

# **REIMBURSEMENT –SAMPLE POLICIES**

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## **Heidelberg Engineering HRT Cornea**

**CPT CODE 92286**

**Endothelial Cell Photography**

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# **Reimbursement for HRT Cornea (HRT + Rostock Cornea Module)**

The primary code used for corneal imaging for public and private insurers is 92286 Endothelial Cell Photography.

We believe this is the most appropriate code for the HRT Cornea – Confocal Laser Microscope (HRT + Rostock Cornea Module); however, practitioners must confirm this with individual insurance payors.

Attached are the following national policy guidelines:

1. Medicare National Coverage Decision
2. Aetna National Policy

Regional policy guidelines including those listed below may be found at [www.HeidelbergEngineering.com](http://www.HeidelbergEngineering.com).

3. Blue Cross / Blue Shield of Texas
4. Blue Cross / Blue Shield of Tennessee
5. Georgia Medicare

Insurance policies are under constant revision, so the attached references may be out of date or obsolete. Health care providers must check with their patients' Medicare carriers or insurance company for current policy information and billing requirements.

## Medicare Coverage Database

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### NCD for Endothelial Cell Photography (80.8)

#### Publication Number

100-3

#### Manual Section Number

80.8

#### Version Number

1

#### Effective Date of this Version

8/31/1992

#### Benefit Category

Diagnostic Tests (other)

**Note:** This may not be an exhaustive list of all applicable Medicare benefit categories for this item or service.

#### Coverage Topic

Diagnostic Tests, X-rays, and Lab Services

#### Item/Service Description

Endothelial cell photography involves the use of a specular microscope to determine the endothelial cell count. It is used by ophthalmologists as a predictor of success of ocular surgery or certain other ocular procedures.

#### Indications and Limitations of Coverage

Endothelial cell photography is a covered procedure under Medicare when reasonable and necessary for patients who meet one or more of the following criteria:

- Have slit lamp evidence of endothelial dystrophy (cornea guttata),
- Have slit lamp evidence of corneal edema (unilateral or bilateral),

- Are about to undergo a secondary intraocular lens implantation,
- Have had previous intraocular surgery and require cataract surgery,
- Are about to undergo a surgical procedure associated with a higher risk to corneal endothelium; i.e., phacoemulsification, or refractive surgery (see §80.7 for excluded refractive procedures),
- With evidence of posterior polymorphous dystrophy of the cornea or irido-corneal-endothelium syndrome, or
- Are about to be fitted with extended wear contact lenses after intraocular surgery.

When a pre-surgical examination for cataract surgery is performed and the conditions of this section are met, if the only visual problem is cataracts, endothelial cell photography is covered as part of the presurgical comprehensive eye examination or combination brief/intermediate examination provided prior to cataract surgery, and not in addition to it. (See §10.1.)

### Transmittal Number

61

### Revision History

08/1992 - Stipulated that endothelial cell photography subject to the limitation on coverage of visual tests prior to cataract surgery. Effective date 08/31/1992. (TN 61)

Source: [http://www.cms.hhs.gov/mcd/viewncd.asp?ncd\\_id=80.8&ncd\\_version=1&show=all](http://www.cms.hhs.gov/mcd/viewncd.asp?ncd_id=80.8&ncd_version=1&show=all)

### Medicare Fee Schedule

CPT Code	Modifier	Description	Participating Provider
92286		Special anterior segment photography with interpretation and report; with specular endothelial microscopy and cell count.	\$ 148.41
	- TC	Technical component	\$ 111.10
	-26	Professional component	\$ 37.32

Source: [http://www.medicarenhic.com/cal\\_prov/fees/2006revfee\\_areasca99.pdf](http://www.medicarenhic.com/cal_prov/fees/2006revfee_areasca99.pdf) (03-Nov-06)

NOTE: Payment amounts are locally adjusted and subject to change. Contact your Medicare Carrier for current amount(s) and payment policy.

[END MEDICARE NATIONAL POLICY FOR CPT 92286]

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Clinical Policy Bulletins

**Number:** 0538

(Updated)

**Subject:** Endothelial Cell Photography

**Reviewed:** November 3, 2006

### Important Note

This Clinical Policy Bulletin expresses Aetna's determination of whether certain services or supplies are medically necessary, experimental and investigational, or cosmetic. Aetna has reached these conclusions based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). Aetna makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in this Bulletin. The discussion, analysis, conclusions and positions reflected in this Bulletin, including any reference to a specific provider, product, process or service by name, trademark, manufacturer, constitute Aetna's opinion and are made without any intent to defame. Aetna expressly reserves the right to revise these conclusions as clinical information changes, and welcomes further relevant information including correction of any factual error. ***Each benefit plan defines which services are covered, which are excluded, and which are subject to dollar caps or other limits. Members and their providers will need to consult the member's benefit plan to determine if there are any exclusions or other benefit limitations applicable to this service or supply.*** The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered (i.e., will be paid for by Aetna) for a particular member. The member's benefit plan determines coverage. Some plans exclude coverage for services or supplies that Aetna considers medically necessary. If there is a discrepancy between this policy and a member's plan of benefits, the benefits plan will govern. In addition, coverage may be mandated by applicable legal requirements of a State, the Federal government or CMS for Medicare and Medicaid members. CMS's Coverage Database can be found on the following website: <http://www.cms.hhs.gov/center/coverage.asp>.

### Policy

Aetna considers endothelial cell photography medically necessary for members with *any* of the following indications:

- Have slit-lamp evidence of endothelial dystrophy (corneal guttata, i.e., Fuch's dystrophy); *or*
- Have slit-lamp evidence of corneal edema (unilateral or bilateral); *or*
- Are about to undergo a secondary intraocular lens implantation; *or*
- Have had previous intraocular surgery and require cataract surgery; *or*

- Are about to undergo a surgical procedure associated with a higher risk to corneal endothelium; *or*
- With evidence of posterior polymorphous dystrophy of the cornea or irido-corneal endothelium syndrome; *or*
- Are about to be fitted with extended wear contact lenses after intraocular surgery.

Endothelial cell photography is considered experimental and investigational for other indications.

Note: Endothelial cell photography is considered an integral part of the pre-surgical comprehensive or brief/intermediate eye examination when done prior to cataract surgery when the member's only visual problem is cataracts. This is true regardless of the type of cataract technique utilized (including phacoemulsification).

## **Background**

Endothelial cell photography (also known as specular endothelial microscopy, anterior segment photography, and corneal endothelial microscopy) involves the use of a specular microscope to determine the endothelial cell count. It is used by ophthalmologists to predict success of ocular surgery and other ocular procedures.

## **ICD-9 Codes / CPT Codes**

### ICD-9 codes:

371.57	Endothelial corneal dystrophy
371.20 - 371.24	Corneal edema
996.53	Mechanical complications due to ocular lens prosthesis
V43.1	Replacement of lens by prosthesis
366.17	Total or mature cataract
371.58	Other posterior corneal dystrophies
364.51	Essential or progressive iris atrophy

### CPT codes:

92286  
92287

## **Revision Dates**

Original policy: June 29, 2001

Updated: May 16, 2003; September 24, 2004; October 25, 2005; November 3, 2006

## **The above policy is based on the following references:**

1. Wisconsin Physician Service Insurance Corporation (WPS) Medicare Part B. Endothelial cell photography. Medicare Policy No. OPHTH-012. Madison, WI: WPS; October 1, 1994. Available at: <http://www.wpsic.com/medicare/policy/wisconsin/opht12W.html>. Accessed April 3, 2000.

2. U.S. Department of Health and Human Services, Public Health Service, Agency for Health Care Policy and Research (AHCPR). Cataract in adults: Management of functional impairment. Clinical Practice Guideline No. 4. AHCPR Publication No. 93-0544. Rockville, MD: AHCPR; February 1993.
3. No authors listed. Corneal endothelial photography. Three-year revision. American Academy of Ophthalmology, Ophthalmology. 1997;104(8):1360-1365.
4. No authors listed. Corneal endothelial photography. American Academy of Ophthalmology. Ophthalmology. 1991;98(9):1464-1468.
5. U.S. Department of Health and Human Services, Health Care Financing Administration (HCFA). Endothelial cell photography. Medicare Coverage Issues Manual §50-38. HCFA Publication No. 6. Baltimore, MD: HCFA; 2000.
6. Modis L Jr, Langenbucher A, Seitz B. Corneal endothelial cell density and pachymetry measured by contact and noncontact specular microscopy. J Cataract Refract Surg. 2002;28(10):1763-1769.
7. Hara M, Morishige N, Chikama T, Nishida T. Comparison of confocal biomicroscopy and noncontact specular microscopy for evaluation of the corneal endothelium. Cornea. 2003;22(6):512-515.
8. Klais CM, Bühren J, Kohnen T. Comparison of endothelial cell count using confocal and contact specular microscopy. Ophthalmologica. 2003;217(2):99-103.

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