

Policy Name	Clinical Policy – Corneal Topography and Tomography
Policy Number	1314.00
Department	Clinical Strategy
Subcategory	Medical Management
Original Approval Date	02/06/2018
Current MPC/CCO Approval Date	01/07/2026
Current Effective Date	05/01/2026

Company Entities Supported (Select All that Apply)

☒ Superior Vision Benefit Management
☒ Superior Vision Services
☒ Superior Vision of New Jersey, Inc.
☒ Block Vision of Texas, Inc. d/b/a Superior Vision of Texas
☒ Davis Vision
 (Collectively referred to as 'Versant Health' or 'the Company')

ACRONYMS

CT	Corneal topography or corneal tomography
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PURPOSE

To provide the medical necessity criteria to support the indication(s) for corneal topography/tomography and to render medical necessity determinations. Applicable procedure codes are also defined.

POLICY
A. BACKGROUND

Both corneal topography and corneal tomography are used to assess the shape and structure of the cornea. Corneal topography, also known as photokeratoscopy or video keratography, is a non-invasive imaging technique for mapping the surface curvature of the cornea particularly when astigmatism is present. Corneal tomography offers a more comprehensive evaluation of the corneal shape using advanced imaging technologies such as scanning slit technology, Scheimpflug-based imaging, and optical coherence tomography. It provides a three dimensional map of the entire cornea, including both the anterior and posterior surfaces.

B. Medically Necessary

1. Corneal topography or tomography is medically necessary when the information garnered from an eye exam is insufficient to assess the patient's condition, as in the following conditions:
 - a. Bullous keratopathy,
 - b. Clinically significant irregular corneal astigmatism,
 - c. Complications of transplanted cornea,
 - d. Corneal dystrophies,
 - e. Keratoconus or pellucid marginal degeneration,
 - f. Monocular diplopia,
 - g. Post surgical or post traumatic astigmatism,
 - h. Pterygium and/or corneal ectasia causing visual impairment,
 - i. Salzmann nodular degeneration.
2. A repeat corneal topography or tomography for the stated conditions above, may not be medically necessary except under the following circumstances:
 - a. A change in vision is reported due to one of the listed conditions; or,
 - b. Pediatric keratoconus; or,
 - c. When history and subjective vision changes are unreliable;
 - d. When early crosslinking would provide a benefit; and,
 - e. To document topographic change after treatment of the conditions listed in section B1.
3. Corneal topography or tomography is appropriate as an adjunct to the fitting of medically necessary contact lenses. (For criteria see 1309 Medically Necessary Contact lenses.)

C. Not Medically Necessary

Corneal topography or tomography may not be medically necessary when:

1. It is performed as baseline documentation of a healthy eye such as during an evaluation for refractive surgery or as preventive medicine to screen for potential disease; or,
2. It is used on an eye without signs, symptoms, serious ophthalmic disease, ocular abnormalities, or contributory medical history; or,
3. It is used prior to cataract surgery when there is no indication of corneal disease; or,
4. It is used to confirm a diagnosis that has already been determined; or,
5. It is used to determine the need for cosmetic refractive corneal surgery; or,
6. It is used to refine the selection of an astigmatism correcting or presbyopia correcting intraocular lens related to cosmetic refractive surgery; or,
7. It is without a documented medical rationale in the medical record.

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. All medical record items must be available upon request to initiate or sustain previous payments. For any retrospective review, a full operative report and medical plan of care are needed.

Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, date(s) of service). Services provided or ordered must be authenticated by the physician, in a handwritten or electronic signature. Stamped signatures are not acceptable.

Corneal topography or tomography requires an interpretation and report which includes:

1. Physician's order for CT with medical rationale
2. Date performed
3. Reliability of the CT (Do not bill a CT of dubious value.)
4. Patient cooperation
5. CT findings
6. Comparison of results from previous tests
7. Assessment, diagnosis
8. Impact on treatment, prognosis

E. Procedural Detail

CPT Code	
92025	Computerized corneal topography, unilateral or bilateral, with interpretation and report. (CPT code includes computerized tomography.)
Invalid Modifiers	
Anatomical Modifiers	RT, LT, 50

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RELATED POLICIES AND PROCEDURES	
1304	Optical Coherence Tomography

DOCUMENT HISTORY		
<i>Approval Date</i>	<i>Revisions</i>	<i>Effective Date</i>
02/06/2018	Initial Policy	02/06/2018
03/13/2019	Annual review; no criteria changes.	03/13/2019
02/19/2020	Annual review; no criteria changes.	04/01/2020
01/06/2021	Annual review; no criteria changes.	04/01/2021
01/05/2022	Annual review; no criteria changes.	04/01/2022
01/04/2023	Annual review; no criteria changes.	04/01/2023
09/20/2023	Administrative review for CMS 2024 final rule Medicare Part C equity: no changes.	n/a
01/03/2024	Clarify indication for medically necessary contact lens fitting.	04/01/2024
01/08/2025	Add indications where CT is allowed without vision changes: pediatric cases, when subjective vision change is unreliable and early crosslinking would be beneficial.	05/01/2025
01/07/2026	Add the allowable indication of Salzmann nodular degeneration; add allowable repeat of procedure to document topographic change after treatment for specific conditions.	05/01/2026

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