

# FUTURE DRAFT Local Coverage Determination (LCD) for Corneal Pachymetry (DL32410)

**DRAFT**

**Please note: This is a Draft policy.**

Draft LCDs are works in progress that are available on the Medicare Coverage Database site for public review. Draft LCDs are not necessarily a reflection of the current policies or practices of the contractor.

**FUTURE**

**Please note: This is a Future Draft LCD.**

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## Contractor Information

**Contractor Name**

Palmetto GBA

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**Contractor Number**

11202

**Contractor Type**

MAC - Part B

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## LCD Information

### Document Information

**DRAFT**

**FUTURE**

**LCD ID Number**

DL32410

**LCD Title**

Corneal Pachymetry

**Contractor's Determination Number**

J11 AB MAC 0004

### AMA CPT/ADA CDT Copyright Statement

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### Primary Geographic Jurisdiction

South Carolina

### Oversight Region

Region IV

### Original Determination Effective Date

For services performed on or after 03/05/2012

### Original Determination Ending Date

### Revision Effective Date

### Revision Ending Date

## **CMS National Coverage Policy**

Language quoted from Centers for Medicare and Medicaid Services (CMS). National Coverage Determinations (NCDs) and coverage provisions in interpretive manuals is italicized throughout the policy. NCDs and coverage provisions in interpretive manuals are not subject to the Local Coverage Determination (LCD) Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See Section 1869(f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, *italicized* text represents quotation from one or more of the following CMS sources:

### Title XVIII of the Social Security Act (SSA):

Section 1862(a)(1)(A) excludes expenses incurred for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Section 1862(a)(7) excludes routine physical examinations, unless otherwise covered by statute.

Section 1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

### CMS Publications:

CMS Publication Pub. 100-08, *Program Integrity Manual*, Chapter 13:

13.5.1 Reasonable and Necessary Provisions in LCDs.

## **Indications and Limitations of Coverage and/or Medical Necessity**

### **Abstract:**

Corneal Pachymetry is the measurement of corneal thickness and commonly uses either ultrasonic or optical methods. Measurement of corneal thickness in individuals presenting with increased intraocular pressure assists in determining if there is a risk of glaucoma or if the individual's increased eye pressure is the result of abnormal corneal thickness. The test must be integral to the medical management decision-making of the patient. Coverage is limited to ophthalmologists and optometrists.

### **Indications and Limitations:**

Medicare will consider corneal pachymetry to be medically necessary and reasonable when performed to determine the amount of endothelial trauma sustained during surgery, assessment of the health of the cornea pre-operatively in Fuch's dystrophy, post ocular trauma and for the assessment of corneal thickness or (in suspected glaucoma) following the diagnosis of increased intraocular pressure prior to the initiation of a treatment regimen for glaucoma. It is expected that services for the measurement of corneal thickness following the diagnosis of increased intraocular pressure will be performed once in a lifetime, unless there has been interval corneal trauma or surgery.

Medicare will consider corneal pachymetry to be medically necessary and reasonable when performed only by ophthalmologist and optometrists.

Medicare will not pay for use of pachymetry when used in preparation for surgery to reshape the cornea of the eye for the purpose of correcting visual problems (refractive surgery), such as myopia (nearsightedness) and hyperopia (farsightedness).

Whether patients have been previously diagnosed and are under treatment for glaucoma or are newly diagnosed, pachymetry will be covered once per lifetime, or more frequently in cases where there has been surgical or non-surgical trauma.

When there is a question of corneal disease supported by diagnosis, then pachymetry may be performed at the same time as endothelial cell count.

## Other Comments:

Limitation of liability and refund requirements apply when denials are likely, whether based on medical necessity or other coverage reasons. The provider/supplier must notify the beneficiary in writing, prior to rendering the service, if the provider/supplier is aware that the test, item or procedure may not be covered by Medicare. The limitation of liability and refund requirements do not apply when the test, item or procedure is statutorily excluded, has no Medicare benefit category or is rendered for screening purposes.

For outpatient settings other than CORFs, references to "physicians" throughout this policy include non-physicians, such as nurse practitioners, clinical nurse specialists and physician assistants. Such non-physician practitioners, with certain exceptions, may certify, order and establish the plan of care for as authorized by State law. (See Sections 1861[s][2] and 1862[a][14] of Title XVIII of the Social Security Act; 42 CFR, Sections 410.74, 410.75, 410.76 and 419.22; 58 FR 18543, April 7, 2000.)

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## Coding Information

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### 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 policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

012x	Hospital Inpatient (Medicare Part B only)
013x	Hospital Outpatient
018x	Hospital - Swing Beds
021x	Skilled Nursing - Inpatient (Including Medicare Part A)
022x	Skilled Nursing - Inpatient (Medicare Part B only)
023x	Skilled Nursing - Outpatient
071x	Clinic - Rural Health
073x	Clinic - Freestanding
077x	Clinic - Federally Qualified Health Center (FQHC)
085x	Critical Access Hospital

### 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 policy 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 policy should be assumed to apply equally to all Revenue Codes.

Please note that not all revenue codes apply to every type of bill code. Providers are encouraged to refer to the FISS revenue code file for allowable bill types. Similarly, not all revenue codes apply to each CPT/HCPCS code. Providers are encouraged to refer to the FISS HCPCS file for allowable revenue codes.

0402	Other Imaging Services - Ultrasound
0972	Professional Fees - Radiology - Diagnostic

### CPT/HCPCS Codes

#### GroupName

**CPT code 92499 should be used to report optical pachymetry.**

76514	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL OR BILATERAL (DETERMINATION OF CORNEAL THICKNESS)
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### ICD-9 Codes that Support Medical Necessity

It is the responsibility of the provider to code to the highest level specified in the *ICD-9-CM* (e.g., to the fourth or fifth digit). The correct use of an ICD-9-CM code listed below does not assure coverage of a service. The service must be reasonable and necessary in the specific case and must meet the criteria specified in this determination.

364.22	GLAUCOMATOCYCLITIC CRISES
364.53	PIGMENTARY IRIS DEGENERATION
364.77	RECESSION OF CHAMBER ANGLE OF EYE
365.00	PREGLAUCOMA UNSPECIFIED
365.01	OPEN ANGLE WITH BORDERLINE FINDINGS, LOW RISK
365.02	ANATOMICAL NARROW ANGLE BORDERLINE GLAUCOMA
365.03	STEROID RESPONDERS BORDERLINE GLAUCOMA
365.04	OCULAR HYPERTENSION
365.05	OPEN ANGLE WITH BORDERLINE FINDINGS, HIGH RISK
365.06	PRIMARY ANGLE CLOSURE WITHOUT GLAUCOMA DAMAGE
365.10	OPEN-ANGLE GLAUCOMA UNSPECIFIED
365.11	PRIMARY OPEN ANGLE GLAUCOMA
365.12	LOW TENSION OPEN-ANGLE GLAUCOMA
365.13	PIGMENTARY OPEN-ANGLE GLAUCOMA
365.14	GLAUCOMA OF CHILDHOOD
365.15	RESIDUAL STAGE OF OPEN ANGLE GLAUCOMA
365.20	PRIMARY ANGLE-CLOSURE GLAUCOMA UNSPECIFIED
365.21	INTERMITTENT ANGLE-CLOSURE GLAUCOMA
365.22	ACUTE ANGLE-CLOSURE GLAUCOMA
365.23	CHRONIC ANGLE-CLOSURE GLAUCOMA
365.24	RESIDUAL STAGE OF ANGLE-CLOSURE GLAUCOMA
365.31	CORTICOSTEROID-INDUCED GLAUCOMA GLAUCOMATOUS STAGE
365.32	CORTICOSTEROID-INDUCED GLAUCOMA RESIDUAL STAGE
365.41	GLAUCOMA ASSOCIATED WITH CHAMBER ANGLE ANOMALIES
365.42	GLAUCOMA ASSOCIATED WITH ANOMALIES OF IRIS
365.43	GLAUCOMA ASSOCIATED WITH OTHER ANTERIOR SEGMENT ANOMALIES
365.44	GLAUCOMA ASSOCIATED WITH SYSTEMIC SYNDROMES
365.51	PHACOLYTIC GLAUCOMA
365.52	PSEUDOEXFOLIATION GLAUCOMA
365.59	GLAUCOMA ASSOCIATED WITH OTHER LENS DISORDERS
365.60	GLAUCOMA ASSOCIATED WITH UNSPECIFIED OCULAR DISORDER
365.61	GLAUCOMA ASSOCIATED WITH PUPILLARY BLOCK
365.62	GLAUCOMA ASSOCIATED WITH OCULAR INFLAMMATIONS
365.63	GLAUCOMA ASSOCIATED WITH VASCULAR DISORDERS OF EYE
365.64	GLAUCOMA ASSOCIATED WITH TUMORS OR CYSTS
365.65	GLAUCOMA ASSOCIATED WITH OCULAR TRAUMA
365.72	MODERATE STAGE GLAUCOMA
365.73	SEVERE STAGE GLAUCOMA
365.74	INDETERMINATE STAGE GLAUCOMA
365.81	HYPERSECRETION GLAUCOMA
365.82	GLAUCOMA WITH INCREASED EPISCLERAL VENOUS PRESSURE
365.83	AQUEOUS MISDIRECTION
365.89	OTHER SPECIFIED GLAUCOMA
365.9	UNSPECIFIED GLAUCOMA

366.11	PSEUDOEXFOLIATION OF LENS CAPSULE
<a href="#">371.20 - 371.23</a>	CORNEAL EDEMA UNSPECIFIED - BULLOUS KERATOPATHY
371.48	PERIPHERAL DEGENERATIONS OF CORNEA
371.50	HEREDITARY CORNEAL DYSTROPHY UNSPECIFIED
371.57	ENDOTHELIAL CORNEAL DYSTROPHY
371.58	OTHER POSTERIOR CORNEAL DYSTROPHIES
371.60	KERATOCONUS UNSPECIFIED
371.61	KERATOCONUS STABLE CONDITION
371.62	KERATOCONUS ACUTE HYDROPS
371.71	CORNEAL ECTASIA
996.51	MECHANICAL COMPLICATION OF PROSTHETIC CORNEAL GRAFT
996.80	COMPLICATIONS OF UNSPECIFIED TRANSPLANTED ORGAN
V42.5	CORNEA REPLACED BY TRANSPLANT

#### Diagnoses that Support Medical Necessity

Not applicable

#### ICD-9 Codes that DO NOT Support Medical Necessity

Not applicable

#### ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

#### Diagnoses that DO NOT Support Medical Necessity

Not applicable

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## General Information

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#### Documentations Requirements

Medical record documentation maintained by the ordering/referring physician must indicate the medical necessity for performing the test and the test results. In addition, if the service exceeds the frequency parameter listed in this policy, documentation of medical necessity must be submitted. This information is usually found in the history and physical, office/progress notes, or test results.

If the provider of the service is other than the ordering/referring physician, that provider must maintain hard copy documentation of test results and interpretation, along with copies of the ordering/referring physician's order for the studies. The physician must state the clinical indication/medical necessity for the study in his order for the test.

Documentation should contain a history and physical which supports the diagnosis for which this service is being rendered.

**Appendices** Not applicable

**Utilization Guidelines** Palmetto GBA expects these services to be performed as indicated by current medical literature and/or standards of practice. When services are performed in excess of established parameters, they may be subject to review for medical necessity.

Palmetto GBA expects services for the measurement of corneal thickness following the diagnosis of increased intraocular pressure will be performed once in a lifetime, unless there has been interval corneal trauma, surgery or other corneal indications such as keratoconus, bullous keratopathy or other corneal dystrophies.

### **Sources of Information and Basis for Decision**

Albert DM, Jakobiac FA. *Principles and Practice of Ophthalmology* (2nd ed.) WB Saunders. 2000. (This reference was used to gain textbook knowledge of the cornea.)

Bohnke M, Mojon DS, Sobottka AC. Central corneal thickness measurements in patients with normal tension glaucoma, primary open angle glaucoma, pseudoexfoliation glaucoma, or ocular hypertension. *Br. J. Ophthalmology*. 2001;85:792-795.

Brandt J. Corneal thickness in glaucoma screening, diagnosis and management. *Current Opinion in Ophthalmology*. 2004;15:85-89.

Chen P, Kim J. Central corneal pachymetry and visual field progression in patients with open-angle glaucoma. *Ophthalmology*. 2004;111:2126-2132.

Gorden M et al. The Ocular Hypertension Treatment Study; Baseline Factors that Predict the Onset of Primary Open-Angle Glaucoma. *Arch Ophthalmol* 2002; 120:714-20.

Herndon L, Stinnet S, Weizer J. Central Corneal Thickness as a Risk Factor for Advanced Glaucoma Damage. *Archives of Ophthalmology*. 2004;122,:17-21.

Ho T, Cheng ACK, Rao SK, Lau S, Leung CKS, Lam DSC. Central corneal thickness measurements using Orbscan II, Visante, ultrasound, and Pentacam pachymetry after laser in situ keratomileusis for myopia. *Ophthalmology Review*. July 2007;33(7):1177-1182.

Kass MA, Heuer DK, Higginbotham EJ, et al. The Ocular Hypertension Treatment Study: A Randomized Trial Determines that Topical Ocular Hypotensive Medication Delays or Prevents the Onset of Primary Open-angle Glaucoma. *Archives of Ophthalmology*. 2002;120:701-711. (This reference provided data which supported that ocular hypertension may be the result of abnormal corneal thickness.)

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Leung DYL, Lam KT, Yeung BYM, Lam DSC. Comparison between corneal thickness measurements by ultrasound pachymetry and optical coherence tomography. *Clinical & Experimental Ophthalmology*. 2006;34(8):751-754.

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Medeiros FA, Sample PA, Zangwill LM, Bowd C, Aihara M, Weinreb RN. Corneal thickness as a risk factor for visual field loss in patients with preperimetric glaucomatous optic neuropathy. *American Journal of Ophthalmology*. 2003;136:805-813.

National Guideline Clearinghouse: Primary Open-angle Glaucoma Suspect. *American Academy of Ophthalmology Glaucoma Panel 2002*

Nemuesure B, Wu S, Hennis A, Leske CM. Corneal thickness and intraocular pressure in the Barbadoes eye studies. *Archives of Ophthalmology*. 2003;121:240-244. (This reference provided information regarding subjects determined to have increased corneal thickness and its relationship to increased ocular pressure.)

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Shih C, Trokel S, Tsai J, Zivin J. Clinical significance of central corneal thickness in the management of glaucoma: *Archives of Ophthalmology*. 2004;122:1270-1275.

Venturea a et al. Central Corneal Thickness Measurements in Patients with Normal Tension Glaucoma, Primary Open Angle Glaucoma, Pseudoexfoliation Glaucoma, or Ocular Hypertension. *Br J Ophthalmol* 2001; 85(7):792-5.

Wang J, Fonn D, Simpson TL, Jones L. Relation between optical coherence tomography and optical pachymetry measurements of corneal swelling induced by hypoxia. *Am J Ophthalmology*. 2002;134(1):93-98.

**Advisory Committee Meeting Notes** This policy does not reflect the sole opinion of the contractor or Contractor Medical Director. Although the final decision rests with the contractor, this policy was developed in cooperation with advisory groups, including include representatives from the provider community.

Contractor Advisory Committee meeting dates:

South Carolina -  
North Carolina -  
Virginia -  
West Virginia -

**Start Date of Comment Period**

**End Date of Comment Period**

**Start Date of Notice Period**

**Revision History Number** DRAFT

**Revision History Explanation** DRAFT

11/28/2011

To provide consistent coverage in J11, Part A and Part B policies have been combined.

**Reason for Change**

**Related Documents**

This LCD has no Related Documents.

**LCD Attachments**

There are no attachments for this LCD.

**Draft Contact**

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## All Versions

Updated on 10/19/2011 with effective dates 03/05/2012 - N/A

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