion of eyeball and orbital tissues, left eye, sequela
Z09*	Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm
Z79.899*	Other long term (current) drug therapy

Group 1 Medical Necessity ICD-10 Codes Asterisk Explanation: **Additional ICD-10 CM codes Z09 and Z79.899 that apply to CPT code 92134 only.

Group 2 Paragraph: ICD-10-CM codes applicable for CPT code 92132:

Group 2 Codes:

ICD-10 Codes	Description
C69.10 - C69.12	Malignant neoplasm of unspecified cornea - Malignant neoplasm of left cornea
C69.40 - C69.42	Malignant neoplasm of unspecified ciliary body - Malignant neoplasm of left ciliary body
D31.10 - D31.12	Benign neoplasm of unspecified cornea - Benign neoplasm of left cornea
	Benign neoplasm of unspecified ciliary body - Benign neoplasm of left ciliary body

ICD-10 Codes	Description
D31.40 - D31.42	
H16.031 - H16.039	Corneal ulcer with hypopyon, right eye - Corneal ulcer with hypopyon, unspecified eye
H16.061 - H16.079	Mycotic corneal ulcer, right eye - Perforated corneal ulcer, unspecified eye
H17.10 - H17.13	Central corneal opacity, unspecified eye - Central corneal opacity, bilateral
H18.711 - H18.739	Corneal ectasia, right eye - Descemetocoele, unspecified eye
H21.211 - H21.29	Degeneration of chamber angle, right eye - Other iris atrophy
H27.00 - H27.129	Aphakia, unspecified eye - Anterior dislocation of lens, unspecified eye
H27.8 - H27.9	Other specified disorders of lens - Unspecified disorder of lens
H40.031	Anatomical narrow angle, right eye
H40.032	Anatomical narrow angle, left eye
H40.033	Anatomical narrow angle, bilateral
H40.061 - H40.069	Primary angle closure without glaucoma damage, right eye - Primary angle closure without glaucoma damage, unspecified eye
H40.1410 - H40.1494	Capsular glaucoma with pseudoexfoliation of lens, right eye, stage unspecified - Capsular glaucoma with pseudoexfoliation of lens, unspecified eye, indeterminate stage
H40.20X0 - H40.249	Unspecified primary angle-closure glaucoma, stage unspecified - Residual stage of angle-closure glaucoma, unspecified eye
H40.30X0 - H40.53X4	Glaucoma secondary to eye trauma, unspecified eye, stage unspecified - Glaucoma secondary to other eye disorders, bilateral, indeterminate stage
H40.811 - H40.89	Glaucoma with increased episcleral venous pressure, right eye - Other specified glaucoma
H42	Glaucoma in diseases classified elsewhere
T85.21XA - T85.21XS	Breakdown (mechanical) of intraocular lens, initial encounter - Breakdown (mechanical) of intraocular lens, sequela
T85.22XA - T85.22XS	Displacement of intraocular lens, initial encounter - Displacement of intraocular lens, sequela
T85.29XA - T85.29XS	Other mechanical complication of intraocular lens, initial encounter - Other mechanical complication of intraocular lens, sequela
T85.318A - T85.318S	Breakdown (mechanical) of other ocular prosthetic devices, implants and grafts, initial encounter - Breakdown (mechanical) of other ocular prosthetic devices, implants and grafts, sequela
T85.328A - T85.328S	Displacement of other ocular prosthetic devices, implants and grafts, initial encounter - Displacement of other ocular prosthetic devices, implants and grafts, sequela
T85.398A - T85.398S	Other mechanical complication of other ocular prosthetic devices, implants and grafts, initial encounter - Other mechanical complication of other ocular prosthetic devices, implants and grafts, sequela
T85.72XA - T85.72XS	Infection and inflammatory reaction due to insulin pump, initial encounter - Infection and inflammatory reaction due to insulin pump, sequela
T85.79XA - T85.79XS	Infection and inflammatory reaction due to other internal prosthetic devices, implants and grafts, initial encounter - Infection and inflammatory reaction due to other internal prosthetic devices, implants and grafts, sequela
T86.840 - T86.841	Corneal transplant rejection - Corneal transplant failure
T86.842	Corneal transplant infection

ICD-10 Codes that DO NOT Support Medical Necessity N/A
ICD-10 Additional Information

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General Information

Documentation Requirements

- Medical record documentation (e.g., office/progress notes) maintained by the performing physician must indicate the medical necessity of the scanning computerized ophthalmic diagnostic imaging and be available upon request.
 - A copy of the test results, computer analysis of the data, and appropriate data storage for future comparison in follow-up exams is required.
 - Medical record documentation must clearly indicate rationale which supports the medical necessity for performing the fundus photography and posterior segment SCODI on the same day on the same eye. Documentation should also reflect how the test results were used in the patient's plan of care.
- It would not be considered medically reasonable and necessary to perform fundus photography and posterior segment SCODI on the same day on the same eye to provide additional confirmatory information for a diagnosis or treatment which has already been determined.

Utilization Guidelines

It is expected that these services would be performed as indicated by current medical literature and/or standards of practice. When services are performed in excess of established parameters, they may be subject to review for medical necessity.

Sources of Information and Basis for Decision

FCSO reference LCD number(s) – L29015, L29276, L29473

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Revision History Information

Please note: Most Revision History entries effective on or before 01/24/2013 display with a Revision History Number of "R1" at the bottom of this table. However, there may be LCDs where these entries will display as a separate and distinct row.

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
		Revision Number: 7 Publication: February 2016 Connection LCR A/B 2016-041	
02/18/2016	R8	Explanation of revision: This LCD was revised to include ICD-10 diagnosis codes H40.032 and H40.033 in the "ICD-10 Codes that Support Medical Necessity" section of the LCD for CPT codes 92132. The effective date of this revision is for claims processed on or after 02/18/2016, for dates of service on or after 10/01/15. In addition, the LCD was revised to add language to the "Indications of Coverage for Posterior Segment SCOD1" section of the LCD to clarify retinal disease coverage. The effective date of this revision is based on claims processed on or after 02/18/16. Revision Number: 7 Publication: February 2016 Connection LCR A/B 2016-041	<ul style="list-style-type: none"> • Other • Revisions Due To ICD-10-CM Code Changes
02/18/2016	R7	Explanation of revision: This LCD was revised to include ICD-10 diagnosis codes H40.032 and H40.033 in the "ICD-10 Codes that Support Medical Necessity" section of the LCD for CPT codes 92132. The effective date of this revision is for claims processed on or after 02/18/2016, for dates of service on or after 10/01/15. Revision Number: 6 Publication: November 2015 Connection LCR A/B 2015-031	<ul style="list-style-type: none"> • Revisions Due To ICD-10-CM Code Changes
10/01/2015	R6	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 for CPT codes 92133 and 92134. 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. Revision Number: 5 Publication: November 2015 Connection LCR A/B2015	<ul style="list-style-type: none"> • Revisions Due To ICD-10-CM Code Changes
10/01/2015	R5	Explanation of revision: LCD revised to add additional ICD-10-CM diagnosis codes H43.00-H43.9 to the "ICD-10 Codes that Support Medical Necessity" section of the LCD. The effective date of this revision is for claims processed on or after 10/29/15, 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	R4	10/28/2015-Added ICD-10 code range; H43.00— H43.9 Vitreous prolapse, unspecified eye— Unspecified disorder of vitreous body.	<ul style="list-style-type: none"> • Other (Added ICD-10 code range; H43.00— H43.9) • 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	04/22/15- - 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	R1	06/05/2014 – 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 • New/Updated Technology

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
			<ul style="list-style-type: none"> Revisions Due To ICD-10-CM Code Changes
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Associated Documents

Attachments N/A

Related Local Coverage Documents N/A

Related National Coverage Documents N/A

Public Version(s) Updated on 02/17/2016 with effective dates 02/18/2016 - N/A [Updated on 02/17/2016 with effective dates 02/18/2016 - N/A](#) [Updated on 11/13/2015 with effective dates 10/01/2015 - 02/17/2016](#) [Updated on 10/30/2015 with effective dates 10/01/2015 - N/A](#) [Updated on 10/28/2015 with effective dates 10/01/2015 - N/A](#) [Updated on 05/29/2015 with effective dates 10/01/2015 - N/A](#) [Updated on 04/22/2015 with effective dates 10/01/2015 - N/A](#) [Updated on 07/01/2014 with effective dates 10/01/2015 - N/A](#) [Updated on 05/28/2014 with effective dates 10/01/2015 - N/A](#) [Updated on 04/02/2014 with effective dates 10/01/2015 - N/A](#) [Back to Top](#)

Keywords

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