MEDICAL POLICY

SUBJECT: CORNEAL TOPOGRAPHY OR COMPUTERIZED VIDEO KERATOGRAPHY (CVK)

POLICY NUMBER: 9.01.02
CATEGORY: Technology Assessment

EFFECTIVE DATE: 10/18/01
REVISED DATE: 08/15/02
ARCHIVED: 06/19/03
EDITED DATE: 11/10/05, 12/21/06, 11/15/07, 12/18/08, 12/17/09, 12/16/10, 12/15/11, 12/20/12, 12/19/13, 12/18/14, 01/19/16
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• If the member's subscriber contract excludes coverage for a specific service it is not covered under that contract. In such cases, medical policy criteria are not applied.
• Medical policies apply to commercial and Medicaid products only when a contract benefit for the specific service exists.
• Medical policies only apply to Medicare products when a contract benefit exists and where there are no National or Local Medicare coverage decisions for the specific service.

POLICY STATEMENT:

I. Based on our criteria and review of the peer-reviewed literature corneal topography is considered medically appropriate in the diagnosis and management of the following conditions:
   A. All forms of corneal ectasia, including suspected keratoconus, when corneal topography will alter management or when a diagnosis is suspected but cannot otherwise be confirmed;
   B. Pellucid marginal degeneration of the cornea;
   C. Corneal warpage (from wearing contact lenses);
   D. Corneal trauma;
   E. Postoperative corneal transplant surgery (monitoring and management of healing, suture removal or adjustment);
   F. Early corneal disease producing diminished vision;
   G. Induced regular or irregular astigmatism as a result of surgery or trauma (e.g., cataract, corneal transplant and corneal laceration), when necessary for further visual rehabilitation and when standard techniques have proven inadequate;
   H. To assist in the fitting of contact lenses in specific conditions, such as keratoconus when standard techniques have proven inadequate;
   I. Irregular astigmatism only in conjunction with ophthalmic biometry with intraocular lens power calculation;
   J. Astigmatism only in conjunction with the following surgeries:
      1. Keratoplasty; or
      2. Corneal relaxing incision post cataract for correction of surgically induced astigmatism which is greater than 3.0 diopters:
   K. Mechanical complications due to corneal graft;
   L. Mooren’s ulcer; or
   M. Pterygium.

POLICY GUIDELINES:

I. Corneal topography is considered part of the evaluation and management services of general ophthalmological services.

II. Corneal topography studies are considered inclusive:
   A. in the evaluation or follow-up of surgery when corneas are altered by laser therapy for correction of myopia or for any other condition not listed in the common indications above;
   B. in the fitting of contact lenses on aspheric corneas;
   C. pre and post operatively for cataract surgery; and
   D. when part of routine ophthalmologic examinations for stable conditions (e.g., keratoconus).

DESCRIPTION:

Corneal Topography (also known as computer assisted keratography, CAVK, CVK and corneal mapping) utilizes a computer system, which analyzes light rings projected onto the cornea to determine the curvature of various areas of the cornea. Corneal Topography is determined by a variety of methods including keratometry, keratoscopy and computer
assisted topographical analysis. It is useful for the monitoring of patients with select corneal disorders, such as keratoconus, difficult fitting contact lenses and pre and postoperative assessment of the cornea, most commonly after refractive surgery and for certain patients who have undergone penetrating keratoplasty.

**RATIONALE:**

The U.S. Food and Drug Administration (FDA) regulates the sale of medical devices used in corneal topography, and has approved several models of these devices. Clinical evidence in peer-reviewed literature supports that corneal topography is medically appropriate in the diagnosis and management of specific medical indications, as listed in this policy. The American Academy of Ophthalmology has petitioned for an explicit CPT code for corneal topography on several occasions. In each case, the CPT committee considered the procedure as part of the evaluation and management level of service or part of the general ophthalmology examination. Therefore, no explicit CPT code has been issued for corneal topography.

**CODES:**

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
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<tr>
<td>92025</td>
<td>Computerized corneal topography, unilateral or bilateral, with interpretation and report</td>
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Eligibility for reimbursement is based upon the benefits set forth in the member’s subscriber contract.

**CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.**

Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.

**CPT:**

- 92025 Computerized corneal topography, unilateral or bilateral, with interpretation and report

**HCPCS:**

- No specific codes

**ICD9:**

- 370.0 - .9 Keratitis, including Mooren’s ulcer (code range)
- 371.0 - .9 Corneal opacity and other disorders of cornea (code range)
- 372.4 - .45 Pterygium (code range)
- 996.51 Mechanical complications due to corneal graft

**ICD10:**

- A18.52 Tuberculous keratitis
- A18.59 Other tuberculosis of eye
- B60.13 Keratoconjunctivitis due to Acanthamoeba
- H11.001-H11.069 Pterygium of eye (code range)
- H16.001-H16.079 Corneal ulcer (code range)
- H16.101-H16.149 Keratitis (code range)
- H16.201-H16.299 Keratoconjunctivitis (code range)
- H16.301-H16.399 Interstitial and deep keratitis (code range)
- H16.401-H16.449 Corneal neovascularization (code range)
- H16.8-H16.9 Other and unspecified keratitis (code range)
- H17.00-H17.9 Corneal scars and opacities (code range)
- H17.9 Unspecified corneal scar and opacity (code range)
BREAKDOWN (MECHANICAL) OF OTHER OCULAR PROSTHETIC DEVICES, IMPLANTS AND GRAFTS, INITIAL ENCOUNTER

T85.318A Breakdown (mechanical) of other ocular prosthetic devices, implants and grafts, initial encounter

T85.328A Displacement of other ocular prosthetic devices, implants and grafts, initial encounter

T85.398A Other mechanical complication of other ocular prosthetic devices, implants and grafts, initial encounter

T86.840 Corneal transplant rejection

T86.841 Corneal transplant failure

REFERENCES:


KEY WORDS:

Computer assisted keratography; Computerized video keratography; Corneal mapping; Corneal topography; CVK.
CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There is currently a Local Coverage Determination (LCD) and article for computerized corneal topography. Please refer to the following LCD website for Medicare Members:
http://apps.ngsmedicare.com/lcd/LCD_L28201.htm
http://apps.ngsmedicare.com/sia/ARTICLE_A48365.htm