

## Corneal Topography

Policy Number: PG0055  
Last Review: 08/01/2023

HMO AND PPO  
ELITE (MEDICARE ADVANTAGE)  
MARKETPLACE

### GUIDELINES:

- This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder terms, conditions, exclusions, and limitations contract. It does not constitute a contract or guarantee regarding coverage or reimbursement/payment. Self-Insured group specific policy will supersede this general policy when group supplementary plan document or individual plan decision directs otherwise.
- Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards.
- This medical policy is solely for guiding medical necessity and explaining correct procedure reporting used to assist in making coverage decisions and administering benefits.

### SCOPE:

Professional  
 Facility

### DESCRIPTION:

Corneal topography 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 service is used to provide a detailed map or chart of the physical features and shape of the anterior surface of the cornea. This permits a more nearly accurate portrayal of the physical state of the cornea and for the detection of subtle corneal surface irregularity and astigmatism.

### POLICY:

#### **Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans**

- Computerized corneal topography (92025) does not require prior authorization when the coverage criteria indicated below is met.
- Effective 09/01/2023 an ICD-10 diagnosis supporting coverage listed below must be on the claim to support medical coverage indication.

### COVERAGE CRITERIA:

#### **Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans**

Computerized corneal topography is considered medically necessary under any of the following conditions:

- Pre-operative evaluation of irregular astigmatism for intraocular lens power determination with cataract surgery
- Monocular diplopia
- Diagnosis of early keratoconus
- Post-surgical or post-traumatic astigmatism, measuring at a minimum of 3.5 diopters
- Suspected irregular astigmatism based on retinoscopic streak or conventional keratometry
- Post-penetrating keratoplasty surgery
- Post-surgical or post-traumatic irregular astigmatism
- Certain corneal dystrophies
- Complications of transplanted cornea
- Post-traumatic corneal scarring
- Pterygium and/or corneal ectasia that cause visual impairment

Corneal topography will only be allowed for a pre-operative cataract patient if documentation supports that the  
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patient has irregular astigmatism. Its use for this purpose should be rare.

Corneal topography is to be billed only when the diagnosis of monocular diplopia is thought to be caused by a corneal irregularity.

Corneal topography is a covered service for the above indications when medically reasonable and necessary only if the results will assist in defining further treatment. It is not covered for routine follow-up testing.

Repeat testing is only indicated if a change of vision is reported in connection with one of the above listed conditions.

Services performed for screening purposes or in the absence of associated signs, symptoms, illness, or injury as indicated above, will be denied as non-covered.

Corneal topography is not covered if it is performed pre- or post-operatively in relation to a non-covered procedure (i.e., refractive eye surgery). Most benefit plans exclude coverage of refractive surgery. Please check benefit plan descriptions for details.

Corneal topography is not covered for the management of members with the following indications (not an all-inclusive list) because computerized corneal topography has not been shown to alter the clinical management of these conditions such that clinical outcomes are improved, considered experimental/investigational:

- Acanthamoeba keratitis
- Accommodative disorders
- Band keratopathy
- Diplopia
- Epithelial ingrowth following laser in situ keratomileusis (LASIK)
- Interstitial keratitis
- Kerato-conjunctivitis sicca
- Lattice degeneration of retina
- Lens subluxation (e.g., in Marfan syndrome)
- Limbal dermoids
- Microphthalmia
- Neurotrophic keratoconjunctivitis
- Nodular degeneration of the cornea (e.g., Salzmann's corneal degeneration)
- Ocular graft-versus-host disease
- Ocular surface squamous neoplasia
- Open-angle glaucoma
- Post-herpes simplex virus scarring of cornea
- Refractive errors

Superficial punctate keratopathy

#### **CODING/BILLING INFORMATION:**

**The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.**

<b>CPT CODES</b>	
<b>92025</b>	Computerized corneal topography, unilateral or bilateral, with interpretation and report
<b>ICD-10 CODES-supporting coverage criteria indications</b>	
<b>H11.001</b>	Unspecified pterygium of right eye
<b>H11.002</b>	Unspecified pterygium of left eye
<b>H11.003</b>	Unspecified pterygium of eye, bilateral
<b>H11.011</b>	Amyloid pterygium of right eye
<b>H11.012</b>	Amyloid pterygium of left eye

<b>H11.013</b>	Amyloid pterygium of eye, bilateral
<b>H11.021</b>	Central pterygium of right eye
<b>H11.022</b>	Central pterygium of left eye
<b>H11.023</b>	Central pterygium of eye, bilateral
<b>H11.031</b>	Double pterygium of right eye
<b>H11.032</b>	Double pterygium of left eye
<b>H11.033</b>	Double pterygium of eye, bilateral
<b>H11.041</b>	Peripheral pterygium, stationary, right eye
<b>H11.042</b>	Peripheral pterygium, stationary, left eye
<b>H11.043</b>	Peripheral pterygium, stationary, bilateral
<b>H11.051</b>	Peripheral pterygium, progressive, right eye
<b>H11.052</b>	Peripheral pterygium, progressive, left eye
<b>H11.053</b>	Peripheral pterygium, progressive, bilateral
<b>H11.061</b>	Recurrent pterygium of right eye
<b>H11.062</b>	Recurrent pterygium of left eye
<b>H11.063</b>	Recurrent pterygium of eye, bilateral
<b>H16.051</b>	Mooren's corneal ulcer, right eye
<b>H16.052</b>	Mooren's corneal ulcer, left eye
<b>H16.053</b>	Mooren's corneal ulcer, bilateral
<b>H16.301</b>	Unspecified interstitial keratitis, right eye
<b>H16.302</b>	Unspecified interstitial keratitis, left eye
<b>H16.303</b>	Unspecified interstitial keratitis, bilateral
<b>H16.321</b>	Diffuse interstitial keratitis, right eye
<b>H16.322</b>	Diffuse interstitial keratitis, left eye
<b>H16.323</b>	Diffuse interstitial keratitis, bilateral
<b>H16.331</b>	Sclerosing keratitis, right eye
<b>H16.332</b>	Sclerosing keratitis, left eye
<b>H16.333</b>	Sclerosing keratitis, bilateral
<b>H17.9</b>	Unspecified corneal scar and opacity
<b>H18.11</b>	Bullous keratopathy, right eye
<b>H18.12</b>	Bullous keratopathy, left eye
<b>H18.13</b>	Bullous keratopathy, bilateral
<b>H18.421</b>	Band keratopathy, right eye
<b>H18.422</b>	Band keratopathy, left eye
<b>H18.423</b>	Band keratopathy, bilateral
<b>H18.451</b>	Nodular corneal degeneration, right eye
<b>H18.452</b>	Nodular corneal degeneration, left eye
<b>H18.453</b>	Nodular corneal degeneration, bilateral
<b>H18.59</b>	Other hereditary corneal dystrophies
<b>H18.591</b>	Other hereditary corneal dystrophies, left eye
<b>H18.592</b>	Other hereditary corneal dystrophies, bilateral
<b>H18.593</b>	Other hereditary corneal dystrophies, bilateral
<b>H18.601</b>	Keratoconus, unspecified, right eye
<b>H18.602</b>	Keratoconus, unspecified, left eye
<b>H18.603</b>	Keratoconus, unspecified, bilateral
<b>H18.611</b>	Keratoconus, stable, right eye
<b>H18.612</b>	Keratoconus, stable, left eye
<b>H18.613</b>	Keratoconus, stable, bilateral
<b>H18.621</b>	Keratoconus, unstable, right eye
<b>H18.622</b>	Keratoconus, unstable, left eye
<b>H18.623</b>	Keratoconus, unstable, bilateral

<b>H18.711</b>	Corneal ectasia, right eye
<b>H18.712</b>	Corneal ectasia, left eye
<b>H18.713</b>	Corneal ectasia, bilateral
<b>H52.211</b>	Irregular astigmatism, right eye
<b>H52.212</b>	Irregular astigmatism, left eye
<b>H52.213</b>	Irregular astigmatism, bilateral
<b>H53.2</b>	Diplopia
<b>T85.21XA</b>	Breakdown (mechanical) of intraocular lens, initial encounter
<b>T85.22XA</b>	Displacement of intraocular lens, initial encounter
<b>T85.318A</b>	Breakdown (mechanical) of other ocular prosthetic devices, implants and grafts, initial encounter
<b>T85.328A</b>	T85.328A Displacement of other ocular prosthetic devices, implants and grafts, initial encounter
<b>T86.840</b>	Corneal transplant rejection
<b>T86.8401</b>	Corneal transplant rejection, right eye
<b>T86.8402</b>	Corneal transplant rejection, left eye
<b>T86.8403</b>	Corneal transplant rejection, bilateral
<b>T86.841</b>	Corneal transplant failure
<b>T86.8411</b>	Corneal transplant failure, right eye
<b>T86.8412</b>	Corneal transplant failure, left eye
<b>T86.8413</b>	Corneal transplant failure, bilateral
<b>Z94.7</b>	Corneal transplant status
<b>Z96.1*</b>	Presence of intraocular lens
<b>Z98.41*</b>	Cataract extraction status, right eye
<b>Z98.42*</b>	Cataract extraction status, left eye
<b>Z98.83</b>	Filtering (vitreous) bleb after glaucoma surgery status
<b>*Z96.1, Z98.41, and Z98.42 must be accompanied by ICD-10-CM code H52.211, H52.212, or H52.213</b>	

**REVISION HISTORY EXPLANATION: ORIGINAL EFFECTIVE DATE: 12/15/2006**

<b>Date</b>	<b>Explanation &amp; Changes</b>
<b>12/01/2006</b>	<ul style="list-style-type: none"> <li>Code revision</li> </ul>
<b>01/01/2008</b>	<ul style="list-style-type: none"> <li>No change</li> </ul>
<b>04/16/2009</b>	<ul style="list-style-type: none"> <li>Updated</li> </ul>
<b>02/01/2011</b>	<ul style="list-style-type: none"> <li>Updated</li> </ul>
<b>10/08/2013</b>	<ul style="list-style-type: none"> <li>Per Medicare guidelines ICD-9 Codes added - 368.2, 370.07, 370.50, 370.52, 370.54, 371.43, 371.52, 371.61, 371.62, 996.51, 996.53, V43.1, V45.61, V45.69</li> <li>ICD-9 Codes deleted - 371.48 &amp; 371.53. ICD-10 Codes added from ICD-9 conversion</li> <li>Policy reviewed and updated to reflect most current clinical evidence</li> <li>Approved by Medical Policy Steering Committee as revised</li> </ul>
<b>06/13/2017</b>	<ul style="list-style-type: none"> <li>Removed ICD-9 codes per CMS guidelines</li> <li>Removed ICD-10 codes per CMS guidelines: H11.009, H11.019, H11.029, H11.039, H11.049, H11.059, H11.069, H16.059, H16.309, H16.329, H16.339, H17.89, H18.429, H18.459, H18.609, H18.619, H18.629, H18.719, H52.219, T85.21xS, T85.22xS, T85.29xA, T85.29xD, T85.29xS, &amp; Z98.49</li> <li>Added ICD-10 codes per CMS guidelines: T85.21XA, T85.22XA, T85.318A, &amp; T85.328A</li> <li>Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee</li> </ul>
<b>12/14/2020</b>	<ul style="list-style-type: none"> <li>Medical Policy placed on the new Paramount Medical Policy Format</li> </ul>
<b>02/03/2023</b>	<ul style="list-style-type: none"> <li>Medical Policy updated to reflect Medicaid coverage to Anthem as of 02/01/2023</li> </ul>
<b>8/1/2023</b>	<ul style="list-style-type: none"> <li>Medical Policy reviewed and updated to reflect the most current clinical evidence.</li> </ul>

	<ul style="list-style-type: none"> <li>• Add indications when corneal topography is not covered.</li> <li>• Updated the ICD-10 code listing with updated ICD-10 codes</li> </ul>
<b>02/01/2024</b>	<ul style="list-style-type: none"> <li>• Medical Policy placed on the new Paramount Medical Policy format</li> </ul>

**Paramount reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to <https://www.paramounthealthcare.com/providers/medical-policies/policy-library>**

**REFERENCES/RESOURCES**

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals> <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs>

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services <https://www.ama-assn.org/amaone/cpt-current-procedural-terminology>

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update>

U.S. Preventive Services Task Force, <https://www.uspreventiveservicestaskforce.org/uspstf/>  
Industry Standard Review

Hayes, Inc., <https://www.hayesinc.com/>

Industry Standard Review