

Optometry Coding & Billing Alert

You Be the Expert: Corneal Topography

Question: What is the correct Medicare code for corneal topography? We used 92499 and were told to use S0820, but that was also denied.

Massachusetts Subscriber

Answer: For Medicare, 92499 (Unlisted ophthalmological service or procedure) is the correct code. Medicare will only reimburse for corneal topography, also known as corneal mapping or computer-assisted video keratography (CAVK), under very strict guidelines. Make sure that you have -corneal topography- typed into the comments area or Box 19 on your claim form and send a description with the claim.

Since the procedure is considered to be unilateral, you may also need to append modifier LT (Left side) or RT (Right side) to specify which eye was tested.

Medicare carriers also determine which ICD-9 codes prove the medical necessity for corneal topography, and each carrier may have a different list.

In many cases, if the diagnosis is astigmatism, the astigmatism must be caused by prior surgery in order for CAVK to be reimbursable. Part B carrier Noridian, for example, requires that 367.22 (Irregular astigmatism) be accompanied by V45.61 (Cataract extraction status) or V45.69 (Other states following surgery of eye and adnexa). Check your local carrier's policy for its list of approved ICD-9 codes.

There are no RVUs assigned to 92499. Some carriers, including Noridian, CIGNA and Blue Cross and Blue Shield of Kansas, will reimburse corneal topography at the same level as 92286 (Special anterior segment photography -). In 2006, that procedure earns \$142.49 before geographic adjustments are applied, according to the Physician Fee Schedule.

Medicare will not recognize HCPCS code S0820 (Computerized corneal topography, unilateral), but some non-Medicare insurers may prefer S0820 to CPT code 92499.