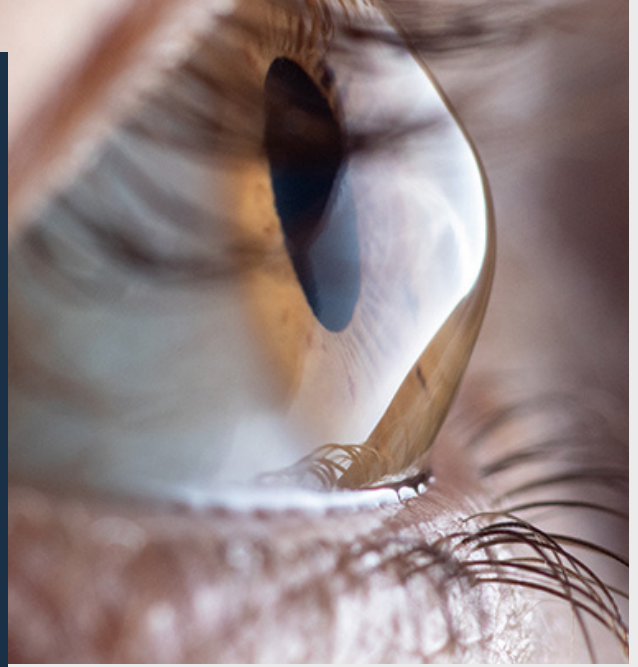


DETECTING KERATOCONUS

Consider Corneal Topography (CPT 92025) for KC or Corneal Ectasia if any one of the following:



When you see patient with the following signs and symptoms, consider keratoconus as a possible diagnosis.

- Family history of keratoconus
- Chronic eye rubbing and/or atopic eye diseases
- Systemic associations
i.e. Down syndrome or Connective tissue disorders
- Reduced visual quality or loss of vision
- Ghosting, and/or monocular diplopia
- Frequent changes in glasses prescriptions or contact lens refits

Refraction or Auto Refraction

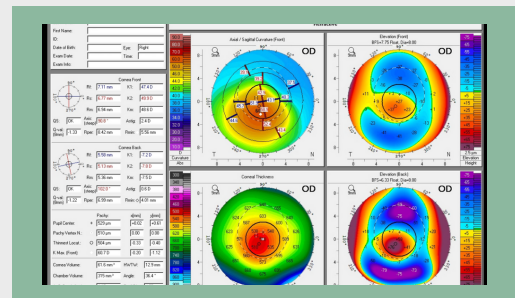
- High astigmatism > 2.00 D or increase in Cylinder > 1.00 D
- VA worse than 20/20 or frequent RX changes
- Visual quality complaints
- Error messages on auto-refractor

Keratometry or Auto-Keratometry

- Increase in K values from prior visits
- Steepest K > 47.00 D (less than 7.2 mm)
- Difference of > 2.00 D between K1 (flat K) and K2 (steep K)
- Error messages on auto-keratometry
- Distorted mires on manual keratometry

Topography/Tomography:

- Increase posterior elevation
- Asymmetry, especially inferior to superior
- Inferior steepening or high (>47.00 D) K values
- Skewed axis (non-orthogonal axis)
- Inferior thinning
- OU K max difference greater than 2.00 D



Common ICD-10 Topography Diagnosis Codes

- Keratoconus, unspecified (H18.60X)
- Keratoconus, stable (H18.61X)
- Keratoconus, unstable (H18.62X)
- Corneal Ectasia (H18.711)
- Irregular Astigmatism (H53.21X)
- Diplopia (H53.2) coverage varies
- Unspecified corneal scar and opacity (H17.9) coverage varies

No topographer available? No problem.
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816.746.9800



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