

Clinical Policy: Corneal Topography



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Public Statement

Effective Date:

- a) This policy will apply to all services performed on or after the above revision date which will become the new effective date.
- b) For all services referred to in this policy that were performed before the revision date, contact customer service for the rules that would apply.

Computerized corneal topography (also known as computer assisted corneal topography, computer assisted keratography, corneal mapping or video-keratography) is a computer assisted diagnostic technique in which 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 detection of subtle corneal surface irregularities and astigmatism.

Corneal mapping is covered for an identified set of indications, but not in relation to either preoperative or postoperative care relating to non-covered refractive surgery.

Medical Statement

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

- Central corneal ulcer; OR
- Post-traumatic corneal scarring; OR
- Corneal edema; OR
- Corneal dystrophy; OR
- Diagnosing and monitoring disease progression in keratoconus; OR
- Other corneal deformities; OR
- Pterygium; OR
- pseudo pterygium; OR
- complications of transplanted cornea; OR
- Pre- and post-penetrating keratoplasty and post kerato-refractive surgery for irregular astigmatism (when covered - see Policy Corneal remodeling); OR
- Difficult fitting of contact lens (when contact lenses are covered – *see BI066 Contact Lenses*).

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Codes Used In This BI:

92499 Eye service or procedure

92025 Corneal topography

Limits

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

QualChoice considers corneal topography experimental and investigational if it is performed as part of pre-operative assessment of members with cataracts.

QualChoice considers corneal topography experimental and investigational for the management of members with interstitial keratitis, nodular degeneration of the cornea (e.g., Salzmann's corneal degeneration), and all other indications because corneal topography has not been shown to alter the clinical management of these conditions such that clinical outcomes are improved.

Reference

1. Goggin M, Alpins N, Schmid LM. Management of irregular astigmatism. *Curr Opin Ophthalmol.* 2000; 11(4):260-266.
2. Rao SK, Padmanabhan P. Understanding corneal topography. *Curr Opin Ophthalmol.* 2000; 11(4):248-259.
3. Wilson SE, Ambrasio R. Computerized corneal topography and its importance to wave front technology. *Cornea.* 2001; 20(5):441-454.
4. American Academy of Ophthalmology, Anterior Segment Panel. *Cataract in the adult eye.* San Francisco, CA: American Academy of Ophthalmology (AAO); 2001.
5. American Academy of Ophthalmology. *Corneal opacification and ectasia.* San Francisco, CA: American Academy of Ophthalmology (AAO); September 2000.
6. American Academy of Ophthalmology Refractive Errors Panel. *Refractive errors.* San Francisco, CA: American Academy of Ophthalmology; 2002.
7. No authors listed. *Corneal topography.* American Academy of Ophthalmology. *Ophthalmology.* 1999; 106(8):1628-1638.
8. Majmudar PA. Keratitis, interstitial. *eMedicine Ophthalmology Topic 101.* Omaha, NE: eMedicine.com; updated January 31, 2001. Available at: <http://www.emedicine.com/oph/topic101.htm>
9. Sade de Paiva C, Lindsey JL, Pflugfelder SC. Assessing the severity of keratitis sicca with video-keratoscopic indices. *Ophthalmology.* 2003; 110(6):1102-1109.
10. Sherwin T, Brookes NH. Morphological changes in keratoconus: Pathology or pathogenesis. *Clin Experiment Ophthalmol.* 2004; 32(2):211-217.

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Application to Products

This policy applies to all health plans administered by QualChoice, both those insured by QualChoice and those that are self-funded by the sponsoring employer, unless there is indication in this policy otherwise or a stated exclusion in your medical plan booklet. Consult the individual plan sponsor Summary Plan Description (SPD) for self-insured plans or the specific Evidence of Coverage (EOC) for those plans insured by QualChoice. In the event of a discrepancy between this policy and a self-insured customer's SPD or the specific QualChoice EOC, the SPD or EOC, as applicable, will prevail. State and federal mandates will be followed as they apply.

Changes: QualChoice reserves the right to alter, amend, change or supplement benefit interpretations as needed.