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Comments and Responses Regarding Draft Local Coverage Determination: Computerized Corneal Topography

As an important part of Medicare Local Coverage Determination (LCD) development, National Government Services solicits comments from the provider community and from members of the public who may be affected by or interested in our LCDs. The purpose of the advice and comment process is to gain the expertise and experience of those commenting.

We would like to thank those who suggested changes to the draft **Computerized Corneal Topography** LCD. The official notice period for the final LCD begins on April 15, 2009, and the final determination will become effective on July 1, 2009.

Comment: An Optometry Carrier Advisory Committee (CAC) member asked that “field” be changed to “axis” in the second paragraph of the Abstract.

Response: The wording will be changed so that “scar tissue from the visual field” will read “scar tissue from the visual axis.”

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Comment: An Ophthalmology CAC member was concerned about the bullet, “post-surgical or post-traumatic astigmatism, measuring at a minimum of 3.5 diopters,” under “Indications.” She noted it was an average measurement and should not apply to irregular astigmatism.

Response: As noted, irregular astigmatism has no amplitude or axis. It may be suspected based on an irregular appearance on retinoscopy and keratometry. Therefore, “suspected irregular astigmatism based on retinoscopic streak or conventional keratometry,” will be added as an indication.

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Comment: It was noted that the computerized corneal topography should only be allowed for monocular diplopia.

Response: The ICD-9-CM code 368.2 (Diplopia) is listed on the LCD and cannot be changed due to its description in the Medicare Coverage Database (MCD). However, the “Indications” section of the



policy lists “monocular diplopia.” In addition, the “Limitations” portion of the policy includes, “Corneal topography is to be billed only when the diagnosis of monocular diplopia is thought to be caused by a corneal irregularity.”

Comment: There was concern about the limitation precluding reporting of corneal topography during the 90-day post-operative period after corneal procedures such as transplantation.

Response: The limitation was noted in the *AMA’s CPT Changes 2007 – An Insider’s View*. The commenter later learned that the American Academy of Ophthalmology had concurred with the limitation.