

## Optometry Coding & Billing Alert

### Reader Question: Check Medical Necessity Rules for 92025

Question: What are the rules for coding corneal topography? I can't find a CPT code for it. Should I just use 92499? The corneal topography was done on a keratoconus patient.

California Subscriber

Answer: For corneal topography, report 92025 (Computerized corneal topography, unilateral or bilateral, with interpretation and report). You do not need to resort to 92499 (Unlisted ophthalmological service or procedure).

Check with your carriers for their rules on demonstrating medical necessity for this procedure. For example, Medicare Part B carrier Cigna has published a local coverage determination (LCD) listing these diagnoses for which 92025 would be medically necessary:

- 367.22 -- Irregular astigmatism
- 371.00 -- Corneal opacity
- 371.23 -- Bullous keratopathy
- 371.50 -- Corneal dystrophy, unspecified
- 371.52 -- Other anterior corneal dystrophies
- 371.57 -- Endothelial corneal dystrophy
- 371.60-371.62 -- Keratoconus
- 372.40 -- Pterygium, unspecified
- 996.51 -- Mechanical complication of other specified prosthetic device, implant, and graft; due to corneal graft
- V42.5 -- Organ tissue replaced by transplant; cornea
- V45.61 -- States following surgery of eye and adnexa; cataract extraction status.
- V45.69 -- Other states following surgery of eye and adnexa.

Watch for: Cigna goes on to specify that irregular astigmatism code 367.22 must always be accompanied by V45.61 or V45.69. The reverse is also true: V45.61 and V45.69 must always appear with 36722.

ABN alert: Some carriers may still find corneal topography to be "experimental or investigational."

Consider having your patients sign an advance beneficiary notice before you perform this procedure. However, keep in mind that it can be very difficult to get patients to pay out of pocket for a procedure that their insurance company considers "experimental."