Policy Name	Clinical Policy - Corneal Pachymetry
Policy Number	1307.00
Department	Clinical Product & Development
Subcategory	Medical Management
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Current Effective Date	06/01/2024

Company Entities Supported (Select All that Apply):
_X_ Superior Vision Benefit Management
_X_ Superior Vision Services
_X_ Superior Vision of New Jersey, Inc.
_X_ Block Vision of Texas, Inc. d/b/a Superior Vision of Texas
_X_ Davis Vision
(Collectively referred to as 'Versant Health' or 'the Company')

Acronyms and Definitions	
CCT	Central corneal thickness; pachymetry is also referred to as a CCT procedure
IOL	Intraocular lens
LASIK	laser-assisted in situ keratomileusis
Pachymeter/ pachymetry	A pachymeter is a medical device used to measure the thickness of the eye's cornea; corneal pachymetry is the process of measuring the thickness of the cornea
PRK	Photorefractive keratectomy – procedure to correct myopia, hyperopia, and astigmatism by using an excimer laser to reshape the cornea
Refractive surgery	Surgery is used to improve the refractive state of the eye and decrease or eliminate dependency on glasses or contact lenses. The surgery has both medical and cosmetic indications.

PURPOSE

To provide the medical necessity criteria to support the indication(s) for corneal pachymetry. Applicable procedure codes are also defined.

POLICY

A. Background

Measurement of central corneal thickness (CCT) by pachymetry is a diagnostic test useful in the evaluation and management of patients with corneal opacities, corneal endothelial disease, corneal ectasia, corneal edema, and corneal dystrophies such as keratoconus. Pachymetry can also provide information needed to plan refractive surgery treatment. Additionally, measurement of CCT aids the interpretation of intraocular pressure readings because tonometry makes assumptions about average corneal thickness for the calibration of the tonometer, and pachymetry helps to stratify patient risk for ocular damage.

B. Medically Necessary

1. Pachymetry may be medically necessary for diagnostic testing, and evaluation based upon the pertinent signs, symptoms, or medical history of a condition for which the examining physician needs further information.

2. Pachymetry may be medically necessary when the information garnered from an eye exam is insufficient to assess the patient's disease.

3. Pachymetry may be medically necessary for the following:

    a. Assessment of corneal thickness after ocular trauma,
    b. Assisting in selection of the appropriate cataract surgical technique for patients with prior intraocular surgery or established corneal disease,
    c. Diagnosis and treatment of disorders of corneal thickness,
    d. Diagnosis and treatment of disorders of endothelial cell function,
    e. Diagnosis and treatment of dystrophies of the cornea,
    f. Evaluation and monitoring of corneal transplant rejection.
    g. Baseline documentation of a new patient with a glaucoma diagnosis or a patient with signs and symptoms of glaucoma. For glaucoma, pachymetry is considered medically necessary once per lifetime. See C. Limitations

C. Limitations

Pachymetry for patients who have been previously diagnosed with glaucoma or, are newly diagnosed with glaucoma, is limited to once per lifetime per provider group.

D. Documentation

Medical necessity must be supported by adequate and complete documentation in the patient's medical record that describes the procedure and the medical rationale for it as in the requirements above. For any retrospective review, a full operative report and/or the clinical care plan is needed.

All items must be available upon request to initiate or sustain previous payments. Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, date(s) of service). Services provided/ordered must be authenticated

by the physician, in a handwritten or electronic signature. Stamped signatures are not acceptable.

All diagnostic ultrasound procedures include a final, written report. The written report includes:

1. Physician's order for pachymetry with medical rationale
2. Date of the procedure
3. Reliability of the CCT
4. Patient cooperation
5. CCT measurement(s)
6. Comparison (when applicable) of current results from prior measurements
7. Assessment, diagnosis
8. Impact on treatment, prognosis

E. Procedural Detail

CPT CODES	
76514	Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)
MODIFIERS	
26	Professional component
TC	Technical Component
Invalid Modifiers	
RT, LT and 50	Procedure is inherently bilateral
58, 78 and 79	Pachymetry/CCT is not a surgical service

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RELATED POLICIES AND PROCEDURES	
1330	Refractive Surgery

Document History		
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10/06/2021	Annual review; no criteria changes	04/01/2022
04/01/2022	Annual review; no criteria changes	07/01/2022
04/12/2023	Annual review; no criteria changes	06/01/2023
04/03/2024	Annual review; no criteria changes	06/01/2024

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