

LCD for Corneal Pachymetry (L30485)

Future

Please note: This is a Future LCD.

Contractor Information

Future

Future

Contractor Name

Wisconsin Physicians Service Insurance Corporation

Contractor Number

00951, 00952, 00953, 00954, 52280, 05101, 05201, 05301, 05401, 05102, 05202, 05302, 05402

Contractor Type

Carrier – MAC – FI

LCD Information

Future

Future

LCD ID Number

L30485

LCD Title

Corneal Pachymetry

Contractor's Determination Number

OPHTH-025

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CMS National Coverage Policy

CMS National Coverage Policy

42CFR410.32 Diagnostic tests may only be ordered by the treating physician (or other treating practitioner acting within the scope of their licenses and Medicare requirements)* who will use the results in management of the beneficiary's specific medical problem and diagnostic tests payable under the Physicians Fee Schedule must be furnished under the appropriate level of supervision by a physician.

Oversight Region

Region V

Original Determination Effective Date

For services performed on or after 03/18/2010

Original Determination Ending Date

Revision Effective Date

For services performed on or after 03/18/2010

Revision Ending Date

Indications and Limitations of Coverage and/or Medical Necessity

Indications and Limitations of Coverage and/or Medical Necessity

Corneal Pachymetry (CP) is a measurement of the thickness of the cornea. Cornea thickness provides indirect measurement of physiological function of the cornea. The cornea is approximately 540 to 550 microns thick in the center area and 1,000 microns (one millimeter) thick in the periphery. The most common accepted technique for obtaining corneal pachymetric measurement is ultrasound biometry due to its availability, accuracy and cost effectiveness. CP can also be measured by optical low coherence reflectometry

The evaluation of corneal thickness is a well-established procedure for studying corneal function in a number of medical disease conditions. There must be documented indications in the patients' medical record to substantiate medical necessity for testing. These disease conditions can be categorized into four groups:

Indications for Corneal Pachymetry

1. Disorders of endothelial cell function
2. Disorders of corneal thickness
3. Corneal transplantation
4. Ocular hypertension (OHT) and glaucoma

Groups 1, 2, and 3

Indications for groups 1, 2 and 3:

A. Management of corneal disease and corneal transplant surgery.

Limitations for groups 1, 2 and 3:

A. Payment frequency will be no more the once every six month, bilaterally, as indicated by the medical records.

Group 4

The utilization of CP in relation to OHT and glaucoma (Group 4) has been documented in recent studies demonstrating that intraocular pressure (IOP) measurements need to be adjusted for abnormally thick or thin corneas. The target IOP is lower for a thin cornea and higher for a thick cornea.

The decision to treat glaucoma or OHT with topical medications, systemic medications, laser surgery or intraocular surgery is made by the treating physician after analyzing:

Indications for group 4:

A. Ocular factors (various ocular parameters e.g. IOP, corneal thickness, optic nerve assessment, visual field results) and

B. General systemic factors including family history, age, anemia, systemic medication, diabetes, other vascular diseases, etc.

Limitations for group 4:

A. CP payment frequency for isolated category 4 criteria would be once in a patients' lifetime, bilaterally, as documented in the medical record for any individual provider or provider billing group.

B. In patients' who have had CP based on group 4 indications, and have subsequent corneal refractive surgery or transplant surgery, it may be medically appropriate to repeat the test.

Coding Information



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 policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

12x	Hospital-inpatient or home health visits (Part B only)
13x	Hospital-outpatient (HHA-A also) (under OPSS 13X must be used for ASC claims submitted for OPSS payment -- eff. 7/00)
18x	Hospital-swing beds
21x	SNF-inpatient, Part A
22x	SNF-inpatient or home health visits (Part B only)
23x	SNF-outpatient (HHA-A also)
71x	Clinic-rural health

73x	Clinic-independent provider based FQHC (eff 10/91)
85x	Special facility or ASC surgery-rural primary care hospital (eff 10/94)

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 policy 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 policy should be assumed to apply equally to all Revenue Codes.

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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 policy 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 policy should be assumed to apply equally to all Revenue Codes.

Note: WPS has identified the Type of Bill (TOB) and Revenue Center (RC) codes applicable for use with the CPT/HCPCS codes included in this LCD. Providers are reminded that not all CPT/HCPCS codes listed can be billed with all TOB and/or RC codes listed. CPT/HCPCS codes are required to be billed with specific TOB and RC codes. Providers are encouraged to refer to the CMS Internet-Only Manual (IOM) Pub. 100-04 Claims Processing Manual for further guidance.

032X	Radiology diagnostic-general classification
034X	Nuclear medicine-general classification
035X	Computed tomographic (CT) scan-general classification
040X	Other imaging services-general classification
061X	Magnetic resonance technology (MRT)-general classification

CPT/HCPCS Codes

76514	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL OR BILATERAL (DETERMINATION OF CORNEAL THICKNESS)
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ICD-9 Codes that Support Medical Necessity

Note: ICD-9 codes must be coded to the highest level of specificity.
 Group 1 Indications
 Disorders of Endothelial Cell Function

371.20 - 371.23	CORNEAL EDEMA UNSPECIFIED - BULLOUS KERATOPATHY
371.57	ENDOTHELIAL CORNEAL DYSTROPHY
371.58	OTHER POSTERIOR CORNEAL DYSTROPHIES

Group 2 Indications
Disorders of Corneal Thickness

370.00 - 370.06	CORNEAL ULCER UNSPECIFIED - PERFORATED CORNEAL ULCER
371.03	CENTRAL OPACITY OF CORNEA
371.48	PERIPHERAL DEGENERATIONS OF CORNEA
371.60 - 371.62	KERATOCONUS UNSPECIFIED - KERATOCONUS ACUTE HYDROPS
371.70 - 371.72	CORNEAL DEFORMITY UNSPECIFIED - DESCEMETOCELE

Group 3 Indications
Corneal Transplant

996.51	MECHANICAL COMPLICATION OF PROSTHETIC CORNEAL GRAFT
996.80	COMPLICATIONS OF UNSPECIFIED TRANSPLANTED ORGAN

Group 4 Indications
Ocular Hypertension (OHT) and Glaucoma

365.00 - 365.04	PREGLAUCOMA UNSPECIFIED - OCULAR HYPERTENSION
365.10 - 365.15	OPEN-ANGLE GLAUCOMA UNSPECIFIED - RESIDUAL STAGE OF OPEN ANGLE GLAUCOMA
365.20 - 365.24	PRIMARY ANGLE-CLOSURE GLAUCOMA UNSPECIFIED - RESIDUAL STAGE OF ANGLE-CLOSURE GLAUCOMA
365.31 - 365.32	CORTICOSTEROID-INDUCED GLAUCOMA GLAUCOMATOUS STAGE - CORTICOSTEROID-INDUCED GLAUCOMA RESIDUAL STAGE
365.41 - 365.44	GLAUCOMA ASSOCIATED WITH CHAMBER ANGLE ANOMALIES - GLAUCOMA ASSOCIATED WITH SYSTEMIC SYNDROMES
365.51 - 365.59	PHACOLYTIC GLAUCOMA - GLAUCOMA ASSOCIATED WITH OTHER LENS DISORDERS
365.60 - 365.65	GLAUCOMA ASSOCIATED WITH UNSPECIFIED OCULAR DISORDER - GLAUCOMA ASSOCIATED WITH OCULAR TRAUMA
365.81 - 365.89	HYPERSCRETION GLAUCOMA - OTHER SPECIFIED GLAUCOMA
365.9	UNSPECIFIED GLAUCOMA

Diagnoses that Support Medical Necessity

Any listed above

ICD-9 Codes that DO NOT Support Medical Necessity

Any not listed above

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

Diagnoses that DO NOT Support Medical Necessity

Any not listed above

General Information



Documentation Requirements

Documentation Requirements

1. Physician Services and diagnostic tests must be submitted with an ICD-9 code to support medical necessity and must be coded to the greatest level of accuracy and highest level of digit completeness. This means the precise ICD-9 code that most fully explains the narrative description of the diagnosis contained in the medical record or test interpretation and report including the 4th or 5th digit subclassification for that diagnosis category. The ICD-9 code based on the results of the diagnostic test should be reported as the primary diagnosis. If the diagnostic test results are normal or inconclusive the ICD-9 code representing the sign, symptom, illness or injury prompting the ordering of the test should be reported as the primary diagnosis. In the absence of signs, symptoms, illness or injury a screening ICD-9 should be reported, and payment will be denied. Ref. CMS Pub.100-04 Ch. 23 §§10.1-10.1.7

2. The patient's medical records should be legible, contain the relevant medical history and physical findings conforming to the criteria stated in the "Indication and Limitations of Coverage and/or Medical Necessity" section of this policy. Records must be made available to the Carrier on request.

Appendices

Utilization Guidelines

Utilization Guidelines

The utilization of CP for Group 1, 2, and 3 will be no more than once every six months, bilaterally, as indicated by the medical records. (Refer to Indications and Limitations of Coverage and/or Medical Necessity section)

The utilization of CP Group 4 criteria would be once in patients' lifetime, bilaterally, as documented in the medical record. In patients' who have subsequent corneal refractive surgery or transplant surgery, it may be appropriate to repeat the test if medically indicated, based on the group 4 criteria. (Refer to Indications and Limitations of Coverage and/or Medical Necessity section)

More frequent CP may be approved when submitted with documentation describing the medical circumstance relating to the patient's condition explaining the need for more frequent services.

This service is considered a bilateral service and will, therefore, be paid once whether one or both eyes are tested.

CP measurement is not considered medically reasonable and necessary when performed prior to routine cataract surgery unless corneal disease is documented.

For routine glaucoma screening see CMS Pub100-02 Ch. §280.1 and CMS Pub.100-04 Ch.18 §§70-70.3.

If there is evidence of corneal endothelial dysfunction prior to cataract surgery, and the purpose of corneal pachymetry is to aid in the decision whether to perform a combined corneal transplant plus cataract surgery or cataract surgery alone, corneal pachymetry may be medically reasonable and necessary.

Other Comments The "Coding Guidelines" and the "Reasons for Denial" can be found in a companion document. See Article. Corneal Pachymetry; Coding and Billing Guidelines

An asterisk (*) indicates a revision to that section of the policy.

This LCD consolidates and replaces all previous policies and publications on this subject by the carrier and fiscal intermediary predecessors of Wisconsin Physicians Service.

This coverage determination also applies within states outside the primary geographic jurisdiction with facilities that have nominated Wisconsin Physician Services (formerly Mutual of Omaha) to process their claims

This policy does not reflect the sole opinion of the contractor or Contractor Medical Director. Although the final decision rests with the contractor, this policy was developed in cooperation with advisory groups, which includes representatives from Ophthalmology.

Sources of Information and Basis for Decision

Sources of Information and Basis for Decision

Brandt J., Beiser J., Kass M., et al. (2001). Central corneal thickness in ocular hypertension treatment study (OHTS). *Ophthalmology* Vol. 108 1779-1788

Doughty M., Zaman M., (2000). Human corneal thickness and its impact on intraocular pressure measures; A review and meta-analysis approach. *Surv Ophthalmology*, Vol. 44 367-408 (March-April)

Gordon, M., Beiser J., Brandt J., et al. (2002) The ocular hypertension treatment study. *Arch Ophthalmology*, Vol. 120 (June)

Herndon L., et al. (1997) Central corneal thickness in normal glaucomatous and ocular hypertensive eyes." *Arch. Ophthalmology*, Vol. 115 (Sept.)

Oh K., Weil L., et al (1998). Corneal thickness in Fuchs's dystrophy with and without epithelial edema." Eye Vol. 12 (Pt 2) 282-4

Parrish R., (2002) What clinicians can learn from OHTS. Review of Ophthalmology (Sept.)

Other Carrier policies

Advisory Committee Meeting Notes

Advisory Committee Meeting Notes

Meeting Date:

Wisconsin: 09/25/2009

Illinois: 09/16/2009

Michigan: 09/08/2009

Minnesota: 09/24/2009

Iowa, Kansas, Missouri, Nebraska 10/08/2009

Open Meeting: 08/19/2009

Start Date of Comment Period

10/08/2009

End Date of Comment Period

11/23/2009

Start Date of Notice Period

02/01/2010

Revision History Number

x

Revision History Explanation

x

Reason for Change

Last Reviewed On Date

01/04/2010

Related Documents

This LCD has no Related Documents.

LCD Attachments

All Versions



Updated on 01/13/2010 with effective dates 03/18/2010 - N/A

Updated on 01/12/2010 with effective dates 03/18/2010 - N/A