

Part B Insider (Multispecialty) Coding Alert

Reader Question: 92025: Corneal Topography Shouldn't Require Unlisted

Question: What are the rules are 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.

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, unspecified
- 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 or other 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 367.22.

ABN alert: Some carriers may still find corneal topography to be "experimental or investigational." Consider having patients sign an advance beneficiary notice (ABN) before you perform this procedure. However, keep in mind that it can be very difficult to get a patient to pay for a procedure that their insurance company considers experimental."