

LCD Reference Article	Billing and Coding Article
-----------------------	----------------------------

Article - Billing and Coding: Computerized Corneal Topography (A57699)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
First Coast Service Options, Inc.	A and B MAC	09102 - MAC B	J - N	Florida
First Coast Service Options, Inc.	A and B MAC	09202 - MAC B	J - N	Puerto Rico
First Coast Service Options, Inc.	A and B MAC	09302 - MAC B	J - N	Virgin Islands

Article Information

General Information

<div>Article ID</div> <div>A57699</div>	
<div>Article Title</div> <div>Billing and Coding: Computerized Corneal Topography</div>	
<div>Article Type</div> <div>Billing and Coding</div>	
<div>Original Effective Date</div> <div>10/03/2018</div>	
<div>Revision Effective Date</div> <div>01/01/2024</div>	
<div>Revision Ending Date</div> <div>N/A</div>	
<div>Retirement Date</div> <div>N/A</div>	

<div>AMA CPT / ADA CDT / AHA NUBC Copyright Statement</div> <div> <p>CPT codes, descriptions and other data only are copyright 2023 American Medical Association. All Rights Reserved. Applicable FARS/HHSARS apply.</p> <p>Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.</p> <p>Current Dental Terminology © 2023 American Dental Association. All rights reserved.</p> <p>Copyright © 2023, the American Hospital Association, Chicago, Illinois. Reproduced with permission. No portion of the American Hospital Association (AHA) copyrighted materials contained within this publication may be copied without the express written consent of the AHA. AHA copyrighted materials including the UB04 codes and descriptions may not be removed, copied, or utilized within any software, product, service, solution or derivative work without the written consent of the AHA. If an entity wishes to utilize any AHA materials, please contact the AHA at 3128936816.</p> <p>Making copies or utilizing the content of the UB04 Manual, including the codes and/or descriptions, for internal purposes, resale and/or to be used in any product or publication; creating any modified or derivative work of the UB04 Manual and/or codes and descriptions; and/or making any commercial use of UB04 Manual or any portion thereof, including the codes and/or descriptions, is only authorized with an express license from the American Hospital Association. The American Hospital Association (the "AHA") has not reviewed, and is not responsible for, the completeness or accuracy of any information contained in this material, nor was the AHA or any of its affiliates, involved in the preparation of this material, or the analysis of information provided in the material. The views and/or positions presented in the material do not necessarily represent the views of the</p> </div>	
--	--

CMS National Coverage Policy

Social Security Act (Title XVIII) Standard References:

- Title XVIII of the Social Security Act, Section 1833(e) states that no payment shall be made to any provider of services or other person under this part unless there has been furnished such information as may be necessary in order to determine the amounts due such provider or other person under this part for the period with respect to which the amounts are being paid or for any prior period.

Article Guidance

Article Text

This Billing and Coding Article provides billing and coding guidance for Local Coverage Determination (LCD) L33810 Computerized Corneal Topography. Please refer to the LCD for reasonable and necessary requirements and limitations.

Coding Guidance

Notice: It is not appropriate to bill Medicare for services that are not covered (as described by the entire LCD) as if they are covered. When billing for non-covered services, use the appropriate modifier.

Documentation Requirements

1. All documentation must be maintained in the patient's medical record and made available to the contractor upon request.
2. Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, dates of service[s]). The documentation must include the legible signature of the physician or non-physician practitioner responsible for and providing the care to the patient.
3. The submitted medical record must support the use of the selected ICD-10-CM code(s). The submitted CPT/HCPCS code must describe the service performed.

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

Note: Providers are reminded to refer to the long descriptors of the CPT codes in their CPT book.

Group 1 Codes: (1 Code)

CODE	DESCRIPTION
92025	Cptrized corneal topography

CPT/HCPCS Modifiers

N/A

ICD-10-CM Codes that Support Medical Necessity

Group 1 Paragraph:

It is the provider's responsibility to select codes carried out to the highest level of specificity and selected from the ICD-10-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

The following ICD-10-CM codes support medical necessity and provide coverage for CPT code: 92025

Group 1 Codes: (116 Codes)

CODE	DESCRIPTION
H11.001	Unspecified pterygium of right eye
H11.002	Unspecified pterygium of left eye
H11.003	Unspecified pterygium of eye, bilateral
H11.009	Unspecified pterygium of unspecified eye
H11.011	Amyloid pterygium of right eye
H11.012	Amyloid pterygium of left eye
H11.013	Amyloid pterygium of eye, bilateral
H11.019	Amyloid pterygium of unspecified eye
H11.021	Central pterygium of right eye
H11.022	Central pterygium of left eye
H11.023	Central pterygium of eye, bilateral
H11.029	Central pterygium of unspecified eye
H11.031	Double pterygium of right eye
H11.032	Double pterygium of left eye
H11.033	Double pterygium of eye, bilateral
H11.039	Double pterygium of unspecified eye
H11.041	Peripheral pterygium, stationary, right eye
H11.042	Peripheral pterygium, stationary, left eye
H11.043	Peripheral pterygium, stationary, bilateral

CODE	DESCRIPTION
H11.049	Peripheral pterygium, stationary, unspecified eye
H11.051	Peripheral pterygium, progressive, right eye
H11.052	Peripheral pterygium, progressive, left eye
H11.053	Peripheral pterygium, progressive, bilateral
H11.059	Peripheral pterygium, progressive, unspecified eye
H11.061	Recurrent pterygium of right eye
H11.062	Recurrent pterygium of left eye
H11.063	Recurrent pterygium of eye, bilateral
H11.069	Recurrent pterygium of unspecified eye
H11.141	Conjunctival xerosis, unspecified, right eye
H11.142	Conjunctival xerosis, unspecified, left eye
H11.143	Conjunctival xerosis, unspecified, bilateral
H11.149	Conjunctival xerosis, unspecified, unspecified eye
H11.811	Pseudopterygium of conjunctiva, right eye
H11.812	Pseudopterygium of conjunctiva, left eye
H11.813	Pseudopterygium of conjunctiva, bilateral
H11.819	Pseudopterygium of conjunctiva, unspecified eye
H17.89	Other corneal scars and opacities
H17.9	Unspecified corneal scar and opacity
H18.10	Bullous keratopathy, unspecified eye
H18.11	Bullous keratopathy, right eye
H18.12	Bullous keratopathy, left eye
H18.13	Bullous keratopathy, bilateral
H18.451	Nodular corneal degeneration, right eye
H18.452	Nodular corneal degeneration, left eye
H18.453	Nodular corneal degeneration, bilateral
H18.459	Nodular corneal degeneration, unspecified eye
H18.461	Peripheral corneal degeneration, right eye
H18.462	Peripheral corneal degeneration, left eye
H18.463	Peripheral corneal degeneration, bilateral
H18.469	Peripheral corneal degeneration, unspecified eye
H18.511	Endothelial corneal dystrophy, right eye

CODE	DESCRIPTION
H18.512	Endothelial corneal dystrophy, left eye
H18.513	Endothelial corneal dystrophy, bilateral
H18.521	Epithelial (juvenile) corneal dystrophy, right eye
H18.522	Epithelial (juvenile) corneal dystrophy, left eye
H18.523	Epithelial (juvenile) corneal dystrophy, bilateral
H18.531	Granular corneal dystrophy, right eye
H18.532	Granular corneal dystrophy, left eye
H18.533	Granular corneal dystrophy, bilateral
H18.541	Lattice corneal dystrophy, right eye
H18.542	Lattice corneal dystrophy, left eye
H18.543	Lattice corneal dystrophy, bilateral
H18.551	Macular corneal dystrophy, right eye
H18.552	Macular corneal dystrophy, left eye
H18.553	Macular corneal dystrophy, bilateral
H18.591	Other hereditary corneal dystrophies, right eye
H18.592	Other hereditary corneal dystrophies, left eye
H18.593	Other hereditary corneal dystrophies, bilateral
H18.601	Keratoconus, unspecified, right eye
H18.602	Keratoconus, unspecified, left eye
H18.603	Keratoconus, unspecified, bilateral
H18.609	Keratoconus, unspecified, unspecified eye
H18.611	Keratoconus, stable, right eye
H18.612	Keratoconus, stable, left eye
H18.613	Keratoconus, stable, bilateral
H18.619	Keratoconus, stable, unspecified eye
H18.621	Keratoconus, unstable, right eye
H18.622	Keratoconus, unstable, left eye
H18.623	Keratoconus, unstable, bilateral
H18.629	Keratoconus, unstable, unspecified eye
H18.711	Corneal ectasia, right eye
H18.712	Corneal ectasia, left eye
H18.713	Corneal ectasia, bilateral

CODE	DESCRIPTION
H18.719	Corneal ectasia, unspecified eye
H52.211*	Irregular astigmatism, right eye
H52.212*	Irregular astigmatism, left eye
H52.213*	Irregular astigmatism, bilateral
H52.219*	Irregular astigmatism, unspecified eye
H52.221*	Regular astigmatism, right eye
H52.222*	Regular astigmatism, left eye
H52.223*	Regular astigmatism, bilateral
H52.229*	Regular astigmatism, unspecified eye
H53.2	Diplopia
T85.318A	Breakdown (mechanical) of other ocular prosthetic devices, implants and grafts, initial encounter
T85.318D	Breakdown (mechanical) of other ocular prosthetic devices, implants and grafts, subsequent encounter
T85.318S	Breakdown (mechanical) of other ocular prosthetic devices, implants and grafts, sequela
T85.328A	Displacement of other ocular prosthetic devices, implants and grafts, initial encounter
T85.328D	Displacement of other ocular prosthetic devices, implants and grafts, subsequent encounter
T85.328S	Displacement of other ocular prosthetic devices, implants and grafts, sequela
T85.398A	Other mechanical complication of other ocular prosthetic devices, implants and grafts, initial encounter
T85.398D	Other mechanical complication of other ocular prosthetic devices, implants and grafts, subsequent encounter
CODE	DESCRIPTION
T85.398S	Other mechanical complication of other ocular prosthetic devices, implants and grafts, sequela
T86.8401	Corneal transplant rejection, right eye
T86.8402	Corneal transplant rejection, left eye
T86.8403	Corneal transplant rejection, bilateral
T86.8411	Corneal transplant failure, right eye
T86.8412	Corneal transplant failure, left eye
T86.8413	Corneal transplant failure, bilateral

CODE	DESCRIPTION
T86.8481	Other complications of corneal transplant, right eye
T86.8482	Other complications of corneal transplant, left eye
T86.8483	Other complications of corneal transplant, bilateral
Z94.7*	Corneal transplant status
Z98.41*	Cataract extraction status, right eye
Z98.42*	Cataract extraction status, left eye
Z98.49*	Cataract extraction status, unspecified eye
Z98.83*	Filtering (vitreous) bleb after glaucoma surgery status

Group 1 Medical Necessity ICD-10-CM Codes Asterisk Explanation:

*ICD-10-CM codes H52.211, H52.212, H52.213, H52.219, H52.221, H52.222, H52.223, and H52.229 must be accompanied by diagnosis code Z98.41, Z98.42, Z98.49, or Z98.83.

*Diagnosis codes Z94.7, Z98.41, Z98.42, Z98.49, and Z98.83 should not be billed as the primary diagnosis.

ICD-10-CM Codes that DO NOT Support Medical Necessity

Group 1 Paragraph:

All those not listed under the "ICD-10-CM Codes that Support Medical Necessity" section of this article.

Group 1 Codes: (1 Code)

CODE	DESCRIPTION
XX000	Not Applicable

ICD-10-PCS Codes

N/A

Additional ICD-10 Information

N/A

Bill Type Codes

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article should be assumed to apply equally to all claims.

CODE	DESCRIPTION
999x	Not Applicable

Revenue Codes

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the article, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the article should be assumed to apply equally to all Revenue Codes.

CODE	DESCRIPTION
99999	Not Applicable

Other Coding Information

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
01/01/2024	R2	Article revised and published on 01/25/2024 effective for dates of service on and after 01/01/2024 to reflect the Annual HCPCS/CPT Code Updates. The short description and/or the long description was changed for CPT code 92025. Depending on which description is used in this article, there may not be any change in how the code displays.
10/01/2020	R1	<p>Revision Number: 1 Publication: September 2020 Connections LCR B2020/013</p> <p>Explanation of revision: Article revised and published on 10/01/2020 effective for dates of service on and after 10/01/2020 to reflect the Annual ICD-10-CM Code Updates. The following ICD-10 code(s) have been deleted and therefore have been removed from the "ICD-10 Codes that Support Medical Necessity/Group 1 Codes:" section of this billing and coding article: H18.51, H18.52, H18.53, H18.54, H18.55, H18.59, T86.840, T86.841, and T86.848. The following ICD-10-CM code(s) have been added to the "ICD-10 Codes that Support Medical Necessity/Group 1 Codes:" section of this billing and coding article: H18.511, H18.512, H18.513, H18.521, H18.522, H18.523, H18.531, H18.532, H18.533, H18.541, H18.542, H18.543, H18.551, H18.552, H18.553, H18.591,</p>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
		H18.592, H18.593, T86.8401, T86.8402, T86.8403, T86.8411, T86.8412, T86.8413, T86.8481, T86.8482, and T86.8483. Additional formatting changes have been made throughout the document. The effective date of this revision is based on date of service.

Associated Documents

Related Local Coverage Documents

LCDs

[L33810 - Computerized Corneal Topography](#)

Related National Coverage Documents

N/A

Statutory Requirements URLs

N/A

Rules and Regulations URLs

N/A

CMS Manual Explanations URLs

N/A

Other URLs

N/A

Public Versions

UPDATED ON	EFFECTIVE DATES	STATUS
Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.		
01/19/2024	01/01/2024 - N/A	Currently in Effect (This Version)
09/25/2020	10/01/2020 - 12/31/2023	Superseded

Keywords

N/A