

<b>Policy Name</b>	Clinical Policy - Corneal Pachymetry
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<b>Department</b>	Clinical Product & Development
<b>Subcategory</b>	Medical Management
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<b>Company Entities Supported (Select All that Apply):</b> <input checked="" type="checkbox"/> Superior Vision Benefit Management <input checked="" type="checkbox"/> Superior Vision Services <input checked="" type="checkbox"/> Superior Vision of New Jersey, Inc. <input checked="" type="checkbox"/> Block Vision of Texas, Inc. d/b/a Superior Vision of Texas <input checked="" type="checkbox"/> Davis Vision (Collectively referred to as 'Versant Health' or 'the Company')
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<b>Acronyms and Definitions</b>	
<b>CCT</b>	Central corneal thickness; pachymetry is also referred to as a CCT procedure
<b>IOL</b>	Intraocular lens
<b>LASIK</b>	laser-assisted in situ keratomileusis
<b>Pachymeter/ pachymetry</b>	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
<b>PRK</b>	Photorefractive keratectomy – procedure to correct myopia, hyperopia, and astigmatism by using an excimer laser to reshape the cornea
<b>Refractive surgery</b>	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.

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

<b>POLICY</b>
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## **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**

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

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<b>RELATED POLICIES AND PROCEDURES</b>	
1330	Refractive Surgery

<b>Document History</b>		
<b><i>Approval Dates</i></b>	<b><i>Revisions</i></b>	<b><i>Effective Dates</i></b>
01/25/2018	Initial Policy	01/25/2018
09/13/2018	Removed CPT code 92499	09/13/2018
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02/19/2020	Annual review; no criteria changes	04/01/2020
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04/12/2023	Annual review; no criteria changes	06/01/2023
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