LOCAL COVERAGE DETERMINATION UPDATE

NOVITAS SOLUTIONS, INC

Optometric Business Solutions, LLC

August 19, 2012
POLICY DATE – NOVEMBER 19, 2012

Active Policies

L27474  Blepharoplasty / Blepharoptosis
L27479  Cataract Surgery
L32607  Lacrimal Punctum Plugs

“Inactive” Policies

L27481  Comanagement of Surgical Procedures
L27509  Extended Ophthalmoscopy
L27497  Fluorescein and Indocyanine Angiography
L27498  Fundus Photography
L27507  Ophthalmic A and B Scans
L27508  Ophthalmic Biometry for IOLs
L27529  Scanning Computerized Ophthalmic Diagnostic Imaging
L27545  Visual Fields
PROCEDURE Blepharoplasty / Blepharoptosis

CPT
15820  Blepharoplasty, lower lid
15821  Blepharoplasty, lower lid with extensive herniation of fat pad
15822  Blepharoplasty, upper lid
15823  Blepharoplasty, upper lid with extensive herniation of fat pad
67900  Repair of brow ptosis; supraciliary, mid-forehead, or coronal approach
67901  Repair of blepharoptosis; frontalis technique with suture or other material
67902  Repair of blepharoptosis; frontalis technique with autologous sling
67903  Repair of blepharoptosis; levator resection or advancement, internal approach
67904  Repair of blepharoptosis; levator resection or advancement, external approach
67906  Repair of blepharoptosis; superior rectus technique with sling
67908  Repair of blepharoptosis; conjunctivo-tarso Muller's muscle-levator resection

GENERAL Abnormalities of the eyelids may be corrected surgically when they result in a functional impairment of sight, overall function, or patient symptoms related to the eyelid disorder.

INDICATIONS Lower lid blepharoplasty – covered when:
A. Lower eyelid laxity resulting in dacryostenosis and infection; and/or
B. Lower lid laxity results in significant eyelid edema
C. Glasses rest on the lower eyelid tissue causing a secondary ectropion

Upper eyelid blepharoplasty – covered when:
A. Clinical notes and visual fields support a decrease in peripheral vision
B. Photographs document obvious dermatochalasis, ptosis or brow ptosis consistent with the visual field
C. TAPED visual fields show an improvement to greater than 25 degrees (NOTE: Doesn’t matter what the untapped visual field shows – taped visual fields must document improvement.)

Repair of brow ptosis – covered when:
A. Clinical notes and visual field testing document a decrease in peripheral vision
B. Photographs document obvious dermatochalasis, ptosis or brow ptosis consistent with the visual field
C. TAPED visual fields show an improvement to greater than 25 degrees (NOTE: Doesn’t matter what the untapped visual field shows – taped visual fields must document improvement.)

Ptosis repair – covered when:
A. Documentation supports that the underlying treatable cause has been excluded
B. Photographs document the ptosis covers one-fourth of the pupil or 1-2mm above the midline of the pupil.

C. TAPED visual fields show an improvement to greater than 25 degrees (NOTE: Doesn’t matter what the untapped visual field shows – taped visual fields must document improvement.)

**LIMITATIONS**  National policy states that surgical procedures will only be reimbursed if used to correct functional deficits. Reimbursement will never be allowed for cosmetic correction only.

**DOCUMENT**

1. Clinical note, photos and visual fields must support the above indication requirements.
2. Visual fields must be performed on either a Goldmann perimeter or an automated perimeter. A single stimulus is most acceptable but any documentation must extend vertically to over 50 degrees (in other words 30-2 and 24-2 not acceptable – must use 60 degree screening or threshold).
3. Photos must be printable (not slides) and must be of sufficient quality to easily document the defect and show a light reflex on the cornea. The head must be in a normal perpendicular position. If redundant skin is documented, a second photo is required to show the normal position of the upper eyelid margin with the redundant tissue retracted.
4. If both a blepharoplasty and ptosis repair are planned, both must be individually documented in the notes and in separate photographs.

**ICD-9**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>374.30</td>
<td>Ptosis of eyelid; unspecified</td>
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<tr>
<td>374.31</td>
<td>Dermatochalasis</td>
</tr>
<tr>
<td>378.51</td>
<td>Third or oculomotor nerve palsy partial</td>
</tr>
<tr>
<td>378.52</td>
<td>Third or oculomotor nerve palsy total</td>
</tr>
<tr>
<td>378.55</td>
<td>External ophthalmoplegia</td>
</tr>
<tr>
<td>701.8</td>
<td>Specific hypertrophic and atrophic conditions of skin</td>
</tr>
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<td>743.61</td>
<td>Congenital ptosis of eyelid</td>
</tr>
<tr>
<td>V52.2</td>
<td>Fitting or adjusting of artificial eye</td>
</tr>
</tbody>
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PROCEDURE Cataract Surgery

CPT

66840  Removal of lens material; aspiration technique
66850  Removal of lens material; phacofragmentation technique (phacoemulsification)
66852  Removal of lens material; pars plana approach, with or without vitrectomy
66920  Removal of lens material; intracapsular
66940  Removal of lens material; extracapsular
66982  Cataract surgery, complex
66983  Intracapsular cataract extraction with insertion of IOL
66984  Extracapsular cataract extraction with insertion of IOL (manual or phacoemulsification)

GENERAL

Medicare considers the following the complete patient benefits related to cataracts when surgery is indicated:

1. A conventional IOL implanted after cataract surgery.
2. Facility and physician services associated with the surgery.
3. One pair of eyeglasses or contact lenses furnished after each cataract surgery.

Preoperative Evaluation

The preoperative evaluation should not be completed unless there are substantial signs or symptoms of cataracts. If the only diagnosis is cataract, the only reimbursed procedures would be the office visit and an appropriate ultrasound scan.

The following tests are generally not reimbursed in the preoperative assessment of the cataract unless medical necessity is confirmed in the patient’s record:

1. Contrast sensitivity
2. Potential acuity
3. Non-screening visual fields
4. Fluorescein angiography
5. External photography
6. Specular microscopy
7. Corneal Pachymetry
8. Specialized color vision tests
9. Electrophysiologic testing

The maximum interval between the preoperative evaluation and surgery should not exceed three months. Patients should be educated to contact their physician if there are any changes in vision between the preoperative evaluation and the time of surgery.
INDICATIONS  Cataract surgery is indicated when the following criteria are met:

1. Standardized measure of the patients visual function is completed the results of which show that cataract surgery will improve visual function commensurate with the risks of surgery.
2. Impaired visual function considered to be: Snellen acuity of 20/40 or worse; decreased ability to carry out activities of daily living or vocational requirements;
3. Glare symptoms are not specifically indications for surgery unless they cause the interference with activities of daily living. Measurement of glare is not stated as required.
4. The patient has undergone a comprehensive evaluation typically including an A-scan or partial coherence interferometry.
5. The patient has been educated regarding the risks and benefits of cataract surgery.

Cataract surgery is contraindicated in the following situations:

1. Glasses or other visual aids provide satisfactory functional vision.
2. The patient’s lifestyle is not compromised by the cataracts.
3. Coexisting medical conditions would contraindicate ocular surgery.
4. Surgery would not improve vision.
5. Consent is not obtained.

LIMITATIONS  Bilateral cataract procedures performed on the same day will be denied unless medical necessity is established.

All the requirements stated previously to establish medical necessity for the surgery must be met.

DOCUMENT  Medical record must document the required examination elements and the signs and/or symptoms that document medical necessity.

ICD-9  Allowable diagnosis for complex surgery (66982) are extensive and complicated.

Allowable diagnosis for routine cataract surgery include:

365.51  Phacolytic glaucoma
366.00-.90  Nonsenile cataract
998.82  Cataract fragments in the eye following cataract surgery
PROCEDURE  LACRIMAL PUNCTUM PLUGS

CPT  68761

GENERAL
1. Indicated in the treatment of chronic dry eye that has not responded to more conservative treatment.
2. Should be used only when MGD is excluded or treated.
3. Can be collagen plugs for temporary use or silicone for permanent placement.

INDICATIONS
Decision to use plugs should be based on:
A. documentation of a positive Schirmer test or equivalent; and
B. evidence of corneal compromise by slit lamp.

LIMITATIONS
None

DOCUMENT
Patient’s medical record must contain documentation of each of the following:
A. Patient complaints normally associated with dry eye syndrome
B. Results of a trial period with synthetic tears
C. Results of Schirmer test or equivalent, tear break up time, and slit lamp examination

ICD
370.00 Corneal ulcer, unspecified
370.01 Marginal corneal ulcer
370.02 Ring corneal ulcer
370.03 Central corneal ulcer
370.05 Mycotic corneal ulcer
370.06 Perforated corneal ulcer
370.07 Mooren’s ulcer
370.20 Superficial keratitis, unspecified
370.21 Punctate keratitis
370.23 Filamentary keratitis
370.33 Keratoconjunctivitis sicca
370.34 Exposure keratoconjunctivitis
370.35 Neurotrophic keratoconjunctivitis
371.42 Recurrent corneal erosion
375.15 Tear film insufficiency
710.2 Sicca syndrome
PROCEDURE  Co-management of Surgical Procedures

CPT  All surgical codes with 10 or 90 day Global Surgery Fee Periods

GENERAL  Management of a surgical procedure is the primary responsibility of the operating surgeon.

Occasionally, postoperative care may be transferred to another physician. In those cases, the 54 and 55 modifiers are used to distinguish who is providing care for the patient.

The physician receiving the patient for postoperative management must be licensed to manage all aspects of the postoperative care, including the ability to diagnose potential complications that would require another operation.

INDICATIONS  Co-management is indicated only when one or more of the following conditions are met:

1. The operating surgeon is unavailable to follow the patient postoperatively
2. The patient is unable to travel to the surgeon’s office
3. The patient voluntarily wishes to be followed by another physician postoperatively
4. The care is provided in a health professional shortage area
5. The surgery is performed in a remote area that the operating surgeon does not frequent
6. The surgery is performed far away while the patient is traveling

LIMITATIONS  Transfer of postoperative care will not be covered if:

1. The operating surgeon is available unless the patient voluntarily wishes to be followed by another physician
2. The operating surgeon performs the postoperative care but splits the fee with another provider
3. Comanagement is performed indiscriminately and not on a case by case basis
4. The transfer is not made in writing
5. The patient did not consent to the transfer of care

DOCUMENT  Transfer of care must be made in writing

The operating surgeon’s record must show that the patient was appropriately informed of the medical advisability of transferring their care and after so the patient still consented to the transfer

ICD-9  Not applicable
PROCEDURE  Extended Ophthalmoscopy

CPT  
92225  Extended ophthalmoscopy, initial
92226  Extended ophthalmoscopy, subsequent

GENERAL  Extended ophthalmoscopy includes a drawing of the retina observed through a dilated pupil (unless dilation clinically contraindicated), a written interpretation and report, and a documented plan of treatment

INDICATIONS  Extended ophthalmoscopy is indicated for a wide range of posterior segment pathology when the level of examination requires a more extensive view and documentation than that required for routine ophthalmoscopy. The LCD lists almost 50 specific examples of such conditions but the real indication is medical necessity that follows the allowable diagnosis below.

LIMITATIONS  Extended ophthalmoscopy should not be routinely performed on both eyes of every patient at every visit.

Extended ophthalmoscopy will not be considered medically necessary unless there is an adequate drawing and an interpretation and report is included in the medical record.

Extended ophthalmoscopy would not be considered medically necessary when performed at the same visit with fundus photography, fluorescein angiography, or ultrasound. If performed together, the record must show that the multiple imaging services might provide additive, not duplicative information.

DOCUMENT  Indications for extended ophthalmoscopy must be entered into the medical record on a case by case and eye by eye basis (must have orders)

The method / instruments used to evaluate the posterior pole should be documented in the interpretation and report

The record must document that the pupil was dilated and what drug(s) were used

The interpretation and report must contain a plan of action related to the findings

Regarding the retinal drawing:

1. The drawing must be separate from the routine findings (although still can be contained in the medical record
2. All structures noted in the drawing must be labeled
3. As much as possible, the drawing must be to scale
4. Drawings in a 4x6 format with standard colors are preferred, but non-colored drawings are acceptable if clearly labeled
5. If the optic nerve is documented related to glaucoma diagnosis, the drawing must show the cupping, rim, slope, pallor, and all surrounding pathology.

ICD-9

042 HIV Disease
094.85 Syphilitic retrobulbar neuritis
115.02 Histoplasmosis capsulotum retinitis
115.92 Histoplasmosis retinitis, unspecified
130.2 Choritoretinitis, toxoplasmosis
190.0 Malignant neoplasm of eye except conjunctiva, cornea, retina and choroid
190.5 Malignant neoplasm of retina
190.6 Malignant neoplasm of choroid
190.8 Malignant neoplasm of other specified sites of eye
198.4 Secondary malignant neoplasm of other parts of nervous system
198.89 Secondary malignant neoplasm of other specified sites on eye
224.5 Benign neoplasm of retina
224.6 Benign neoplasm of choroid
225.1 Benign neoplasm of cranial nerves
228.03 Hemangioma of retina
228.09 Hemangioma of other sites
237.70 Neurofibromatosis unspecified
237.71 Neurofibromatosis Type 1
237.72 Neurofibromatosis Type II
237.73 Schwannomatosis
237.79 Other neurofibromatosis
250.00 DM Type II without complication and not stated as uncontrolled
250.01 DM Type I without complication and not stated as uncontrolled
250.02 DM Type II without complication, uncontrolled
250.03 DM Type I without complications, uncontrolled
250.10 DM Type II with ketoacidosis, not stated as uncontrolled
250.11 DM Type I with ketoacidosis, not stated as uncontrolled
250.12 DM Type II with ketoacidosis, uncontrolled
250.13 DM Type I with ketoacidosis, uncontrolled
250.20 DM Type II with hyperosmolarity, not stated as controlled
250.21 DM Type I with hyperosmolarity, not stated as uncontrolled
250.22 DM Type II with hyperosmolarity, uncontrolled
250.23 DM Type I with hyperosmolarity, uncontrolled
250.30 DM Type II with other coma, not stated as uncontrolled
250.31 DM Type I with other coma, not stated as uncontrolled
250.32 DM Type II with other coma, uncontrolled
250.33 DM Type I with other coma, uncontrolled
250.40 DM Type II with renal manifestations, not stated as uncontrolled
250.41 DM Type I with renal manifestations, not stated as uncontrolled
250.42  DM Type II with renal manifestations, uncontrolled
250.43  DM Type I with renal manifestations, uncontrolled
250.50  DM Type II with ophthalmic manifestations, not stated as uncontrolled
250.51  DM Type I with ophthalmic manifestations, not stated as uncontrolled
250.52  DM Type II with ophthalmic manifestations, uncontrolled
250.53  DM Type I with ophthalmic manifestations, uncontrolled
282.40  Thalassemia, unspecified
282.41  Sickle cell thalassemia without crisis
282.42  Sickle cell thalassemia with crisis
282.43  Alpha thalassemia
282.44  Beta thalassemia
282.45  Delta beta thalassemia
282.46  Thalassemia minor
282.47  Hemoglobin E-beta thalassemia
282.60  Sickle cell disease unspecified
282.64  Sickle cell HB C disease with crisis
282.68  Sickle cell HB C disease without crisis
360.00-04  Purulent endophthalmitis unspecified, vitreous abscess
360.11-19  Sympathetic uveitis, other endophthalmitis
360.20-29  Degenerative disorder of the globe unspecified
360.30-34  Hypotony of eye unspecified
360.40-44  Degenerated eye or globe, leucocoria
360.50-59  Intraocular magnetic foreign body
360.60-69  Intraocular foreign body unspecified
360.81  Luxation of the globe
360.89  Other disorders of the globe
360.9  Unspecified disorder of the globe
361.00-07  Retinal detachment with retinal defect
361.10-19  Retinoschisis
361.2  Serous retinal detachment
361.30-33  Retinal defect without detachment
361.81  Tractional detachment of retina
361.89  Other forms of retinal detachment
361.9  Unspecified retinal detachment
362.01-10  Background diabetic retinopathy
362.11-18  Hypertensive retinopathy
362.21  Retrolental fibroplasia
362.29  Other non-diabetic proliferative retinopathy
362.30-37  Retinal vascular occlusion
362.40-43  Retinal layer separation, hemorrhagic detachment of RPE
362.50-57  Macular degeneration
362.60-66  Peripheral retinal degeneration
362.70-77 Hereditary retinal dystrophy
362.81-89 Retinal hemorrhage
363.00-08 Focal chorioretinitis
363.10-15 Disseminated chorioretinitis
363.20 Chorioretinitis unspecified
363.21 Pars planitis
363.22 Harada’s disease
363.30-35 Chorioretinal scar
363.40-43 Choroidal degeneration, angoid streaks
363.50-57 Hereditary choroidal dystrophy
363.61 Choroidal hemorrhage
363.62 Expulsive choroidal hemorrhage
363.63 Choroidal rupture
363.70 Choroidal detachment
363.71 Serous choroidal detachment
363.72 Hemorrhagic choroidal detachment
363.8 Other disorders of choroid
363.9 Unspecified disorders of choroid
364.00 Acute and subacute iridocyclitis
364.01-04 Primary iridocyclitis
364.10 Chronic iridocyclitis
364.11 Chronic iridocyclitis in diseases classified elsewhere
364.21-24 Fuch’s heterochromic cyclitis
364.3 Unspecified iridocyclitis
364.41 Hyphema of iris and ciliary body
364.42 Rubeosis iridis
364.51-59 Essential or progressive iris atrophy
364.60-64 Idiopathic cysts of iris and ciliary body
364.70-77 Adhesions of iris
364.81 Floppy iris syndrome
364.89 Other disorders of iris and ciliary body
364.9 Unspecified disorders of iris and ciliary body
365.00-04 Preglaucoma
365.05 Open angle glaucoma with borderline findings, high risk
365.06 Primary angle closure without glaucoma damage
365.10-15 Open angle glaucoma
365.20-24 Primary angle closure glaucoma
365.31 Corticosteroid induced glaucoma, glaucomatous stage
365.32 Corticosteroid induced glaucoma, residual stage
365.41-44 Glaucoma associated with angle abnormalities
365.51-59 Phacolytic glaucoma
365.60-65 Glaucoma associated with unspecified disorder, ocular trauma
365.70  Glaucoma stage, unspecified
365.71  Mild stage glaucoma
365.72  Moderate stage glaucoma
365.73  Severe stage glaucoma
365.74  Indeterminate stage glaucoma
365.81-89  Hypersecretion glaucoma
365.9  Unspecified glaucoma
368.10-16  Subjective visual disturbance
368.40-47  Visual field defect unspecified
368.60-69  Night blindness
368.8  Other specified visual disturbances
368.9  Unspecified visual disturbance
376.40-47  Deformity of orbit
376.50  Enophthalmos unspecified cause
376.51  Enophthalmos due to atrophy or orbit
376.52  Enophthalmos due to surgery or trauma
376.6  Retained foreign body following penetrating wound into orbit
377.00  Papilledema unspecified
377.01-04  Papilledema associated with increased intracranial pressure
377.10-16  Optic Atrophy unspecified
377.21-24  Drusen of optic disc
377.30-39  Optic neuritis
377.41-49  Ischemic optic neuropathy
377.51-54  Disorders of optic chiasm associated with pituitary disorders
379.07  Posterior scleritis
379.21-29  Vitreous degeneration
379.32  Subluxation of lens
379.34  Posterior subluxation of lens
714.0  Rheumatic arthritis
714.30-33  Chronic or unspecified polyarticular juvenile rheumatoid arthritis
743.51-59  Vitreous anomalies congenital
759.5  Tuberous sclerosis
759.6  Other congenital hematoses
759.82  Marfans Syndrome
871.5  Penetration of eyeball with magnetic foreign body
871.6  Penetration of eyeball with non-magnetic foreign body
871.7  Unspecified ocular penetration
871.9  Unspecified open wound of eyeball
921.3  Contusion of eyeball
958.1  Fat embolism as early indicator of trauma
995.50-59  Unspecified child abuse
996.53  Mechanical complications of prosthesis
E930.0-E949.9 Penicillins or other vaccines causing adverse effects
V58.69 Long term (current) use of high risk medications
V67.51 Follow up examination following completed treatment with high risk medication
PROCEDURE  
**Fluorescein and Indocyanine Green Angiography**

CPT  
92235  Fluorescein angiography with interpretation and report  
92240  Indocyanine green angiography with interpretation and report

GENERAL  
Fluorescein angiography plays an important role in the evaluation and diagnosis of many retinal conditions  
Indocyanine green is an effective tool in diagnosing mainly conditions that may result in choroidal neovascularization

INDICATIONS  
The LCD lists many examples of conditions where angiography studies could be considered medically necessary. While helpful, it is best to refer to the allowable diagnosis listing.

LIMITATIONS  
Indocyanine angiography must be performed by a physician or under direct supervision or under direct supervision of a physician  
Indocyanine angiography is not considered medically necessary in the evaluation of patients with background diabetic retinopathy  
If indocyanine angiography is performed first, it is generally not medically necessary to perform fluorescein angiography within one month of the indocyanine test  
Indocyanine and fluorescein angiography may be performed on the same day if the medical record documents the medical necessity for this action  
Fluorescein nor indocyanine angiography is considered medically necessary when performed at the same visit as scanning laser ophthalmoscopy

DOCUMENT  
Only medical necessity along with interpretation and report

ICD-9  
For Fluorescein Angiography  
042  HIV disease  
115.02  Histoplasmosis capsulotum retinitis  
115.12  Histoplasmosis duboisii retinitis  
115.92  Histoplasmosis retinitis, unspecified  
130.2  Choriotoretinitis, toxoplasmosis  
190.0  Malignant neoplasm of eye except conjunctiva, cornea, retina and choroid  
135  Sarcoïdosis  
190.5  Malignant neoplasm of retina  
190.6  Malignant neoplasm of choroid  
224.5  Benign neoplasm of retina  
224.6  Benign neoplasm of choroid
228.03  Hemangioma of retina
228.09  Hemangioma of other sites
250.00  DM Type II without complication and not stated as uncontrolled
250.01  DM Type I without complication and not stated as uncontrolled
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250.51  DM Type I with ophthalmic manifestations, not stated as uncontrolled
250.52  DM Type II with ophthalmic manifestations, uncontrolled
250.53  DM Type I with ophthalmic manifestations, uncontrolled
282.60  Sickle cell disease unspecified
282.64  Sickle cell HB C disease with crisis
282.68  Sickle cell HB C disease without crisis
282.69  Other sickle cell disease without crisis
340    Multiple Sclerosis
348.2  Benign intracranial hypertension
360.00-04 Purulent endophthalmitis unspecified, vitreous abscess
360.11-19 Sympathetic uveitis, other endophthalmitis
360.21  Progressive high myopia
361.10-19 Retinoschisis
362.01-07 Background diabetic retinopathy
362.10-18 Hypertensive retinopathy
362.21  Retrolental fibroplasia
362.29  Other nondiabetic proliferative retinopathy
362.30-37 Retinal vascular occlusion
362.41-43 Retinal layer separation, hemorrhagic detachment of RPE
362.50-57 Macular degeneration
362.70-77 Hereditary retinal dystrophy
362.81-85 Retinal hemorrhage
363.00-08 Focal chorioretinitis
363.10-15 Disseminated chorioretinitis
363.20 Chorioretinitis unspecified
363.21 Pars planitis
363.22 Harada’s disease
363.31 Chorioretinal scar
363.41-43 Choroidal degeneration, angoid streaks
363.55-56 Hereditary choroidal dystrophy
363.63 Choroidal rupture
363.70 Choroidal detachment
363.71 Serous choroidal detachment
363.72 Hemorrhagic choroidal detachment
368.10-13 Subjective visual disturbance
377.00 Papilledema unspecified
377.01-04 Papilledema associated with increased intracranial pressure
377.16 Optic Atrophy hereditary
377.21-24 Drusen of optic disc
377.30-34 Optic neuritis
377.41-42 Ischemic optic neuropathy
377.43 Optic nerve hypoplasia
377.49 Other disorders of optic nerve
379.23 Vitreous hemorrhage
377.27 Vitreomacular adhesion
714.0 Rheumatic arthritis
V67.51 Follow up examination following completed treatment with high risk medication

For Indocyanine Green Angiography

362.16 Retinal neovascularization
362.17 Other intraretinal microvascular abnormalities
362.41 Central serous retinopathy
362.42 Serous detachment of retinal pigment epithelium
362.43 Hemorrhagic detachment of retinal pigment epithelium
362.52 Exudative senile macular degeneration
362.75 Other dystrophies primarily involving the sensory retina
362.81 Retinal hemorrhage
363.15 Disseminated retinitis and chorioretinitis
363.61 Choroidal hemorrhage
363.62 Expulsive choroidal hemorrhage
363.63  Choroidal rupture
363.72  Hemorrhagic choroidal detachment
363.8   Other disorders of choroid
368.11  Sudden vision loss
368.14  Visual distortions of shape and size
368.41  Scotoma involving the central area
PROCEDURE Fundus Photography

CPT 92250  Fundus photography with interpretation and report

GENERAL Fundus photography involves the use of a retinal camera. The resultant images may be either photographic or digital.

Fundus photographs are usually taken through a dilated pupil unless unnecessary for image acquisition of clinically contraindicated.

Repeat images will only be covered if they document a clinically relevant condition that is subject to change in extent, appearance or size, and where such change would directly affect patient management.

Despite CMS policy that annual imaging of diabetic patients without retinal signs or patient symptoms be a Standard of Care, this payor will not pay for such images.

LIMITATIONS Stated medical necessity

DOCUMENT Photograph must be contained within the medical record or available to the contractor upon request

INDICATIONS 042 HIV disease
094.85 Syphilitic retrobulbar neuritis
115.02 Histoplasmosis capsulatum retinitis
115.90-99 Histoplasmosis retinitis, unspecified
130.1 Conjunctivitis due to toxoplasmosis
130.2 Choritoretinitis, toxoplasmosis
190.0-9 Malignant neoplasm of eye except conjunctiva, cornea, retina and choroid
198.4 Secondary malignant neoplasm of other parts of nervous system
224.5 Benign neoplasm of retina
224.0 Benign neoplasm of eyeball except conjunctiva, cornea, retina and choroid
224.5 Benign neoplasm of retina
224.6 Benign neoplasm of choroid
225.1 Benign neoplasm of cranial nerves
234.0 Carcinoma in situ or eye
238.8-9 Neoplasm of uncertain behavior
250.50 DM Type II with ophthalmic manifestations, not stated as uncontrolled
250.51 DM Type I with ophthalmic manifestations, not stated as uncontrolled
250.52 DM Type II with ophthalmic manifestations, uncontrolled
250.53 DM Type I with ophthalmic manifestations, uncontrolled
270.2 Other disturbances of aromatic amino acid metabolism
282.60-69 Sickle cell disease unspecified
Multiple sclerosis

360.00-04 Purulent endophthalmitis unspecified, vitreous abscess
360.11-19 Sympathetic uveitis, other endophthalmitis
360.20-29 Degenerative disorder of the globe unspecified
360.30-34 Hypotony of eye unspecified
360.40-44 Degenerated eye or globe, leucocoria
360.50-59 Intraocular magnetic foreign body
360.60-69 Intraocular foreign body unspecified
360.81 Luxation of the globe
360.89 Other disorders of the globe
360.9 Unspecific retinal detachment
361.00-07 Retinal detachment with retinal defect
361.10-19 Retinoschisis
361.2 Serous retinal detachment
361.30-33 Retinal defect without detachment
361.81 Tractional detachment of retina
361.89 Other forms of retinal detachment
361.9 Unspecified retinal detachment
362.01-07 Background diabetic retinopathy
362.10-18 Hypertensive retinopathy
362.21 Retrolental fibroplasia
362.29 Other nondiabetic proliferative retinopathy
362.30-37 Retinal vascular occlusion
362.40-43 Retinal layer separation, hemorrhagic detachment of RPE
362.50-57 Macular degeneration
362.60-66 Peripheral retinal degeneration
362.70-77 Hereditary retinal dystrophy
362.81-85 Retinal hemorrhage
362.89 Other retinal disorders
363.00-08 Focal chorioretinitis
363.10-15 Disseminated chorioretinitis
363.20 Chorioretinitis unspecified
363.21 Pars planitis
363.22 Harada’s disease
363.30-35 Chorioretinal scar
363.40-43 Choroidal degeneration, angoid streaks
363.50-57 Hereditary choroidal dystrophy
363.61 Choroidal hemorrhage
363.62 Expulsive choroidal hemorrhage
363.63 Choroidal rupture
363.70 Choroidal detachment
363.71 Serous choroidal detachment
363.72 Hemorrhagic choroidal detachment
363.8 Other disorders of choroid
363.9 Unspecified disorders of choroid
364.22 Glaucomatocyclitis crisis
362.24 Vogt Koyanagi Syndrome
364.3 Unspecified iridocyclitis
365.00-04 Preglaucoma
365.05 Open angle glaucoma with borderline findings, high risk
365.06 Primary angle closure without glaucoma damage
365.10-15 Open angle glaucoma
365.20-24 Primary angle closure glaucoma
365.31 Corticosteroid induced glaucoma, glaucomatous stage
365.32 Corticosteroid induced glaucoma, residual stage
365.41-44 Glaucoma associated with angle abnormalities
365.51-59 Phacolytic glaucoma
365.60-65 Glaucoma associated with unspecified disorder, ocular trauma
365.70 Glaucoma stage, unspecified
365.71 Mild stage glaucoma
365.72 Moderate stage glaucoma
365.73 Severe stage glaucoma
365.74 Indeterminate stage glaucoma
365.81-89 Hypersecretion glaucoma
365.9 Unspecified glaucoma
377.00-04 Papilledema unspecified
377.10-16 Optic atrophy unspecified
377.21-24 Drusen of optic disc
377.30-39 Optic neuritis unspecified
377.41-49 Ischemic optic neuropathy
377.51-54 Disorders of optic nerve associated with pituitary neoplasms and disorders
377.61-63 Disorders of other visual pathways associated with neoplasms
377.71-75 Disorders of visual cortex associated with neoplasms
377.9 Unspecified disorders of visual pathway and visual cortex
379.00 Scleritis
379.07 Posterior scleritis
379.11 Scleral ectasia
379.21-29 Vitreous degeneration
379.32 Subluxation of lens
379.34 Posterior subluxation of lens
695.4 Lupus erythematosus
710.0 Systemic lupus erythematosus
714.0-9 Rheumatic arthritis
743.51-59 Vitreous anomalies congenital
759.5  Tuberous sclerosis
759.6  Other congenital harmatoses
759.81-89 Other specified congenital abnormalities
771.0  Congenital rubella
794.11-14  Nonspecific abnormal electrodiagnostic study
871.5  Penetration of eyeball with magnetic foreign body
871.6  Penetration of eyeball with non-magnetic foreign body
961.4  Poisoning by antimalarials and drugs acting on other blood protozoa
V58.69  Long term (current) use of high risk medications
V67.51  Follow up examination following completed treatment with high risk medication
PROCEDURE  Ophthalmic A and B Scans

CPT  
76510  Diagnostic Ascan and quantitative Bscan performed during the same encounter  
76511  Diagnostic – quantitative Ascan  
76512  Diagnostic Bscan with or without superimposed Ascan  
76513  Diagnostic anterior segment ultrasound; immersion Bscan or high resolution biomicroscopy  
76529  Ultrasound; foreign body localization

GENERAL  
Orbital ultrasonography is a medically appropriate diagnostic tool to diagnose and/or follow ocular and orbital pathologies.  
The use of ultrasonography to make IOL calculations is a separate policy L27508.

INDICATIONS  
Example indications would include axial length determination, intraocular or orbital foreign body evaluation, intraocular tumor differentiation, intraocular evaluation when miotic pupils or media opacities limit conventional ophthalmoscopy, ocular trauma and retinal or choroidal detachments.

LIMITATIONS  
These codes are not used to determined IOL power for cataract surgery.

DOCUMENT  
Results of the evaluation must be contained in the patient’s medical record or be available to the contractor upon request.

ICD-9  
190.0-9  Malignant neoplasm of eye except from conjunctiva, cornea, retina and choroid  
198.89  Secondary malignant neoplasm of other specified sites  
224.0-9  Benign neoplasm of eyeball expect conjunctiva, cornea, retina and choroid  
228.03  Hemangioma of retina  
242.00-91  Toxic diffuse goiter without thyrotoxic crisis  
246.8  Other specified disorders of thyroid  
360.00-04  Purulent endoophthalmitis  
360.21  Progressive myopia  
360.50  Foreign body magnetic intraocular  
360.51  Foreign body magnetic in anterior chamber  
360.52  Foreign body magnetic in iris or ciliary body  
360.54  Foreign body magnetic in vitreous  
360.61  Foreign body in anterior chamber  
360.62  Foreign body is iris or ciliary body  
360.64  Foreign body in vitreous  
361.00-07  Retinal detachment with retinal defect  
361.12  Bullous retinoschisis  
361.2  Serous retinal detachment  
361.30-33  Retinal defect unspecified  
361.81-89  Traction detachment of retina
361.9  Unspecified retinal detachment
362.21  Retrolental fibroplasia
362.40-43  Retinal layer separation
363.40-43  Choroidal degeneration unspecified
363.50  Hereditary choroidal dystrophy
363.62  Expulsive choroidal hemorrhage
363.70-72  Choroidal detachment
363.8  Other disorders of choroid
364.05  Hypopyon
364.41  Hyphema of iris and ciliary body
364.82  Plateau iris syndrome
365.02  Anatomical narrow angle borderline glaucoma
365.05  Open angle with borderline findings, high risk
365.06  Primary angle closure without damage
365.41  Glaucoma associated with angle anomalies
365.71-74  Glaucoma stages
366.00-09  Nonsenile cataract
366.10-19  Senile cataract
366.20-23  Traumatic cataract
366.30-34  Complicated cataract
366.41-46  Diabetic cataract
366.50-53  After cataract
366.8  Other cataract
366.9  Unspecified cataract
368.03  Refractive amblyopia
371.00-05  Corneal opacity
371.20-24  Corneal edema
371.43  Band keratopathy
376.00-04  Acute inflammation of orbit
376.10-13  Chronic inflammation of orbit
376.21-22  Thyrotoxic exophthalmos
376.30-36  Exophthalmos
376.40-47  Deformity of orbit
376.50-52  Enophthalmos
376.6  Retained foreign body following penetrating injury
376.80-89  Orbital cysts
376.9  Unspecified disorder of orbit
377.00  Papilledema
377.21  Drusen of optic disc
377.24  Pseudopapilledema
377.43  Optic nerve hypoplasia
379.07  Posterior scleritis
379.21  Vitreous degeneration
379.22  Crystalline deposits in vitreous
379.23  Vitreous hemorrhage
379.24  Other vitreous opacities
379.27  Vitreomacular adhesions
379.42  Persistent myopia not due to miotics
379.60  Inflammation or infection of postprocedural bleb
379.61  Inflammation of postprocedural bleb State 1
379.62  Inflammation of postprocedural bleb State 2
379.63  Inflammation of postprocedural bleb State 3
379.8   Other specified disorders of eye and adnexa
379.90-99  Ill-defined disorders of eye
743.00-06  Clinical anophthalmos
743.10-12  Microphthalmos
743.20-22  Buphthalmos
743.30-39  Congenital cataract
743.51  Congenital vitreous anomalies
871.0   Ocular laceration without prolapse
871.2   Rupture of eye with partial tissue loss
871.5   Penetration of eye with magnetic foreign body
871.6   Penetration of eye with non-magnetic foreign body
921.3   Contusion of eyeball
996.69  Infection of inflammation due to prosthetic device
996.88  Complication from transplanted organ
998.82  Cataract fragments in eye following cataract surgery
PROCEDURE  Ophthalmic biometry for IOLs

CPT  
76516  Ophthalmic Ascan by biometry
76519  Ophthalmic biometry Ascan with IOL calculation
92136  Ophthalmic biometry by partial coherence interferometry with IOL calculation

GENERAL  IOL calculations may be performed by standard ultrasound biometry or optical coherence biometry.

INDICATIONS  Ultrasound Biometry

For IOL calculation, ultrasound biometry should only be performed once the decision to have surgery has been made. Because the patient may delay the surgical decision or decide to have surgery from a provider different than the diagnosing physician, a repeat of the Ascan by the operating surgeon would be reasonable.

Optical Coherence Biometry

Optical coherence biometry would be considered reasonable only if performed by the operating surgeon or his/her designee in the preoperative period. Generally, it is expected that the provider performing the cataract surgery will perform the optical coherence biometry.

LIMITATIONS  
1. It is not considered reasonable to perform both an ultrasound biometric procedure and an optical coherence biometric procedure for the same surgical encounter.

2. Ophthalmic biometry for lens power calculation should not be performed unless the decision to have surgery has been made between the patient and the surgeon.

3. If biometry for IOL calculation is performed by an optometrist, it should be done in coordination with the operating surgeon so that only one biometric procedure is performed. If biometry is repeated by the operating surgeon, the optometrist performing the original procedure should anticipate not being reimbursed for the procedure.

4. Biometry for IOP calculation is not considered reasonable except one time per eye. Repeat procedures would typically be denied unless medical necessity for duplicating the service is established.

5. Ascan biometry is billed with a technical (TC) and professional (26) component. The professional component of the second eye should not be billed until the surgery is actually planned.

6. It is not appropriate for one physician to bill the technical component of biometry and another physician bill the professional component.

DOCUMENT  Results of the test should be contained in the medical record or accessible to the contractor on demand.
ICD 366.00-04  Nonsenile cataract
366.09  Other and combined forms of cataract
366.10  Senile cataract
366.13-19  Anterior subcapsular polar cataracts and other combined forms
366.20-23  Traumatic cataract
366.30-34  Complicated cataract
366.41-46  Diabetic cataract
366.8  Other cataract
366.9  Unspecified cataract
379.31-34  Aphakia
743.30-35  Congenital cataract / congenital aphakia
743.36  Congenital anomalies of lens shape
743.37  Congenital ectopic lens
743.39  Other congenital cataract and lens anomalies
996.53  Mechanical complications of prosthetic lens
V43.1  Lens replaced by other means
PROCEDURE  Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI)

CPT  
92132  SCODI, anterior segment with interpretation and report, unilateral or bilateral  
92133  SCODI, optic nerve with interpretation and report, unilateral or bilateral  
92134  SCODI retina with interpretation and report, unilateral or bilateral  

GENERAL  SCODI includes the following tests: confocal laser scanning ophthalmoscopy (topography), scanning laser polarimetry (GDx) and optical coherence tomography (OCT) although only GDx and OCT are considered relevant today.

The LCD presents a long discussion regarding the value of SCODI in the evaluation of glaucoma.

INDICATIONS  Glaucoma

1. SCODI is invaluable in the evaluation of glaucoma, even in advanced cases.  
2. In most cases no more than two exams per year would be required to manage a glaucoma suspect or glaucoma patient.

Retina

1. Indicated in the decision to begin therapy, measure the effectiveness of therapy and the value or safety of cessation of therapy.  
2. Only one exam every two months should be required to managed most conditions although patients with active AMD or DM may require more frequent evaluation, usually no more than once a month.  
3. SCODI and FA should not be performed at the same encounter unless the medical record justifies the necessity of concurrent testing.

Anterior Segment

SCODI of the anterior segment is considered experimental except in the following cases:

1. Confirmed narrow or suspected narrow angle  
2. Determining the proper IOL power for a patient who has had prior refractive surgery  
3. Iris tumor  
4. Presence of corneal edema that precludes visualization of the anterior chamber  
5. Other exceptions only on a case by case basis

LIMITATIONS  See “Indications”

DOCUMENT  The medical necessity for performing the test and the results of the test must be contained in the patient’s medical record or available to the contractor upon request.

If bilateral testing is performed, the medical necessity for performing the test on each eye must be separately noted.
ICD 92133

364.04  Secondary iridocyclitis
364.22  Glaucomatocyclitis crisis
364.53  Pigmentary iris degeneration
364.73  Goniosynechia
364.74  Adhesions and disruptions of pupillary membranes
364.77  Angle recession
365.00-04  Preglaucoma
365.05  Open angle glaucoma with borderline findings, high risk
365.06  Primary angle closure without glaucoma damage
365.10-15  Open angle glaucoma
365.20-24  Primary angle closure glaucoma
365.31  Corticosteroid induced glaucoma, glaucomatous stage
365.32  Corticosteroid induced glaucoma, residual stage
365.41-44  Glaucoma associated with angle abnormalities
365.51-59  Phacolytic glaucoma
365.60-65  Glaucoma associated with unspecified disorder, ocular trauma
365.70  Glaucoma stage, unspecified
365.71  Mild stage glaucoma
365.72  Moderate stage glaucoma
365.73  Severe stage glaucoma
365.74  Indeterminate stage glaucoma
365.81-89  Hypersecretion glaucoma
365.9  Unspecified glaucoma
368.11  Sudden vision loss
368.14  Visual distortions of size or shape
368.40  Visual field defect unspecified
368.41  Scotoma involving the central area
368.42  Scotoma of blind spot area
368.43  Sector or arcuate visual field defects
368.44  Other localized visual field defects
368.45  Generalized visual field constriction or contraction
377.00-04  Papilledema
377.14  Glaucomatous optic atrophy
377.15  Partial optic atrophy
377.9  Unspecified disorder of optic nerve and visual pathway
743.20-22  Buphthalmos

92134

115.02  Histoplasmosis capulotum retinitis
190.3  Malignant neoplasm of conjunctiva
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>190.5</td>
<td>Malignant neoplasm of retina</td>
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<tr>
<td>190.6</td>
<td>Malignant neoplasm of choroid</td>
</tr>
<tr>
<td>224.6</td>
<td>Benign neoplasm of choroid</td>
</tr>
<tr>
<td>228.03</td>
<td>Hemangioma of retina</td>
</tr>
<tr>
<td>360.21</td>
<td>Progressive myopia</td>
</tr>
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<td>361.00-07</td>
<td>Retinal detachment with retinal defect</td>
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<td>361.2</td>
<td>Serous retinal detachment</td>
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<td>361.30-33</td>
<td>Retinal defect without detachment</td>
</tr>
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<td>361.81</td>
<td>Tractional detachment of retina</td>
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<td>361.9</td>
<td>Unspecified retinal detachment</td>
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<td>362.01-07</td>
<td>Background diabetic retinopathy</td>
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<td>362.10-18</td>
<td>Hypertensive retinopathy</td>
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<td>362.21</td>
<td>Retrolental fibroplasia</td>
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<td>Other nondiabetic proliferative retinopathy</td>
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<td>362.30-37</td>
<td>Retinal vascular occlusion</td>
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<td>362.40-43</td>
<td>Retinal layer separation, hemorrhagic detachment of RPE</td>
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<td>362.50-57</td>
<td>Macular degeneration</td>
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<td>362.60-66</td>
<td>Peripheral retinal degeneration</td>
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<td>Hereditary retinal dystrophy</td>
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<td>Retinal hemorrhage</td>
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<td>Focal chorioretinitis</td>
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<td>363.10-15</td>
<td>Disseminated chorioretinitis</td>
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<td>363.20-22</td>
<td>Chorioretinitis unspecified</td>
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<td>363.31</td>
<td>Solar retinopathy</td>
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<td>Choroidal degeneration, angoid streaks</td>
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<td>Choroidal detachment</td>
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<td>364.04</td>
<td>Secondary iridocyclitis</td>
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<td>Adhesions and disruptions of pupillary membrane</td>
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</tbody>
</table>
92132

364.89 Other disorders or iris and ciliary body
365.05 Open angle with borderline findings, high risk
365.06 Primary angle closure without damage
365.20-89 Primary angle closure glaucoma
371.00-05 Corneal opacity
371.20-24 Corneal edema
PROCEDURE Visual Fields

CPT
- 92081 Visual field examination, limited (tangent, autoplot, single stimulus automated test)
- 92082 Visual field examination, intermediate (2 isopters, suprathreshold on automated test)
- 92083 Visual field examination, extended (3 isopters, full threshold program)

GENERAL Visual field testing is a process to determine defects in the field of vision and determine function of the retina, optic nerve and optic pathways. It may include kinetic or static testing.

INDICATIONS The LCD includes a long discussion on when visual field testing would be considered medically necessary based on numerous disease listings but it is best to refer to the allowable diagnosis section. Note that many indications for visual field testing related to systemic symptoms and disease; ex. Stroke, systemic arterial occlusive disease, head injury, unexplained vision loss, mobility issues and use of certain medications.

LIMITATIONS If used to document functional vision in a patient with macular degeneration, best corrected vision should be less than 20/70. Repeat visual field testing in this case is not warranted unless corrected vision changes or there are new significant symptoms.

DOCUMENT The medical record must demonstrate the medical necessity of visual field testing and copies of the testing should be included in the medical record or available to the contractor on request.

When performing visual fields for diagnosis V58.65, V58.69 and V67.51, the history must reflect both the medication being used and the systemic disease being treated.

CPT
- 094.81-89 Syphilitic retrobulbar neuritis and other neurosyphilis
- 095.8 Late symptomatic syphilis
- 136.1 Bechet’s Syndrome
- 190.0-9 Malignant neoplasm of eye
- 191.0-9 Malignant neoplasm of brain
- 192.0 Malignant neoplasm of cranial nerves
- 192.1 Malignant neoplasm of cerebral meninges
- 194.3-4 Malignant neoplasm of pituitary and craniopharyngeal duct
- 198.4 Secondary malignant neoplasm of other parts of nervous system
- 224.0-9 Benign neoplasm of eye
- 225.0-2 Benign neoplasm of brain
- 227.3-4 Benign neoplasm of pituitary
- 228.02-03 Hemangioma of retina
- 234.0 Carcinoma in situ of eye
- 237.0 Neoplasm of uncertain behavior in pituitary gland
- 237.1 Neoplasm of uncertain behavior in pineal gland
- 237.6 Neoplasm of uncertain behavior in meninges
237.70 Neurofibromatosis unspecified
237.71 Neurofibromatosis Type 1
239.6-89 Neoplasm of unspecified nature of brain
242.00-01 Toxic diffuse goiter without thyrotoxic crisis
242.10-11 Toxic uninodular goiter without thyrotoxic crisis
250.50 DM Type II with ophthalmic manifestations, not stated as uncontrolled
250.51 DM Type I with ophthalmic manifestations, not stated as uncontrolled
250.52 DM Type II with ophthalmic manifestations, uncontrolled
250.53 DM Type I with ophthalmic manifestations, uncontrolled
253.0-3 Acromegaly and gigantism
253.5-9 Diabetes insipidus – disorders of pituitary gland and its hypothalamic control
259.8 Other specified endocrine disorders
300.00 Anxiety state
300.11 Conversion disorder
310.0 Postconcussion syndrome
320.0-7 Hemophilus meningitis
320.81-89 Anaerobic meningitis
320.9 Meningitis from unknown bacterium
321.0-8 Cryptococcal meningitis
322.0-9 Nonpyogenic meningitis
323.01-9 Encephalitis
324.0 Intracranial abscess
331.0 Alzheimer’s Disease
333.81 Blepharospasm
340 Multiple sclerosis
341.0-9 Neuromyelitis – demyelinating disease
342.0-2 Flaccid hemiplegia and hemiparesis
342.10-12 Spastic hemiparesis and hemiplegia
343.1 Congenital hemiplegia
345.00-91 Generalized nonconvulsive epilepsy without intractable epilepsy
346.00-93 Migraine with aura or general migraine
348.2-4 Benign intracranial hypertension
360.23 Siderosis of globe
360.29 Other degenerative disorders of globe
361.00-09 Retinal detachment with retinal defect
362.01 Background diabetic retinopathy
362.03-7 Nonproliferative diabetic retinopathy
362.10-18 Unspecific background retinopathy - vasculitis
362.21 Retrolental fibroplasia
362.29 Other nondiabetic proliferative retinopathy
362.30-35 Retinal vascular occlusion
362.40-9 Retinal layer separation, hemorrhagic detachment of RPE
363.00-09  Focal chorioretinitis
364.22  Glaucomatocyclitis crisis
365.00-9  Preglaucoma, glaucoma
365.05  Open angle glaucoma with borderline findings, high risk
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365.72  Moderate stage glaucoma
365.73  Severe stage glaucoma
365.74  Indeterminate stage glaucoma
365.81-89  Hypersecretion glaucoma
365.9  Unspecified glaucoma
368.00-47  Amblyopia and subjective visual disturbances
368.51  Proton defect
368.55  Acquired color vision defect
368.59  Other color vision defect
368.60-69  Night blindness
368.8  Other specified visual disturbances
368.9  Unspecified visual disturbance
369.00-9  Inflammation of eyelids
374.30-34  Ptoisis of eyelid, blepharochalasis
374.87  Dermatochalasis
376.00-04  Acute inflammation of orbit
376.10  Chronic inflammation of orbit
376.11  Orbital granuloma
376.13  Parasitic inflection of orbit
376.21-9  Thyrotoxic exophthalmos and other disorders of orbit
377.00-9  Papilledema unspecified; other disorders of optic nerve and visual pathway
378.50-56  Paralytic strabismus
378.80-87  Palsy of conjugate gaze
379.27  Vitreomacular adhesions
379.32  Subluxation of lens
379.45  Argyl Robertson pupil
379.50-59  Nystagmus
379.60-63  Inflammation or infection of postprocedural bleb
379.92 Swelling or mass of eye
430 Subarachnoid hemorrhage
431 Intracerebral hemorrhage
432.0-9 Non-traumatic extradural hemorrhage
433.00-91 Cerebral thrombosis without infarction; cerebral occlusion
435.0-9 Basilar artery syndrome
436 Acute but ill-defined cerebrovascular disease
437.0-9 Cerebral atherosclerosis
446.5 Giant cell arteritis
701.8 Other specified hypertrophic and atrophic conditions of skin
714.0 Rheumatic arthritis
742.3 Congenital hydrocephalus
743.20-22 Buphthalmos
743.44 Specified congenital anomalies of anterior chamber
743.45 Aniridia
743.51-59 Vitreous anomalies congenital
743.61 Congenital ptosis of eyelid
784 Headache
950.0-9 Optic nerve injury
951.0 Injury to oculomotor nerve
961.4 Poisoning by antimalariais and drugs acting on other blood protozoa
980.1 Toxic effect of methyl alcohol
E931.4 Antimalariais and other drugs acting on blood protozoa causing adverse effects
V52.2 Fitting and adjustment of artificial eye
V58.65-69 Long term (current) use of high risk medications
V65.2 Person feigning illness
V67.51 Follow up examination following completed treatment with high risk medication
V71.81 Observation for suspected abuse and neglect
V71.89 Observation for other specified suspected conditions