Pachymetry

Title: Pachymetry

Professional
Original Effective Date: March 11, 2004
Revision Date(s): November 3, 2005; July 30, 2013; December 11, 2013
Current Effective Date: July 30, 2013

Institutional
Original Effective Date: March 11, 2004
Revision Date(s): July 30, 2013; December 11, 2013
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State and Federal mandates and health plan member contract language, including specific provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage. To verify a member's benefits, contact Blue Cross and Blue Shield of Kansas Customer Service.

The BCBSKS Medical Policies contained herein are for informational purposes and apply only to members who have health insurance through BCBSKS or who are covered by a self-insured group plan administered by BCBSKS. Medical Policy for FEP members is subject to FEP medical policy which may differ from BCBSKS Medical Policy.

The medical policies do not constitute medical advice or medical care. Treating health care providers are independent contractors and are neither employees nor agents of Blue Cross and Blue Shield of Kansas and are solely responsible for diagnosis, treatment and medical advice.

If your patient is covered under a different Blue Cross and Blue Shield plan, please refer to the Medical Policies of that plan.

DESCRIPTION
Ophthalmic ultrasound is done to determine corneal thickness on one or both eyes by using corneal pachymetry, which is non-invasive and painless. Measuring the cornea is done by administering a topical anesthetic into the eye and placing a plastic ultrasonic probe onto the central cornea. Pachymetry uses ultrasound to determine the thickness of the cornea in any given location.

Corneal thickness directly affects assumptions made in the Goldman tonometry formula used in the measurement of intraocular pressure. Corneal thickness provides indirect measurement of physiologic function of the cornea.
POLICY

A. Pachymetry testing is considered **medically necessary, once in a lifetime**, for the following indications:
   1. Recession of chamber angle of eye
   2. Pigmentary iris degeneration
   3. Preglaucoma
   4. Open angle glaucoma with borderline findings, low risk
   5. Anatomical narrow angle
   6. Steroid responders (borderline glaucoma)
   7. Ocular hypertension
   8. Open-angle with borderline findings, high risk
   9. Open-angle glaucoma
   10. Primary open angle glaucoma
   11. Pigmentary glaucoma
   12. Childhood glaucoma
   13. Primary angle-closure glaucoma
   14. Chronic angle-closure glaucoma
   15. Pseudoexfoliation of lens capsule
   16. Hypermetropia (with Vision Correction Surgery Coverage)
   17. Myopia (with Vision Correction Surgery Coverage)
   18. Astigmatism (with Vision Correction Surgery Coverage)

B. Pachymetry testing is considered **medically necessary, once per year**, for the following indications:
   1. Corneal edema
   2. Idiopathic corneal edema
   3. Secondary corneal edema
   4. Bullous keratopathy
   5. Endothelial corneal dystrophy
   6. Posterior corneal dystrophy
   7. Corneal graft

C. Pachymetry testing is considered **not medically necessary** for the following indications:
   1. Routine screening services
   2. Glaucoma screening services
   3. Routine vision screening

(See Covered Diagnosis section for a listing of codes)
CODING

The following codes for treatment and procedures applicable to this policy are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

CPT/HCPCS

76514 Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral
   (Determination of corneal thickness)

DIAGNOSES

Pachymetry once per lifetime for the following codes:
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
365.03 Steroid responders
365.04 Ocular hypertension
365.05 Open-angle with borderline findings, high risk
365.10 Open-angled glaucoma, unspecified
365.11 Primary open angle glaucoma
365.12 Low tension glaucoma
365.13 Pigmentary glaucoma
365.14 Glaucoma of childhood
365.20 Primary angle-closure glaucoma, unspecified
365.23 Chronic angle-closure glaucoma
365.11 Pseudoexfoliation of lens capsule

Pachymetry once per lifetime for the following codes for patients with Vision Correction Surgery Coverage:
367.0 Hypermetropia
367.1 Myopia
367.20 Astigmatism, unspecified

Pachymetry may be performed once per year in the following codes:
371.20 Corneal edema, unspecified
371.21 Idiopathic corneal edema
371.22 Secondary corneal edema
371.23 Bullous keratopathy
371.57 Endothelial corneal dystrophy
371.58 Other posterior corneal dystrophies
996.51 Due to corneal graft
ICD-10 Diagnosis *(Effective October 1, 2014)*

H21.231 Degeneration of iris (pigmentary), right eye
H21.232 Degeneration of iris (pigmentary), left eye
H21.233 Degeneration of iris (pigmentary), bilateral
H21.551 Recession of chamber angle, right eye
H21.552 Recession of chamber angle, left eye
H21.553 Recession of chamber angle, bilateral
H40.001 Preglaucoma, unspecified, right eye
H40.002 Preglaucoma, unspecified, left eye
H40.003 Preglaucoma, unspecified, bilateral
H40.011 Open angle with borderline findings, low risk, right eye
H40.012 Open angle with borderline findings, low risk, left eye
H40.013 Open angle with borderline findings, low risk, bilateral
H40.031 Anatomical narrow angle, right eye
H40.032 Anatomical narrow angle, left eye
H40.033 Anatomical narrow angle, bilateral
H40.041 Steroid responder, right eye
H40.042 Steroid responder, left eye
H40.043 Steroid responder, bilateral
H40.051 Ocular hypertension, right eye
H40.052 Ocular hypertension, left eye
H40.053 Ocular hypertension, bilateral
H40.10x1 Unspecified open-angle glaucoma, mild stage
H40.10x1 Unspecified open-angle glaucoma, mild stage
H40.10x2 Unspecified open-angle glaucoma, moderate stage
H40.10x2 Unspecified open-angle glaucoma, moderate stage
H40.10x3 Unspecified open-angle glaucoma, severe stage
H40.10x3 Unspecified open-angle glaucoma, severe stage
H40.10x4 Unspecified open-angle glaucoma, indeterminate stage
H40.10x4 Unspecified open-angle glaucoma, indeterminate stage
H40.11x1 Primary open-angle glaucoma, mild stage
H40.11x1 Primary open-angle glaucoma, mild stage
H40.11x2 Primary open-angle glaucoma, moderate stage
H40.11x2 Primary open-angle glaucoma, moderate stage
H40.11x3 Primary open-angle glaucoma, severe stage
H40.11x3 Primary open-angle glaucoma, severe stage
H40.11x4 Primary open-angle glaucoma, indeterminate stage
H40.11x4 Primary open-angle glaucoma, indeterminate stage
H40.1210 Low-tension glaucoma, right eye, stage unspecified
H40.1211 Low-tension glaucoma, right eye, mild stage
H40.1212 Low-tension glaucoma, right eye, moderate stage
H40.1213 Low-tension glaucoma, right eye, severe stage
H40.1214 Low-tension glaucoma, right eye, indeterminate stage
H40.1221 Low-tension glaucoma, left eye, mild stage
H40.1222 Low-tension glaucoma, left eye, moderate stage
H40.1223 Low-tension glaucoma, left eye, severe stage
H40.1224 Low-tension glaucoma, left eye, indeterminate stage
H40.1231 Low-tension glaucoma, bilateral, mild stage
H40.1232 Low-tension glaucoma, bilateral, moderate stage
H40.1233  Low-tension glaucoma, bilateral, severe stage
H40.1234  Low-tension glaucoma, bilateral, indeterminate stage
H40.1311  Pigmentary glaucoma, right eye, mild stage
H40.1312  Pigmentary glaucoma, right eye, moderate stage
H40.1314  Pigmentary glaucoma, right eye, indeterminate stage
H40.1321  Pigmentary glaucoma, left eye, mild stage
H40.1322  Pigmentary glaucoma, left eye, moderate stage
H40.1323  Pigmentary glaucoma, left eye, severe stage
H40.1324  Pigmentary glaucoma, left eye, indeterminate stage
H40.1331  Pigmentary glaucoma, bilateral, mild stage
H40.1332  Pigmentary glaucoma, bilateral, moderate stage
H40.1333  Pigmentary glaucoma, bilateral, severe stage
H40.1334  Pigmentary glaucoma, bilateral, indeterminate stage
H40.20x1  Unspecified primary angle-closure glaucoma, mild stage
H40.20x2  Unspecified primary angle-closure glaucoma, moderate stage
H40.20x3  Unspecified primary angle-closure glaucoma, severe stage
H40.20x4  Unspecified primary angle-closure glaucoma, indeterminate stage
H40.2211  Chronic angle-closure glaucoma, right eye, mild stage
H40.2212  Chronic angle-closure glaucoma, right eye, moderate stage
H40.2213  Chronic angle-closure glaucoma, right eye, severe stage
H40.2214  Chronic angle-closure glaucoma, right eye, indeterminate stage
H40.2220  Chronic angle-closure glaucoma, left eye, mild stage
H40.2221  Chronic angle-closure glaucoma, left eye, moderate stage
H40.2222  Chronic angle-closure glaucoma, left eye, severe stage
H40.2223  Chronic angle-closure glaucoma, left eye, indeterminate stage
H40.2230  Chronic angle-closure glaucoma, bilateral, mild stage
H40.2231  Chronic angle-closure glaucoma, bilateral, moderate stage
H40.2232  Chronic angle-closure glaucoma, bilateral, severe stage
H40.2233  Chronic angle-closure glaucoma, bilateral, indeterminate stage
H40.2291  Chronic angle-closure glaucoma, unspecified eye, mild stage
H40.2292  Chronic angle-closure glaucoma, unspecified eye, moderate stage
H40.2293  Chronic angle-closure glaucoma, unspecified eye, severe stage
H40.2294  Chronic angle-closure glaucoma, unspecified eye, indeterminate stage
H25.89   Other age-related cataract

**Pachymetry once per lifetime** for the following codes for patients with Vision Correction Surgery Coverage:

H52.01  Hypermetropia, right eye
H52.02  Hypermetropia, left eye
H52.03  Hypermetropia, bilateral
H52.03  Hypermetropia, bilateral
H52.11  Myopia, right eye
Pachymetry may be performed once per year in the following codes:

H52.201 Unspecified astigmatism, right eye
H52.202 Unspecified astigmatism, left eye
H52.203 Unspecified astigmatism, bilateral
H18.20 Unspecified corneal edema
H18.20 Unspecified corneal edema
H18.221 Idiopathic corneal edema, right eye
H18.222 Idiopathic corneal edema, left eye
H18.223 Idiopathic corneal edema, bilateral
H18.231 Secondary corneal edema, right eye
H18.232 Secondary corneal edema, left eye
H18.233 Secondary corneal edema, bilateral
H18.11 Bullous keratopathy, right eye
H18.12 Bullous keratopathy, left eye
H18.13 Bullous keratopathy, bilateral
H18.13 Bullous keratopathy, bilateral
H18.51 Endothelial corneal dystrophy
H18.51 Endothelial corneal dystrophy
H18.59 Other hereditary corneal dystrophies
T85.318A Breakdown (mechanical) of other ocular prosthetic devices, implants and grafts, initial encounter
T85.328A Displacement of other ocular prosthetic devices, implants and grafts, initial encounter
T85.398A Other mechanical complication of other ocular prosthetic devices, implants and grafts, initial encounter

REVISIONS

| 07-30-2013 | In Policy section:
| | • Revised the following medical policy language:
| | • "Pachymetry testing will be allowed:
| | • Once per lifetime,
| | • Once per lifetime with Vision Correction Surgery Coverage or
| | • Once per year."
| | In Coding section:
| | • Added ICD-9 diagnosis code 365.05
| | Updated Reference section.

| 12-11-2013 | In Coding section:
| | • Added ICD-10 Diagnosis codes (Effective October 1, 2014)
REFERENCES

1. Chen PP Correlation of visual field progression between eyes in patients with open-angle glaucoma Ophthalmology 2002; 19:2093-2099
11. Palmberg P Answers from The Ocular Hypertension Treatment Study Arch Ophthalmol 2002 June; 120(6):829-830
12. Ravalico G, Tognetto D et al Corneal endothelial function after extracapular cataract extraction and phacoemulsification J Cataract Refract Surg 1997 Sep; 23(7):967-8

Contains Public Information
Other References

1. Blue Cross and Blue Shield of Kansas Ophthalmology Liaison Committee, May 4, 2005 (see Blue Cross and Blue Shield of Kansas Newsletter, Blue Shield Report. MAC–03-05).
2. Blue Cross and Blue Shield of Kansas Optometric Liaison Committee, May 26, 2005 (see Blue Cross and Blue Shield of Kansas Newsletter, Blue Shield Report. MAC–03-05).
3. Blue Cross and Blue Shield of Kansas Medical Advisory Committee meeting, November 3, 2005 (see Blue Cross and Blue Shield of Kansas Newsletter, Blue Shield Report. MAC–03-05).
5. Blue Cross and Blue Shield of Kansas Optometry Liaison Committee, May 2013.