

## MEDICARE REIMBURSEMENT FOR ENDOTHELIAL CELL COUNT

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**QUESTION:** Does Medicare cover endothelial cell counts performed with a specular microscope?

**ANSWER:** Yes. Medicare has a national coverage determination policy (NCD 80.8) addressing reimbursement for endothelial cell counts (ECC), also known as endothelial cell photography or specular microscopy.

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**QUESTION:** What is Medicare's coverage policy?

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

1. Have slit lamp evidence of endothelial dystrophy (e.g., corneal guttata) (371.57)
2. Have slit lamp evidence of corneal edema (371.20-371.24)
3. Are about to undergo a secondary intraocular lens implantation (379.31)
4. Have had previous intraocular surgery and require cataract surgery (V45.69)
5. Are about to undergo a surgical procedure associated with a higher risk to corneal endothelium; *i.e.*, phacoemulsification or refractive surgery (subject to some limitations for excluded refractive procedures)
6. Have evidence of posterior polymorphous dystrophy of the cornea (371.58) or iridocorneal-endothelium syndrome (364.51, 371.57)
7. Are about to be fitted with extended wear contact lenses after intraocular surgery (379.31, V43.1, V45.69)

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**QUESTION:** Are there any limitations on this policy?

**ANSWER:** Yes. When the *only* visual problem is cataracts, endothelial cell photography is considered to be part of the presurgical eye exam provided prior to the cataract surgery, and not separately billable. This procedure is not covered if performed in the preoperative evaluation for refractive keratoplasty to correct common refractive errors.

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**QUESTION:** Will ECC be reimbursed if performed on the same day as an eye exam or another diagnostic test?

**ANSWER:** Yes, subject to the limitations described above. According to the National Correct Coding Initiative (NCCI), separate reimbursement is allowed for ECC when performed in conjunction with exams or other tests.

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**QUESTION:** How much does Medicare allow for this test?

**ANSWER:** Use CPT code 92286 to describe endothelial cell photography. This is a "bilateral" service, so a single payment is made for both eyes. The 2008 national Medicare fee schedule allowable is \$121.12. Of this amount, \$88.74 is assigned to the technical component and \$32.37 is the value of the professional component.

The specific allowable for each geographic area is determined by adjusting the national rate by the geographical practice cost indices (GPCIs).

June 1, 2008

The reader is strongly encouraged to review official instructions promulgated by Medicare and other payers; this document is *not an official source* nor is it a complete guide on all matters pertaining to reimbursement. The reader is also reminded that this information can and does change over time, and may be incorrect at any time following publication.

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**QUESTION:** How should ECC be documented in the medical record?

**ANSWER:** In addition to the photos of the endothelium or proof that digital images exist, the chart should contain:

- an order for the test with medical rationale
- the date of the test
- the reliability of the test (e.g, poor due to corneal scarring)
- the test findings (e.g., number of cells/mm<sup>2</sup>)
- a diagnosis (if possible)
- the impact on treatment and prognosis
- the signature of the physician

A form suitable for documenting the interpretation of specular microscopy and other tests is available on our website.

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**QUESTION:** May we ever bill the patient directly for this test?

**ANSWER:** Yes, sometimes an ophthalmologist may feel that this test is merited even though his or her reasons do not comport with Medicare's policy. In the situation where Medicare might not cover the test, an Advance Beneficiary Notice (ABN) should be signed by the patient prior to testing. Submit your claim as 92286-GA. You may collect your fee from the patient at the time of service or you may wait for a Medicare denial. If both the patient and Medicare pay, be sure to promptly refund the patient.

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**QUESTION:** Is the physician's presence required while the test is being performed?

**ANSWER:** No. Under Medicare program standards, this test needs only general supervision. *General supervision* means the procedure is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure.

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**QUESTION:** How often can this test be repeated on a patient?

**ANSWER:** There are no published limitations for repeated testing. It is important to remember that this is a bilateral test. In general, this and all diagnostic tests are reimbursed "when medically indicated". Clear documentation of the reason for testing is always required.

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