Local Coverage Determination (LCD): B-Scan (L33904)

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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>
</tr>
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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>
</tr>
<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
L33904

Original ICD-9 LCD ID
L29064

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

Revision Effective Date
For services performed on or after 04/26/2016

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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Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

B-scan implies a two-dimensional ultrasonic scanning procedure with two-dimensional display.

A B-scan is done for the purpose of evaluating the interior of the eye. Payment will be allowed only for services which are medically reasonable and necessary for the patient's condition.

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.

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.

99999  Not Applicable

CPT/HCPCS Codes

Group 1 Paragraph: N/A

Group 1 Codes:

76510  OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTITATIVE A-SCAN PERFORMED DURING THE SAME PATIENT ENCOUNTER

76512  OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN (WITH OR WITHOUT SUPERIMPOSED NON-QUANTITATIVE A-SCAN)
### ICD-10 Codes that Support Medical Necessity

**Group 1 Paragraph:** N/A

**Group 1 Codes:**

<table>
<thead>
<tr>
<th>ICD-10 Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A18.51</td>
<td>Tuberculous episcleritis</td>
</tr>
<tr>
<td>A18.53</td>
<td>Tuberculous chorioretinitis</td>
</tr>
<tr>
<td>A18.59</td>
<td>Other tuberculosis of eye</td>
</tr>
<tr>
<td>C69.00 - C69.92</td>
<td>Malignant neoplasm of unspecified conjunctiva - Malignant neoplasm of unspecified site of left eye</td>
</tr>
<tr>
<td>C79.32 - C79.49</td>
<td>Secondary malignant neoplasm of cerebral meninges - Secondary malignant neoplasm of other parts of nervous system</td>
</tr>
<tr>
<td>D09.20 - D09.22</td>
<td>Carcinoma in situ of unspecified eye - Carcinoma in situ of left eye</td>
</tr>
<tr>
<td>D18.09</td>
<td>Hemangioma of other sites</td>
</tr>
<tr>
<td>D31.00 - D31.92</td>
<td>Benign neoplasm of unspecified conjunctiva - Benign neoplasm of unspecified part of left eye</td>
</tr>
<tr>
<td>D48.7</td>
<td>Neoplasm of uncertain behavior of other specified sites</td>
</tr>
<tr>
<td>D49.81 - D49.89</td>
<td>Neoplasm of unspecified behavior of retina and choroid - Neoplasm of unspecified behavior of other specified sites</td>
</tr>
<tr>
<td>D57.00 - D57.219</td>
<td>Hb-SS disease with crisis, unspecified - Sickle-cell/Hb-C disease with crisis, unspecified</td>
</tr>
<tr>
<td>D57.80 - D57.819</td>
<td>Other sickle-cell disorders without crisis - Other sickle-cell disorders with crisis, unspecified</td>
</tr>
<tr>
<td>E08.311 - E08.359</td>
<td>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</td>
</tr>
<tr>
<td>E09.311 - E09.359</td>
<td>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</td>
</tr>
<tr>
<td>E10.311 - E10.359</td>
<td>Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema - Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema</td>
</tr>
<tr>
<td>E11.311 - E11.359</td>
<td>Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema - Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema</td>
</tr>
<tr>
<td>E13.311 - E13.359</td>
<td>Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema - Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema</td>
</tr>
<tr>
<td>E85.1 - E85.9</td>
<td>Neuropathic heredofamilial amyloidosis - Amyloidosis, unspecified</td>
</tr>
<tr>
<td>G45.3</td>
<td>Amaurosis fugax</td>
</tr>
<tr>
<td>H05.00 - H05.049</td>
<td>Unspecified acute inflammation of orbit - Tenonitis of unspecified orbit</td>
</tr>
<tr>
<td>H05.10 - H05.129</td>
<td>Unspecified chronic inflammatory disorders of orbit - Orbital myositis, unspecified orbit</td>
</tr>
<tr>
<td>H05.20 - H05.269</td>
<td>Unspecified exophthalmos - Pulsating exophthalmos, unspecified eye</td>
</tr>
<tr>
<td>H05.50 - H05.53</td>
<td>Retained (old) foreign body following penetrating wound of unspecified orbit - Retained (old) foreign body following penetrating wound of bilateral orbits</td>
</tr>
<tr>
<td>H05.811 - H05.819</td>
<td>Cyst of right orbit - Cyst of unspecified orbit</td>
</tr>
<tr>
<td>H05.821 - H05.89</td>
<td>Myopathy of extraocular muscles, right orbit - Other disorders of orbit</td>
</tr>
<tr>
<td>H15.001 - H15.9</td>
<td>Unspecified scleritis, right eye - Unspecified disorder of sclera</td>
</tr>
<tr>
<td>H16.241 - H16.249</td>
<td>Ophthalmia nodosa, right eye - Ophthalmia nodosa, unspecified eye</td>
</tr>
<tr>
<td>H17.00 - H17.9</td>
<td>Adherent leukoma, unspecified eye - Unspecified corneal scar and opacity</td>
</tr>
</tbody>
</table>
ICD-10 Codes | Description
--- | ---
H18.001 - H18.009 | Unspecified corneal deposit, right eye - Unspecified corneal deposit, unspecified eye
H18.011 - H18.069 | Anterior corneal pigmentation, right eye - Stromal corneal pigmentation, unspecified eye
H18.10 - H18.13 | Bullous keratopathy, unspecified eye - Bullous keratopathy, bilateral
H18.20 - H18.239 | Unspecified corneal edema - Secondary corneal edema, unspecified eye
H18.50 - H18.59 | Unspecified hereditary corneal dystrophies - Other hereditary corneal dystrophies
H18.70 - H18.799 | Unspecified corneal deformity - Other corneal deformities, unspecified eye
H21.00 - H21.359 | Hyphema, unspecified eye - Exudative cyst of pars plana, unspecified eye
H21.40 - H21.43 | Pupillary membranes, unspecified eye - Pupillary membranes, bilateral
H25.20 - H25.23 | Age-related cataract, morgagnian type, unspecified eye - Age-related cataract, morgagnian type, bilateral
H25.89 | Other age-related cataract
H26.101 - H26.139 | Unspecified traumatic cataract, right eye - Total traumatic cataract, unspecified eye
H27.10 - H27.139 | Unspecified dislocation of lens - Posterior dislocation of lens, unspecified eye
H30.001 - H32 | Unspecified focal chorioretinal inflammation, right eye - Chorioretinal disorders in diseases classified elsewhere
H33.001 - H33.8 | Unspecified retinal detachment with retinal break, right eye - Other retinal detachments
H34.00 - H34.9 | Transient retinal artery occlusion, unspecified eye - Unspecified retinal vascular occlusion
H35.00 - H35.09 | Unspecified background retinopathy - Other intraretinal microvascular abnormalities
H35.171 - H35.469 | Retrolental fibroplasia, right eye - Secondary vitreoretinal degeneration, unspecified eye
H35.50 - H35.739 | Unspecified hereditary retinal dystrophy - Hemorrhagic detachment of retinal pigment epithelium, unspecified eye
H35.81 - H35.89 | Retinal edema - Other specified retinal disorders
H36 | Retinal disorders in diseases classified elsewhere
H43.00 - H43.9 | Vitreous prolapse, unspecified eye - Unspecified disorder of vitreous body
H44.001 - H44.19 | Unspecified purulent endophthalmitis, right eye - Other endophthalmitis
H44.50 - H44.9 | Unspecified degenerated conditions of globe - Unspecified disorder of globe
H46.10 - H46.13 | Retrobulbar neuritis, unspecified eye - Retrobulbar neuritis, bilateral
H47.021 - H47.029 | Hemorrhage in optic nerve sheath, right eye - Hemorrhage in optic nerve sheath, unspecified eye
H47.10 - H47.149 | Unspecified papilledema - Foster-Kennedy syndrome, unspecified eye
H47.20 - H47.299 | Unspecified optic atrophy - Other optic atrophy, unspecified eye
H47.311 - H47.399 | Coloboma of optic disc, right eye - Other disorders of optic disc, unspecified eye
H57.03 | Miosis
H57.8 | Other specified disorders of eye and adnexa
Q10.7 | Congenital malformation of orbit
Q13.0 - Q13.9 | Coloboma of iris - Congenital malformation of anterior segment of eye, unspecified
Q14.0 - Q14.9 | Congenital malformation of vitreous humor - Congenital malformation of posterior segment of eye, unspecified

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**General Information**

**Associated Information**

**Documentation Requirements**

Medical record documentation maintained by the ordering/referring physician must indicate the medical necessity for performing the test and the test results. This information is usually found in the history and physical, office/progress notes, or test results.

If the provider of the service is other than the ordering/referring physician, that provider must maintain hard copy documentation of test results and interpretation, along with copies of the ordering/referring physician’s order for the studies. The physician must state the clinical indication/medical necessity for the study in his order for the test.

**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 – L29082


**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.
<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Revision Number</th>
<th>Revision History Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/26/2016</td>
<td>R3</td>
<td>Explanation of revision: The LCD was revised to add the following ICD-10-CM diagnosis codes to the &quot;ICD-10 Codes that Support Medical Necessity&quot; section of the LCD: A18.51, A18.53, H05.50- H05.53, H05.821- H05.89, H18.011-H18.069, H18.20-H18.239, H21.40-H21.43, H26.101-H26.139, H30.001-H32, H35.00-H35.09, H35.81-H35.89, H44.50-H44.9, H47.10-H47.149, and Q14.0-Q14.9. In addition, the &quot;ICD-10 Codes that Support Medical Necessity&quot; section of the LCD was revised to change diagnosis code range H15.001 - H15.129 to H15.001 - H15.9 and diagnosis code range H35.171 - H35.32 to H35.171 – H35.469. The effective date of this revision is for claims processed on or after 04/26/16, for dates of service on or after 10/01/15.</td>
</tr>
<tr>
<td>03/21/2016</td>
<td>R2</td>
<td>Explanation of revision: The LCD was revised to add ICD-10-CM diagnosis code H25.89 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 03/21/2016, for dates of service on or after 10/01/15.</td>
</tr>
<tr>
<td>10/01/2015</td>
<td>R1</td>
<td>Explanation of revision: This LCD was revised to include ICD-10 code range H47.311-H47.399 in 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 12/02/2015, for dates of service on or after 10/01/15.</td>
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</tbody>
</table>

**Keywords**

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