

Optometry Coding & Billing Alert

READER QUESTIONS: Check 92025 LCD Before Appealing

Question: Blue Cross and Blue Shield of North Carolina (BCBSNC), United Healthcare (UHC) and Medicare are denying 92025 as not medically necessary. What can we do to obtain payment for corneal topography using the new code?

North Carolina Subscriber

Answer: A spring medical policy put an end to payment for corneal topography (92025, Computerized corneal topography, unilateral or bilateral, with interpretation and report) from BCBSNC. -Computer-assisted corneal topography is not covered,- states BCBSNC's medical policy update, effective April 9, 2007. The insurer considers the procedure investigational in detecting or monitoring diseases of the cornea.

Topography has seemingly more interpretations than any other code in eyecare. Check UHC and your carrier's covered diagnoses for 92025. For instance, Trailblazer (Medicare Part B Washington, D.C./Delaware, Maryland, Texas, Virginia, IHS service areas) -will not pay for corneal topography when billed with a routine diagnosis or when being done for routine screening purposes,- according to an Aug. 31, 2007, FAQ published in the carrier's newsletter. The carrier considers 367.22 (Irregular astigmatism) to be routine but has allowed 367.20 (Astigmatism, unspecified) and 743.41 (Anomalies of corneal size and shape).

Other policies allow several ICD-9 codes to represent medical necessity for 92025. Cigna Part B for Tennessee allows:

- 367.22*--Irregular astigmatism
- 371.00--Corneal opacity, unspecified
- 371.23--Bullous keratopathy
- 371.50--Hereditary corneal dystrophy, unspecified
- 371.52--Other anterior corneal dystrophies
- 371.57--Endothelial corneal dystrophy
- 371.60--Keratoconus, unspecified
- 371.61--Keratoconus, stable condition
- 371.62--Keratoconus, acute hydrops
- 372.40--Pterygium, unspecified
- 996.51--Mechanical complication of prosthetic corneal graft
- V42.5--Cornea replaced by transplant
- V45.61*--Cataract extraction status
- V45.69*--Other states following surgery of eye and adnexa.

Notes: *367.22 must be accompanied by V45.61 or V45.69.

*V45.61 must be accompanied by 367.22.

*V45.69 must be accompanied by 367.22.

Best practice: If you need the information that topography provides, order the test and take care of your patient, regardless of payment.

When an insurer, such as BCBSNC, does not cover the test, alert your state optometric association. It and the state

ophthalmological association (remember, ophthalmologists aren't getting paid either) should set up a meeting with the state insurance commissioner and/or the insurance company to present patient benefits of topography and examples of how and where it is already accepted.

Success: Aetna in Texas denied coverage of topography with any diagnosis as -experimental technology.- After the state optometry and ophthalmology associations educated the insurer, Aetna modified its policy.