

LCD for Corneal Topography (L26671)

Contractor Information

Contractor Name

Wisconsin Physicians Service Insurance Corporation

Contractor Number

05102, 05202, 05302, 05402

Contractor Type

MAC - Part B

LCD Information

LCD ID Number

L26671

LCD Title

Corneal Topography

Contractor's Determination Number

OPHTH-514

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CMS National Coverage Policy

Title XVIII of the Social Security Act, Section 1862(a)(1)(A). This section allows coverage and payment for only those services that are considered to be medically reasonable and necessary.

Title XVIII of the Social Security Act, section 1862 (a) (7). This section excludes routine physical examinations.

Title XVIII of the Social Security Act, Section 1833(e). This section prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

Oversight Region

Region I

Region X

Original Determination Effective Date

For services performed on or after 02/01/2008

Original Determination Ending Date

Revision Effective Date

For services performed on or after 08/01/2009

Revision Ending Date

Indications and Limitations of Coverage and/or Medical Necessity

Computerized Corneal Topography (also known as Computer Assisted Video Keratography [CAVK] and corneal mapping) is a computer assisted diagnostic technique where a special instrument projects a series of light rings on the cornea, creating a color-coded map of the corneal surface as well as a cross-section profile. This test is used for the subtle detection of corneal surface irregularity and astigmatism.

Computerized Corneal Topography is indicated in the following conditions:

- pre and post penetrating keratoplasty and post kerato-refractive surgery
- irregular astigmatism associated with post-operative eye surgery status
- corneal dystrophy, bullous keratopathy and complications of transplanted cornea
- post traumatic corneal scarring
- keratoconus

Reasons for Non-Coverage

Corneal Topography will be non-covered if performed pre- or post-operatively in relation to a Medicare non-covered procedure, i.e., radial keratotomy. Corneal Topography will not be paid for pre-operative cataracts, except in the instance where there is documented evidence that the patient has irregular astigmatism.

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.

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.

CPT/HCPCS Codes

92025	COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND REPORT
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ICD-9 Codes that Support Medical Necessity

367.22	IRREGULAR ASTIGMATISM
368.2	DIPLOPIA
370.07	MOOREN'S ULCER
371.00	CORNEAL OPACITY UNSPECIFIED
371.01	MINOR OPACITY OF CORNEA
371.02	PERIPHERAL OPACITY OF CORNEA
371.03	CENTRAL OPACITY OF CORNEA
371.20	CORNEAL EDEMA UNSPECIFIED
371.21	IDIOPATHIC CORNEAL EDEMA
371.22	SECONDARY CORNEAL EDEMA
371.23	BULLOUS KERATOPATHY
371.24	CORNEAL EDEMA DUE TO WEARING OF CONTACT LENSES
371.40	CORNEAL DEGENERATION UNSPECIFIED
371.42	RECURRENT EROSION OF CORNEA
371.46	NODULAR DEGENERATION OF CORNEA
371.48	PERIPHERAL DEGENERATIONS OF CORNEA
371.50	HEREDITARY CORNEAL DYSTROPHY UNSPECIFIED
371.51	JUVENILE EPITHELIAL CORNEAL DYSTROPHY
371.52	OTHER ANTERIOR CORNEAL DYSTROPHIES
371.53	GRANULAR CORNEAL DYSTROPHY

371.54	LATTICE CORNEAL DYSTROPHY
371.55	MACULAR CORNEAL DYSTROPHY
371.56	OTHER STROMAL CORNEAL DYSTROPHIES
371.57	ENDOTHELIAL CORNEAL DYSTROPHY
371.58	OTHER POSTERIOR CORNEAL DYSTROPHIES
371.60	KERATOCONUS UNSPECIFIED
371.61	KERATOCONUS STABLE CONDITION
371.62	KERATOCONUS ACUTE HYDROPS
371.70	CORNEAL DEFORMITY UNSPECIFIED
371.71	CORNEAL ECTASIA
371.72	DESCEMETOCELE
371.73	CORNEAL STAPHYLOMA
372.40	PTERYGIUM UNSPECIFIED
372.41	PERIPHERAL PTERYGIUM STATIONARY
372.42	PERIPHERAL PTERYGIUM PROGRESSIVE
372.43	CENTRAL PTERYGIUM
372.44	DOUBLE PTERYGIUM
372.45	RECURRENT PTERYGIUM
372.52	PSEUDOPTERYGIUM
743.22	BUPHTHALMOS ASSOCIATED WITH OTHER OCULAR ANOMALIES
743.41	CONGENITAL ANOMALIES OF CORNEAL SIZE AND SHAPE
996.51	MECHANICAL COMPLICATION OF PROSTHETIC CORNEAL GRAFT
V42.5	CORNEA REPLACED BY TRANSPLANT
V45.61	CATARACT EXTRACTION STATUS
V45.69	OTHER STATES FOLLOWING SURGERY OF EYE AND ADNEXA

Diagnoses that Support Medical Necessity

ICD-9 Codes that DO NOT Support Medical Necessity

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

Diagnoses that DO NOT Support Medical Necessity

General Information

Documentation Requirements

The physician must document within the patient's medical record evidence of the above indications (listed under Indications and Limitations of Coverage and/or Medical Necessity) and the results derived from the corneal topography procedure.

The medical record must be made available to Medicare upon request.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing Medicare.

When the documentation does not meet the criteria for the service rendered or the documentation does not establish the medical necessity for the services, such services will be denied as not reasonable and necessary under Section 1862(a)(1) of the Social Security Act.

When requesting a written redetermination (formerly appeal), providers must include all relevant documentation with the request.

Appendices

Utilization Guidelines

Sources of Information and Basis for Decision

WPS has consolidated the existing LCDs for MAC Jurisdiction 5 according to the instructions provided by CMS so that they are the same throughout the jurisdiction. In the vast majority of cases, one least restrictive LCD was selected as the jurisdictional LCD. In some cases, appropriate revisions, such as combining sections of LCDs that only addressed a portion of a general topic into a single, more complete document, were made to improve the clinical appropriateness of the LCD while keeping with the least restrictive requirement.

In situations where one or more of the states in the jurisdiction does not have an LCD on a topic, then the existing LCDs were reviewed and, based on the merits of the LCD, a decision was made to make the LCD jurisdictional or to have no LCD on that topic with the approval of CMS.

Some revisions of the existing LCDs were necessary to remove references to the former contractor and to update the Sources of Information and Basis for Decision. CPT, HCPCS and ICD-9 codes will be updated as necessary.

According to the J5 MAC contract, the J5 consolidated LCDs are posted on the web site for the 45 day final notification period prior to the policy implementation date. The MAC contractor is not required to utilize the formal notice and comment revision process specified in Chapter 13 of the Program Integrity Manual (PIM) until the consolidation process is final. However, WPS welcomes provider input regarding the J5 consolidated LCDs. Based on the comments received, LCDs will be revised as necessary during the transition from the existing to new contractor.

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 consideration of the active LCDs maintained by the preceding Medicare contractors for Jurisdiction 5.

Survey of Ophthalmology, 1991, January/February issue, Vol. 35 (4), pp. 269-277.
Canadian Journal of Ophthalmology, 1992, August 27 (5) pp. 213-225.
Journal of Cataract and Refractory Surgery, 1993, Vol. 19, Suppl. pp. 131-135.
CMD Ophthalmology clinical workgroup, American Association of Ophthalmology (AAO)
Kanski, JJ, Clinical Ophthalmology, Oxford, Butterworth Heinemann, 1994.

Advisory Committee Meeting Notes

Start Date of Comment Period

End Date of Comment Period

Start Date of Notice Period

12/15/2007

Revision History Number

6/30/09 Removed contractor number 05392 because as of 8/1/09 E MO will join with the current number for W MO

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Revision History Explanation

07/30/2009: Restored accidental removal of contract number 05392 (WPS Part B MAC Eastern Missouri), effective 03/01/08. Correctly removed contract number 05392 effective 8/1/2009, as it is being combined with contractor number 05302 (WPS Part B MAC Missouri - Entire State.)

added Missouri Eastern

Reason for Change

Last Reviewed On Date

11/01/2007

Related Documents

This LCD has no Related Documents.

LCD Attachments

There are no attachments for this LCD.

All Versions

Updated on 07/30/2009 with effective dates 08/01/2009 - N/A

Updated on 07/30/2009 with effective dates 03/01/2008 - 07/31/2009

Updated on 07/17/2009 with effective dates 03/01/2008 - N/A

Updated on 05/23/2008 with effective dates 03/01/2008 - N/A

Updated on 03/28/2008 with effective dates 03/01/2008 - N/A

Updated on 03/07/2008 with effective dates 03/01/2008 - N/A

Updated on 12/07/2007 with effective dates 02/01/2008 - N/A