Medical Policy Reference Manual
Medical Policy Operating Procedure

2.01.038A Diagnostic Eye Procedures

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Description

There are a number of ophthalmological procedures that may be performed to diagnose various eye disorders.

This procedure does **not** apply to **routine eye care.**

Policy

There is no policy statement for this Operating Procedure.

Policy Guidelines

There are no Policy Guidelines for this Operating Procedure.

Benefit Applications

When benefits are provided under the member's contract, benefits **are provided** for all medically necessary diagnostic eye procedures.

- Ophthalmic ultrasound, corneal pachymetry, is considered an *integral part* of corneal specular endothelial microscopy and is therefore not eligible for separate reimbursement.

- Benefits **are not provided** for ophthalmic ultrasound, corneal pachymetry, when performed as an evaluation for refractive keratoplasty performed for the purpose of correcting a refractive error, unless specifically covered under the member's contract (see *Operating Procedure 7.01.020A*).

- Separate benefits **are provided** for ophthalmic ultrasound, corneal pachymetry, to determine corneal thickness with the diagnosis of suspected glaucoma or intraocular hypertension.

- Ophthalmic ultrasound, corneal pachymetry, may be reported in addition to the codes for the following ophthalmology services:

  o medical examination and evaluation; intermediate, new patient
  o comprehensive, new patient
  o intermediate, established patient
  o comprehensive, established patient

- The following tests (commonly reported using code for Unlisted ophthalmological service or procedure are considered *incidental* when reported on the same date of service as medical care:

  o Blue field entoptoscopy
  o Brightness acuity test (BAT)
  o Glare test (Amsler grid; Maddox)
  o Laser polarimetry
  o Potential acuity meter (PAM)

- ○ Schirmer test (Schirmer tear test)
- ○ Tonometry (tonometer), other than serial tonometry

<u>Provider Guidelines</u>
The following Category II CPT® code(s) should be reported in addition to the appropriate Category I CPT® code(s) when appropriate. Category II codes are supplemental tracking codes that can be used for performance measurement.

<u>Cross References to Related Policies and Procedures</u>
2.01.039A   Eyeglasses and Contact Lenses for Medical or Post-Operative Conditions, Procedure
2.01.040A   Refraction, Policy
6.01.031   Computerized Ophthalmic Diagnostic Imaging, Policy

<u>References</u>
The following were among the resources reviewed and considered in developing this policy. By reviewing and considering the resources, CareFirst does not in any way endorse the contents thereof nor assume any liability or responsibility in connection therewith. The opinions and conclusions of the authors of these resources are their own and may or may not be in agreement with those of CareFirst.

American Medical Association, (2012) Current Procedural Terminology (CPT)®, (4th ed.). Chicago: Author.

Blue Cross and Blue Shield of the National Capital Area. (1997, January). *Diagnostic eye procedures* (Medical Policy Manual, Section I [Medical], p. 117). Washington DC: Author.

Blue Cross and Blue Shield of the National Capital Area. (1997, January). *Pachymetry* (Medical Policy Manual, Section I [Medical], p. 41). Washington DC: Author.

Feuer WJ, Parrish RK 2nd, Schiffman JC, Anderson DR, Budenz DL, Wells MC, Hess DJ, Kass MA, Gordon MO. (2002) The Ocular Hypertension Treatment Study: reproducibility of cup/disk ratio measurements over time at an optic disc reading center. *American Journal of Ophthalmology*, (1)133, 19-28.

Kirschner, C.G. & Reyes, D. (Eds.). (1997). A look at bilateral modifier usage. *CPT assistant, 7(2),* 7-8.

This policy statement relates only to the services or supplies described herein. Coverage will vary from contract to contract and by line of business and should be verified before applying the terms of the policy.