



Subject: Corneal Topography*

Effective Date: January 28, 2003

Department(s): Utilization Management

Policy: Corneal topography is reimbursable under Plans administered by QualCare, Inc.

Objective: To provide proper and consistent reimbursement for a medically necessary service.

Procedure:

➤ The presence of a corneal lesion whose correction is covered by the specific Plan must be documented. These include, but are not limited to

- Keratoconus (**ICD-9** 371.60 – 371.62; **ICD-10** H18.601-H18.603, H18.609; H18.611-H18.613, H18.619, H18.621-H18.623, H18.629)
- Post-traumatic corneal scarring (**ICD-9** 371.00; **ICD-10** H17.89, H17.9)
- Complications of corneal transplant (**ICD-9** 996.51; **ICD-10** T85.318A, T85.328A, T85.398A, T86.840, T86.841)
- Central corneal ulcer (**ICD-9** 370.00 – 370.07; **ICD-10** H16.001-H16.003, H16.009, H16.011-H16.013, H16.019, H16.021-H16.023, H16.029 H16.031-H16.033, H16.039, H16.041-H16.043, H16.049,

H16.051-H16.053, H16.059, H16.061-H16.063, H16.069)

- Postoperative astigmatism after cataract or glaucoma or lens implant surgery (**ICD-9** 996.5; **ICD-10** T85.318A, T85.328A, T85.398A, T86.840, T86.841)
- Corneal dystrophy (**ICD-9** 371.50 – 371.58; **ICD-10** H18.50- H18.55, H18.59)
- Bullous keratopathy (**ICD-9** 371.23; **ICD-10** H18.10-H18.13)
- Preoperative assessment for phototherapeutic keratectomy

- The correct codes for corneal topography are: 92025.
- Corneal topography is **not** covered when performed in connection with non-covered corneal surgery such as LASIK or other refractive procedures, nor is it covered as part of the pre-operative assessment of patients with cataracts and normal corneas.

References

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*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.