This content has neither been reviewed nor approved by MCG Health.

SHP Corneal Hysteresis Measurement

Link to Codes

- Coverage
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Coverage

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See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.

Application to Products

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Policy is applicable to all products.

Authorization Requirements

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Pre-certification by the Plan is required.

Description of Item or Service Return to top of SHP Corneal Hysteresis Measurement - AC

Corneal hysteresis measurement is the testing of the cornea to assess glaucoma risk.

Exceptions and Limitations

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There is insufficient scientific evidence to support the medical necessity of this service as it is not shown to improve health outcomes upon technology review.

Clinical Indications for Procedure

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• NA

Document History

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- · Revised Dates:
 - 2020: January
 - 2016: February
 - 2015: March
 - 2014: February
 2012: March, April, May
 - 2012: March, April, M
 2010: February
 - 2009: February
 - 2008: May
 - 2005: October
 - 1998: February, October
 1994: February

Reviewed Dates:

- 2023: February
- 2022: February
- 2021: February
- 2020: February
- 2018: November
- 2017: December
- 2015: February
 2013: February
- 2010: February
 2012: February
- 2012: February
 2011: February
- 2007: December
- 2004: October
- 2003: October, November
- · 2002: October
- 2001: November
- · 2000: November
- 1999: November
- · 1996: February
- Effective Date: June 1992

Coding Information Return to top of SHP Corneal Hysteresis Measurement - AC MCG Health Ambulatory Care 26th Edition CPT/HCPCS codes covered if policy criteria is met:

None

- CPT/HCPCS codes considered not medically necessary per this Policy:
 - CPT 0198T Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report
 - · CPT 92145 Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report

References

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References used include but are not limited to the following:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; Uptodate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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Corneal Hysteresis: New Risk Factor for Glaucoma. (2018, Mar). Retrieved Dec 11, 2022, from American Academy of Ophthalmology (AAO): https://www.aao.org/evenet/article/new-risk-factor-for-glaucoma

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LCD Corneal Hysteresis (L38026) Revision 4 (L38026R004). (2022). Retrieved Dec 12, 2022, from MCG 26th Edition: https://careweb.careguidelines.com/ed26/index.html

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Ocular Response Analyzer - Code of Federal Regulations Title 21 886.1930 Tonometer and accessories. (2022, Jul 20). Retrieved Dec 12, 2022, from FDA: https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfCFR/CFRSearch.cfm?fr=886.1930&SearchTerm=886%2E1930

Codes

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