



Computer-Assisted Corneal Topography

Clinical Coverage Criteria

Overview

Computerized corneal topography utilizes video and computer-assisted technology to project light rings on the cornea and create a detailed map of the corneal surface. This diagnostic test is utilized to detect corneal irregularities for possible surgical correction of a visual defect.

Corneal topography provides accurate information about shape, curvature, and depth of the cornea. This approach, combined with other tests can assist in diagnosing conditions, such as keratoconus or postoperative complications of cataract surgery, or improve preoperative planning for corneal transplant or refractive surgery.

Policy

Fallon Health requires prior authorization for Corneal Topography. Medical records from the providers who have diagnosed or treated the symptoms prompting this request are also required.

The below diagnosis or clinical scenarios will be considered for coverage.

- Corneal Scarring
- Central Corneal ulcer
- Complications of a transplanted cornea
- Bullous keratopathy
- Pre and post penetrating keratoplasty
- Pterygium
- Preoperative evaluation for phototherapeutic keratectomy
- Fitting of a contact lens in relation to an ocular disease
- Diagnosing and monitoring disease progression in keratoconus or Terrien's marginal degeneration

Repeat testing must be supported by a justification of potential changes in the cornea and support that additional testing will impact the clinical outcome.

Exclusions

- Any use of Corneal Topography other than outlined above
- Corneal Topography performed in relation to a non-covered eye procedure (e.g. refractive surgery)
- Corneal Topography performed in relation to contact lens fitting
- Corneal Topography performed routinely prior to cataract surgery

Codes

Code type	Code	Description
CPT	92025	Computerized corneal topography, unilateral or bilateral, with interpretation and report

References

1. Morrow GL, Stein RM. Evaluation of corneal topography: past, present and future trends. *Can J Ophthalmol*. 1992;27(5):213-225.
2. Rao SK, Padmanabhan P. Understanding corneal topography. *Curr Opin Ophthalmol*. 2000 Aug;11(4):248-59.
3. Read SA, Collins MJ, Carney LG, Franklin RJ. The topography of the central and peripheral cornea. *Invest Ophthalmol Vis Sci*. 2006 Apr;47(4):1404-15.
4. Choi JA, Kim MS. Progression of keratoconus by longitudinal assessment with corneal topography. *Invest Ophthalmol Vis Sci*. 2012 Feb 23;53(2):927-35. doi: 10.1167/iovs.11-8118.
5. Colak HN, Kantarci FA, Yildirim A, et al. Comparison of corneal topographic measurements and high order aberrations in keratoconus and normal eyes. *Cont Lens Anterior Eye*. 2016 Oct;39(5):380-4. doi: 10.1016/j.clae.2016.06.005. Epub 2016 Jul 6.
6. Fan R, Chan TC, Prakash G, Jhanji V. Applications of corneal topography and tomography: a review. *Clin Exp Ophthalmol*. 2017 Dec 20. doi: 10.1111/ceo.13136.

Policy History

Origination date: 01/01/2017
Approval(s): Technology Assessment Committee: 01/25/2017 (new policy), 1/24/2018 (updated references), 01/23/2019 (annual review, no updates)

Not all services mentioned in this policy are covered for all products or employer groups. Coverage is based upon the terms of a member's particular benefit plan which may contain its own specific provisions for coverage and exclusions regardless of medical necessity. Please consult the product's Evidence of Coverage for exclusions or other benefit limitations applicable to this service or supply. If there is any discrepancy between this policy and a member's benefit plan, the provisions of the benefit plan will govern. However, applicable state mandates take precedence with respect to fully-insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, federal mandates will apply to all plans. For Medicare and Medicaid members, this policy will apply unless Medicare and Medicaid policies extend coverage beyond this policy.