



Computer-Assisted Corneal Topography Clinical Coverage Criteria

Overview

Computerized corneal topography utilizes video and computer-assisted technology to project light rings on the cornea and create a detailed map of the corneal surface. This diagnostic test is utilized to detect corneal irregularities for possible surgical correction of a visual defect.

Corneal topography provides accurate information about shape, curvature, and depth of the cornea. This approach, combined with other tests can assist in diagnosing conditions, such as keratoconus or postoperative complications of cataract surgery, or improve preoperative planning for corneal transplant or refractive surgery.

Policy

This Policy applies to the following Fallon Health products:

- Commercial
- Medicare Advantage
- MassHealth ACO
- NaviCare
- PACE

Fallon Health uses guidance from the Centers for Medicare and Medicaid Services (CMS) for coverage determinations for Medicare Advantage, NaviCare and PACE plan members. National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs) and guidance in the Medicare manuals are the basis for coverage determinations. When there is no NCD, LCD or manual guidance, Fallon Health Clinical Coverage Criteria are used for coverage determinations.

Medicare does not have a National Coverage Determination (NCD) for computer-assisted corneal topography. National Government Services, Inc. does not have a Local Coverage Determination (LCD) or Local Coverage Article (LCA) for computer-assisted corneal topography at this time (MCD search 06/15/2021).

For plan members enrolled in NaviCare, Fallon Health follows Medicare guidance for coverage determinations. In the event that there is no Medicare guidance or if the plan member does not meet medical necessity criteria in Medicare guidance, Fallon Health Clinical Coverage Criteria are used for coverage determinations for NaviCare members. Fallon Health's Clinical Coverage Criteria are developed in accordance with the definition of Medical Necessity in 130 CMR 450.204.

Each PACE plan member is assigned to an Interdisciplinary Team. PACE provides participants with all the care and services covered by Medicare and Medicaid, as authorized by the interdisciplinary team, as well as additional medically necessary care and services not covered by Medicare and Medicaid. With the exception of emergency care and out-of-area urgently needed care, all care and services provided to PACE plan members must be authorized by the interdisciplinary team.

Fallon Health Clinical Coverage Criteria are used to determine medical necessity for MassHealth members. Fallon Health Clinical Coverage Criteria are developed in accordance with the definition of Medical Necessity in 130 CMR 450.204.

Fallon Health requires prior authorization for corneal topography. Medical records from the providers who have diagnosed or treated the symptoms prompting this request are required.

Fallon Health Clinical Coverage Criteria

Computer-assisted corneal topography will be considered for coverage under the following conditions:

- Corneal Scarring
- Central Corneal ulcer
- Complications of a transplanted cornea
- Bullous keratopathy
- Pre- and post-penetrating keratoplasty
- Pterygium
- Preoperative evaluation for phototherapeutic keratectomy
- Fitting of a contact lens in relation to an ocular disease
- Diagnosing and monitoring disease progression in keratoconus or Terrien's marginal degeneration

Repeat testing must be supported by a justification of potential changes in the cornea and support that additional testing will impact the clinical outcome. Provide additional information during the planning and follow-up for corneal, iris, cataract, glaucoma and other anterior segment surgeries.

Exclusions

- Any use of Corneal Topography other than outlined above
- Corneal Topography performed in relation to a non-covered eye procedure (e.g. refractive surgery)
- Corneal Topography performed in relation to contact lens fitting
- Corneal Topography performed routinely prior to cataract surgery

Coding

The following codes are included below for informational purposes only; inclusion of a code does not constitute or imply coverage or reimbursement.

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

References

1. Morrow GL, Stein RM. Evaluation of corneal topography: past, present and future trends. *Can J Ophthalmol.* 1992;27(5):213-225.
2. Rao SK, Padmanabhan P. Understanding corneal topography. *Curr Opin Ophthalmol.* 2000 Aug;11(4):248-59.
3. Read SA, Collins MJ, Carney LG, Franklin RJ. The topography of the central and peripheral cornea. *Invest Ophthalmol Vis Sci.* 2006 Apr;47(4):1404-15.
4. Choi JA, Kim MS. Progression of keratoconus by longitudinal assessment with corneal topography. *Invest Ophthalmol Vis Sci.* 2012 Feb 23;53(2):927-35.
5. Colak HN, Kantarci FA, Yildirim A, et al. Comparison of corneal topographic measurements and high order aberrations in keratoconus and normal eyes. *Cont Lens Anterior Eye.* 2016 Oct;39(5):380-4.
6. Fan R, Chan TC, Prakash G, Jhanji V. Applications of corneal topography and tomography: a review. *Clin Exp Ophthalmol.* 2017 Dec 20.

7. Ghemame M, Charpentier P, Mouriaux F. Corneal topography in clinical practice. *J Fr Ophthalmol.* 2019 Dec;42(10):e439-e451.

Policy history

Origination date: 02/01/2017
Approval(s): Technology Assessment Committee: 01/25/2017 (new policy), 1/24/2018 (updated references), 01/23/2019 (annual review, no updates), 01/22/2020 (updated references), 06/22/2021 (annual review, no changes; 06/15/2021: added clarifying language related to Medicare Advantage, NaviCare and PACE under policy section).

Not all services mentioned in this policy are covered for all products or employer groups. Coverage is based upon the terms of a member's particular benefit plan which may contain its own specific provisions for coverage and exclusions regardless of medical necessity. Please consult the product's Evidence of Coverage for exclusions or other benefit limitations applicable to this service or supply. If there is any discrepancy between this policy and a member's benefit plan, the provisions of the benefit plan will govern. However, applicable state mandates take precedence with respect to fully-insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, federal mandates will apply to all plans.