

LCD - Computerized Corneal Topography (L34008)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
CGS Administrators, LLC	MAC - Part A	15101 - MAC A	J - 15	Kentucky
CGS Administrators, LLC	MAC - Part B	15102 - MAC B	J - 15	Kentucky
CGS Administrators, LLC	MAC - Part A	15201 - MAC A	J - 15	Ohio
CGS Administrators, LLC	MAC - Part B	15202 - MAC B	J - 15	Ohio

LCD Information**Document Information****LCD ID**

L34008

LCD Title

Computerized Corneal Topography

Proposed LCD in Comment Period

N/A

Source Proposed LCD

N/A

Original Effective Date

For services performed on or after 10/01/2015

Revision Effective Date

For services performed on or after 02/01/2024

Revision Ending Date

N/A

Retirement Date

N/A

Notice Period Start Date

N/A

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Notice Period End Date

N/A

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Issue

Issue Description

This LCD outlines limited coverage for this service with specific details under **Coverage Indications, Limitations and/or Medical Necessity**.

CMS National Coverage Policy

Language quoted from Centers for Medicare and Medicaid Services (CMS), National Coverage Determinations (NCDs) and coverage provisions in interpretive manuals is italicized throughout the policy. NCDs and coverage provisions in interpretive manuals are not subject to the Local Coverage Determination (LCD) Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See Section 1869(f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, *italicized* text represents quotation from one or more of the following CMS sources:

Title XVIII of the Social Security Act (SSA):

Section 1862(a)(1)(A) excludes expenses incurred for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Section 1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

Section 1862 (a)(10) excludes cosmetic surgery.

Code of Federal Regulations:

42 CFR Section 410.32, indicates that diagnostic tests may only be ordered by the treating physician (or other treating practitioner acting within the scope of his or her license and Medicare requirements) **who furnishes a consultation or treats a beneficiary for a specific medical problem and who uses the results in the management of the beneficiary's specific medical problem. Tests not ordered by the physician (or other qualified non-physician provider) who is treating the beneficiary are not reasonable and necessary (see Sec. 411.15(k)(1) of this chapter**

CMS Publications:

CMS Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 15:

80 Requirements for Diagnostic X-Ray, Diagnostic Laboratory, and Other Diagnostic Tests

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Abstract:

Corneal topography is a computer assisted diagnostic technique where 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 service is used to provide a detailed map or chart of the physical features and shape of the anterior surface of the cornea. This permits a more nearly accurate portrayal of the physical state of the cornea and for the detection of subtle corneal surface irregularity and astigmatism.

Indications:

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

- pre-operative evaluation of irregular astigmatism for intraocular lens power determination with cataract surgery;
- monocular diplopia;
- diagnosis of early keratoconus;
- post-surgical or post-traumatic astigmatism, measuring at a minimum of 3.5 diopters;
- suspected irregular astigmatism based on retinoscopic streak or conventional keratometry;
- post-penetrating keratoplasty surgery;
- post-surgical or post-traumatic irregular astigmatism;
- certain corneal dystrophies;
- complications of transplanted cornea;
- post-traumatic corneal scarring; and/or
- pterygium and/or corneal ectasia that cause visual impairment.

Limitations:

Corneal topography will only be allowed for a pre-operative cataract patient if documentation supports that the patient has irregular astigmatism. Its use for this purpose should be rare.

Corneal topography is to be billed only when the diagnosis of monocular diplopia is thought to be caused by a corneal irregularity.

Corneal topography is a covered service for the above indications when medically reasonable and necessary only if the results will assist in defining further treatment. It is not covered for routine follow-up testing.

Repeat testing is only indicated if a change of vision is reported in connection with one of the above listed conditions.

Services performed for screening purposes or in the absence of associated signs, symptoms, illness or injury as indicated above, will be denied as non-covered.

Corneal topography will be non-covered if performed pre- or post-operatively in relation to a Medicare non-covered procedure, e.g., radial keratotomy.

Other Comments:

For claims submitted to the Part A MAC: this coverage determination also applies within states outside the primary geographic jurisdiction with facilities that have nominated CGS Administrators, LLC. to process their claims.

Limitation of liability and refund requirements apply when denials are likely, whether based on medical necessity or other coverage reasons. The provider/supplier must notify the beneficiary in writing, prior to rendering the service, if the provider/supplier is aware that the test, item or procedure may not be covered by Medicare. The limitation of liability and refund requirements do not apply when the test, item or procedure is statutorily excluded, has no Medicare benefit category or is rendered for screening purposes.

Summary of Evidence

N/A

Analysis of Evidence (Rationale for Determination)

N/A

General Information

Associated Information

The patient's medical record must contain documentation that fully supports the medical necessity for services included within this LCD. (See "Indications and Limitations of Coverage.") This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures. The patient's record must also include the computerized corneal topography results with examination and photo interpretation.

It is expected that these services would be performed as indicated by current medical literature and/or standards of practice. When services are performed in excess of established parameters, they may be subject to review for medical necessity.

Repeat testing is only indicated if a change in vision occurs. Corneal topography should not be reported with or during the post-operative period for corneal procedures.

Sources of Information

This bibliography presents those sources that were obtained during the development of this policy. CGS Administrators, LLC. is not responsible for the continuing viability of Web site addresses listed below.

American Academy of Ophthalmology. (2006). *Cataract in the adult eye, preferred practice pattern*. Available at www.aaopt.org. Accessed 11/04/2008.

Other Medicare contractors' local coverage determinations.

Bibliography

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASONS FOR CHANGE
02/01/2024	R14	<p>R14</p> <p>Revision Effective: 02/01/2024</p> <p>Revision Explanation: Annual Review, no changes were made.</p> <p>01/25/2024: <i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> Other (Annual Review)
01/26/2023	R13	<p>R13</p> <p>Revision Effective: 01/26/2023</p> <p>Revision Explanation: Annual Review, no changes were made.</p> <p>01/20/2023: <i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> Other (Annual Review)
02/03/2022	R12	<p>R12</p> <p>Revision Effective: 02/03/2021</p> <p>Revision Explanation: Annual Review, no changes were made.</p> <p>01/25/2022: <i>At this time 21st Century Cures Act will apply</i></p>	<ul style="list-style-type: none"> Other (Annual Review)

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASONS FOR CHANGE
		<p><i>to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	
02/04/2021	R11	<p>R11</p> <p>Revision Effective: 02/04/2021</p> <p>Revision Explanation: Annual Review, no changes were made.</p> <p><i>1-27-2021:At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> • Other (Annual Review)
09/19/2019	R10	<p>R10</p> <p>Revision Effective: N/A</p> <p>Revision Explanation: Annual Review, no changes</p> <p><i>1-28-2020:At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> • Other (Annual Review)
09/19/2019	R9	<p>R9</p> <p>Revision Effective: 09/19/2019 Revision Explanation: Converted policy into new policy template that no longer includes coding section based on CR 10901. For Approval, no changes.</p> <p><i>09/13/2019:At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields</i></p>	<ul style="list-style-type: none"> • Revisions Due To Code Removal

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASONS FOR CHANGE
		<i>included on the LCD are applicable as noted in this policy.</i>	
09/19/2019	R8	<p>R8</p> <p>Revision Effective: 09/19/2019 Revision Explanation: Converted policy into new policy template that no longer includes coding section based on CR 10901.</p> <p>09/12/2019: <i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> • Revisions Due To Code Removal
08/15/2019	R7	<p>R7</p> <p>Revision Effective: 08/15/2019</p> <p>Revision Explanation: Removed references to NCD for Keratoplasty from policy based on CR 10901 NCD information should not be included in local policies.</p> <p>08/08/2019: <i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> • Other (Removed NCD information)
08/08/2019	R6	<p>R6</p> <p>Revision Effective: 08/08/2019</p> <p>Revision Explanation: Removed all coding from policy and placed into billing and coding article as instructed in CR 10901.</p> <p>07/31/2019: <i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> • Other (Code Migration)

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASONS FOR CHANGE
05/01/2018	R5	<p>R5</p> <p>Revision Effective: N/A</p> <p>Revision Explanation: Annual review no changes made</p> <p>01/28/2019: <i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> • Other (Annual Review)
05/01/2018	R4	<p>R4</p> <p>Revision Effective:05/01/2018</p> <p>Revision Explanation: Added ICD-10 code H18.11-H18.13 effective 05/01/2018.</p> <p>05/09/2018: <i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> • Reconsideration Request
10/01/2015	R3	<p>R3</p> <p>Revision Effective: N/A</p> <p>Revision Explanation: Annual review no changes made</p> <p>01/30/2018: <i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> • Other (Annual Review)
10/01/2015	R2	<p>R2</p> <p>Revision Effective: N/A</p> <p>Revision Explanation: Annual review no changes made.</p>	<ul style="list-style-type: none"> • Other (Annual review)
10/01/2015	R1	<p>R1</p> <p>Revision Effective: N/A</p> <p>Revision Explanation: Accepted revenue code description.</p>	<ul style="list-style-type: none"> • Other (revenue code description)

Associated Documents

Attachments

N/A

Related Local Coverage Documents

Articles

[A56816 - Billing and Coding: Computerized Corneal Topography](#)

Related National Coverage Documents

N/A

Public Versions

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01/25/2024	02/01/2024 - N/A	Currently in Effect (This Version)
01/20/2023	01/26/2023 - 01/31/2024	Superseded

Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.

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N/A