

Article - Billing and Coding: Implantable Miniature Telescope (IMT) for Macular Degeneration (A53501)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
Palmetto GBA	A and B MAC	10112 - MAC B	J - J	Alabama
Palmetto GBA	A and B MAC	10212 - MAC B	J - J	Georgia
Palmetto GBA	A and B MAC	10312 - MAC B	J - J	Tennessee
Palmetto GBA	A and B and HHH MAC	11202 - MAC B	J - M	South Carolina
Palmetto GBA	A and B and HHH MAC	11302 - MAC B	J - M	Virginia
Palmetto GBA	A and B and HHH MAC	11402 - MAC B	J - M	West Virginia
Palmetto GBA	A and B and HHH MAC	11502 - MAC B	J - M	North Carolina

Article Information

General Information

Article ID

A53501

Article Title

Billing and Coding: Implantable Miniature Telescope (IMT) for Macular Degeneration

Article Type

Billing and Coding

Original Effective Date

10/01/2015

Revision Effective Date

10/01/2020

Revision Ending Date

N/A

Retirement Date

N/A

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CMS National Coverage Policy

N/A

Article Guidance

Article Text

The Implantable Miniature Telescope (IMT) is a prosthetic device in the form of a miniature telescope, implanted monocularly to enlarge the retinal image of the central visual field and reduce the impact of untreatable, severe-to-profound vision-impairing central scotomas associated with end stage age related macular degeneration (ARMD).

The implantable miniature telescope is considered medically reasonable and necessary only for patients who meet ALL of the following criteria:

- 65 years of age or older; and
- Diagnosis of stable, untreatable, severe-to-profound central vision impairment caused by blind spots (bilateral central scotoma) associated with end stage ARMD as determined by fluorescein angiography (findings of geographic atrophy or disciform scar with foveal involvement); and
- Evidence of a visually significant cataract (grade 2 or higher); and
- Corrected distance Snellen visual acuity poorer than 20/160 but no worse than 20/800; and
- No active wet ARMD (no sign of active choroidal neovascularization in either eye); and
- Have no sign of eye disease other than well controlled glaucoma; and
- Have not been treated for wet ARMD in the previous 6 months; and
- Achieve at least a 5 letter improvement on the Early Treatment Diabetic Retinopathy Study (ETDRS) visual acuity chart in the eye scheduled for surgery using an external telescope; and
- Agree to undergo 2 to 4 pre-surgical training sessions with a low vision specialist (optometrist or occupational therapist); and
- Agree to participate in postoperative visual rehabilitation with a low vision specialist; and
- Complete and agree to the 'Acceptance of Risk and Informed Consent Agreement' provided in the device labeling documentation.

Note: Palmetto GBA expects performing providers to obtain adequate training prior to procedure performance. Medical records may be subject to review and/or denial if criteria are not documented and IMT contraindications are identified.

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

Do not report 0308T in conjunction with 65800 through 65815, 66020, 66030, 66600 through 66635, 66761, 66825, 66982 through 66986 or operating microscope code 69990.

Group 1 Codes: (1 Code)

CODE	DESCRIPTION
0308T	INSERTION OF OCULAR TELESCOPE PROSTHESIS INCLUDING REMOVAL OF CRYSTALLINE LENS OR INTRAOCULAR LENS PROSTHESIS

CPT/HCPCS Modifiers

N/A

ICD-10-CM Codes that Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 Codes: (6 Codes)

CODE	DESCRIPTION
H35.3113	Nonexudative age-related macular degeneration, right eye, advanced atrophic without subfoveal involvement
H35.3114	Nonexudative age-related macular degeneration, right eye, advanced atrophic with subfoveal involvement
H35.3123	Nonexudative age-related macular degeneration, left eye, advanced atrophic without subfoveal involvement
H35.3124	Nonexudative age-related macular degeneration, left eye, advanced atrophic with subfoveal involvement
H35.3133	Nonexudative age-related macular degeneration, bilateral, advanced atrophic without subfoveal involvement
H35.3134	Nonexudative age-related macular degeneration, bilateral, advanced atrophic with subfoveal involvement

ICD-10-CM Codes that DO NOT Support Medical Necessity

N/A

Additional ICD-10 Information

N/A

Bill Type Codes

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article should be assumed to apply equally to all claims.

N/A

Revenue Codes

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the article, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the article should be assumed to apply equally to all Revenue Codes.

N/A

Other Coding Information

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
10/01/2020	R8	Under ICD-10 Codes that Support Medical Necessity – Group 1: Codes deleted codes H35.3110, H35.3111, H35.3112, H35.3120, H35.3121, H35.3122, H35.3130, H35.3131 and H35.3132.
10/03/2019	R7	This article is being revised in order to adhere to CMS requirements per chapter 13, section 13.5.1 of the Program Integrity Manual, to remove all coding from LCDs and incorporate into related Billing and Coding Articles.
02/26/2018	R6	The Jurisdiction "J" Part B Contracts for Alabama (10112), Georgia (10212) and Tennessee (10312) are now being serviced by Palmetto GBA. Effective 02/26/18, these three contract numbers are being added to this article. No coverage, coding or other substantive changes (beyond the addition of the 3 Part B contract numbers) have been completed in this revision.
10/01/2016	R5	Under ICD-10 Codes That Support Medical Necessity added ICD-10 codes H35.3110, H35.3111, H35.3112, H35.3113, H35.3114, H35.3120, H35.3121, H35.3122, H35.3123, H35.3124, H35.3130, H35.3131, H35.3132, H35.3133, and H35.3134. Under ICD-10 Codes That Support Medical Necessity deleted ICD-10 code H35.31. This revision is due to the Annual ICD-10 Code Update and becomes effective October 1, 2016.
04/21/2016	R4	Under Article Text the verbiage was revised for clarification. Under the bullet CPT Code 0308T added the full description of the service. The paragraph stating, "Do not report..." was moved under the CPT/HCPSC Codes section of the LCD. Under

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
		CPT/HCPCS Codes added verbiage to the paragraph "Do not report..." Under Statutory Requirements URL(s) deleted the cited url.
10/01/2015	R3	Under Covered ICD-10 Codes place H35.31 in this section of the article.
10/01/2015	R2	Under Article Text changed the qualifying age 75 to 65 years of age or older.
10/01/2015	R1	Added HCPCS codes from Article Text to the HCPCS Coding section.

Associated Documents

Related Local Coverage Documents

N/A

Related National Coverage Documents

N/A

Statutory Requirements URLs

N/A

Rules and Regulations URLs

N/A

CMS Manual Explanations URLs

N/A

Other URLs

N/A

Public Versions

UPDATED ON	EFFECTIVE DATES	STATUS
08/26/2020	10/01/2020 - N/A	Currently in Effect (This Version)

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Keywords

- Implantable
- Miniature
- Telescope
- Macular Degeneration