



UTILIZATION REVIEW CRITERIA Anterior Segment Photography iCare Criteria #922.20

Special Anterior Segment Photography with Specular Endothelial Microscopy and Endothelial Cell Count – CPT CODE: #92286

Coverage Criteria:

Special anterior segment photography with specular endothelial microscopy and endothelial cell count is a covered service and considered medically necessary for the following conditions:

- The plan to fit extended contact lens after intraocular surgery.
- The plan to do a secondary intraocular lens implant.
- The plan to do surgery that has a high risk to affect the corneal endothelium.
- The plan to do cataract surgery after a previous intraocular surgery.
- The presence of corneal edema (via a slit lamp exam).
- The presence of corneal endothelial dystrophy (via a slit lamp exam).
- The presence of posterior polymorphous dystrophy.
- The presence of iridocorneal endothelium syndrome.

Limitations:

- Cataract Surgery Impact:
 - Unless there is another indication in addition to cataracts, specular microscopy is considered to be of no proven value in routine pre-operative evaluation of cataracts.
- Refractive Surgery Impact:
 - Specular microscopy is not considered medically necessary when conducted as part of the pre-operative examination and/or alongside Implantable Collamer Lens (ICL) surgery.

Documentation Requirements:

- All documentation must be maintained in the patient's medical record and made available upon request. The provider has a responsibility to maintain a record for possible post payment review.
- Every page of the record must be legible and include appropriate patient identification information (ex. complete name, date of birth, dates of service[s]).
- The documentation must include the legible signature of the physician or non-physician practitioner responsible for and providing the care to the patient.
- The submitted medical record must support the use of the selected ICD-10-CM code(s). The submitted CPT/HCPCS code must describe the service performed.
- · Diagnostic test results.





Coding Information:

CPT codes covered if coverage criteria are met:

Code	Code Description	
92286	Special anterior segment photography with interpretation and report; with	
	specular endothelial microscopy and endothelial cell count	

ICD-10 codes covered if coverage criteria are met:

Code	Code Description		
H18.10 – H18.13	Bullous keratopathy, unspecified eye - Bullous keratopathy, bilateral		
H18.20	Unspecified corneal edema		
H18.221 – H18.239	Idiopathic corneal edema, right eye - Secondary corneal edema, unspecified		
	eye		
H18.51	Endothelial corneal dystrophy		
H18.59	Other hereditary corneal dystrophies		
H27.00 - H27.03	Aphakia, unspecified eye - Aphakia, bilateral		
Q12.3	Congenital aphakia		
Z96.1	Presence of intraocular lens		

Sources:

Portions of the criteria herein may have been adopted in whole or in part from Local Coverage Determinations as provided by the applicable fiscal intermediary and/or criteria from certain health plan partners.

- American Academy of Ophthalmology. Cornea Edema and Opacification Preferred Practice Pattern®. San Francisco, CA: AAO; 2023.
- American Academy of Ophthalmology. Cataract in the Adult Eye Preferred Practice Pattern®. San Francisco, CA: AAO; 2021.
- Centers for Medicare and Medicaid Services. National Coverage Determination (NCD): Endothelial Cell Photography (80.8). Baltimore, MD: CMS; effective August 31, 1992.

REVIEW AND REVISION HISTORY			
Date	Description	Approver & Title	
January 13, 2025	Approval by PAC	Approval by PAC	
January 15, 2024	Approval by PAC	Approved by PAC	
November 2023	Administrative revisions (non-clinical)	Dr. Smith Blanc, Director of UM	
July 17, 2023	Approval by PAC (clinical documentation changes made)	Approved by PAC	
January 23, 2023	Approval by PAC	Approved by PAC	
January 17, 2022	Approval by PAC	Approved by PAC	
January 18, 2021	Approval by PAC	Approved by PAC	
January 27, 2020	Approval by PAC	Approved by PAC	
October 12, 2020	Approval by PAC	Approved by PAC	
April 13, 2020	Approval by PAC	Approved by PAC	
January 28, 2019	Approval by PAC	Approved by PAC	
January 29, 2018	Approval by PAC	Approved by PAC	
January 9, 2017	Approval by PAC	Approved by PAC	