### **Article - Billing and Coding: Corneal Hysteresis (A56910)**

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## **Contractor Information**

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05101 - MAC A	J - 05	Iowa
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	05102 - MAC B	J - 05	Iowa
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05201 - MAC A	J - 05	Kansas
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	05202 - MAC B	J - 05	Kansas
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05301 - MAC A	J - 05	Missouri - Entire State
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	05302 - MAC B	J - 05	Missouri - Entire State
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05401 - MAC A	J - 05	Nebraska
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	05402 - MAC B	J - 05	Nebraska
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	05901 - MAC A	J - 05	Alabama Alaska Arizona Arkansas California - Entire State Colorado Connecticut Delaware Florida Georgia Hawaii Idaho Illinois Indiana Iowa Kansas Kentucky Louisiana

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CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
	ITPE	NUMBEK		Maine Maryland Massachusetts Michigan Mississippi Missouri - Entire State Montana Nebraska Nevada New Hampshire New Jersey New Mexico North Carolina North Dakota Ohio Oklahoma Oregon Pennsylvania Rhode Island South Carolina South Dakota Tennessee Texas Utah Vermont Virginia Washington
				West Virginia Wisconsin Wyoming
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	08101 - MAC A	J - 08	Indiana
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	08102 - MAC B	J - 08	Indiana
Wisconsin Physicians Service Insurance Corporation	MAC - Part A	08201 - MAC A	J - 08	Michigan
Wisconsin Physicians Service Insurance Corporation	MAC - Part B	08202 - MAC B	J - 08	Michigan

# **Article Information**

#### **General Information**

**Article ID** 

A56910

**Article Title** 

Billing and Coding: Corneal Hysteresis

**Article Type** 

Billing and Coding

**Original Effective Date** 

10/14/2019

**Revision Effective Date** 

07/27/2023

**Revision Ending Date** 

N/A

**Retirement Date** 

N/A

### **CMS National Coverage Policy**

N/A

### **Article Guidance**

**Article Text** 

CPT code 92145 is considered not medically necessary and will be automatically denied as a non-covered procedure.

## **Coding Information**

**CPT/HCPCS Codes** 

**Group 1 Paragraph:** 

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CPT code 92145 is considered not medically necessary and will be automatically denied as a non-covered procedure.

**Group 1 Codes:** (1 Code)

CODE	DESCRIPTION
92145	CORNEAL HYSTERESIS DETERMINATION, BY AIR IMPULSE STIMULATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND REPORT

#### **CPT/HCPCS Modifiers**

N/A

#### **ICD-10-CM Codes that Support Medical Necessity**

#### **Group 1 Paragraph:**

N/A

**Group 1 Codes:** (1 Code)

CODE	DESCRIPTION
XX000	Not Applicable

#### ICD-10-CM Codes that DO NOT Support Medical Necessity

N/A

#### **ICD-10-PCS Codes**

N/A

#### **Additional ICD-10 Information**

N/A

#### **Bill Type Codes**

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article should be assumed to apply equally to all claims.

N/A

#### **Revenue Codes**

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the article, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the article should be assumed to apply equally to all Revenue Codes.

N/A

**Other Coding Information** 

N/A

## **Revision History Information**

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
07/27/2023	R3	Posted 07/27/2023: Biannual review completed with no change in coverage.
09/30/2021	R2	09/30/2021 Review completed 08/30/2021 with no change in coverage.
11/01/2019	R1	Content has been moved to the new template.

### **Associated Documents**

#### **Related Local Coverage Documents**

**Articles** 

A56917 - Response to Comments: Corneal Hysteresis L38211

**LCDs** 

DL38211 - (MCD Archive Site)

L38211 - Corneal Hysteresis

**Related National Coverage Documents** 

N/A

**Statutory Requirements URLs** 

N/A

**Rules and Regulations URLs** 

N/A

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### **CMS Manual Explanations URLs**

N/A

#### Other URLs

N/A

#### **Public Versions**

UPDATED ON	EFFECTIVE DATES	STATUS
Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.		
07/19/2023	07/27/2023 - N/A	Currently in Effect (This Version)
09/21/2021	09/30/2021 - 07/26/2023	Superseded

# **Keywords**

N/A