

## MEDICARE REIMBURSEMENT FOR TESTS WITH THE CONFOSCAN 4

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**QUESTION:** What procedure(s) can we perform with the ConfoScan4?

**ANSWER:** There are several tests:

- Endothelial cell count (CPT 92286)
- External ocular photography (CPT 92285)
- Optical corneal pachymetry (CPT 92499)

The CPT codes used to report these services are identified in parentheses following the descriptions.

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**QUESTION:** What are the limitations on this policy?

**ANSWER:** When the *only* visual problem is cataracts, endothelial cell photography is considered to be part of the presurgical eye exam provided prior to the cataract surgery, and not separately billable. This procedure is not covered if performed as part of the preoperative evaluation for refractive keratoplasty to correct refractive errors, although it is billable to the patient in this case.

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**QUESTION:** What is Medicare's coverage policy for endothelial cell count?

**ANSWER:** Endothelial cell photography is a covered procedure under Medicare when reasonable and necessary for patients who meet one or more of the following criteria:

1. Have slit lamp evidence of endothelial dystrophy (e.g., corneal guttata)
2. Have slit lamp evidence of corneal edema (unilateral or bilateral)
3. Are about to undergo a secondary intraocular lens implantation
4. Have had previous intraocular surgery and require cataract surgery
5. Are about to undergo a surgical procedure associated with a higher risk to corneal endothelium, *i.e.*, phacoemulsification or refractive surgery (subject to some limitations for excluded refractive procedures)
6. Have evidence of posterior polymorphous dystrophy of the cornea or iridocorneal-endothelium syndrome
7. Are about to be fitted with extended wear contact lenses after intraocular surgery

Medicare National Coverage Determinations Manual, Chapter 1, §80.8.

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**QUESTION:** Does Medicare cover external photography?

**ANSWER:** Medicare covers diagnostic tests, such as external photography (CPT 92285), if the patient presents with a complaint that leads you to perform this service or as an adjunct to management and treatment of a known disease. If the images are taken as baseline documentation of a healthy eye or as preventative medicine to screen for potential disease, then it is not covered. Also, this test is not covered if performed for an indication that is not cited in the local coverage policy. Check with your Medicare administrative contractor (MAC) for specific coverage limitations.

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**QUESTION:** Does Medicare cover corneal pachymetry?

**ANSWER:** Yes, most Medicare administrative contractors (MACs) have published policies to cover this test. Corneal pachymetry is covered for two distinctly different reasons: (1) corneal disease, and (2) ocular hypertension and glaucoma.

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**QUESTION:** Is pachymetry performed with the ConfoScan4 filed with CPT code 76514?

**ANSWER:** No. 76514, by virtue of its designation as a radiological procedure, only describes pachymetry by ultrasound. When the ConfoScan4 is used for optical corneal pachymetry, it may be reported by CPT code 92499 (*unlisted ophthalmological service or procedure*).

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**QUESTION:** How often may I perform corneal pachymetry?

**ANSWER:** For glaucoma and ocular hypertension, Medicare usually only covers corneal pachymetry once per lifetime. However, repeat pachymetry associated with corneal pathology such as keratoconus, endothelial cell disease and keratoplasty is covered based on medical necessity.

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**QUESTION:** How much does Medicare allow for these tests?

**ANSWER:** CPT code 92499 does not have specific RVUs or payment rates assigned to it. In 2009, the national Medicare Physician Fee Schedule rates for 92285 and 92286 are as follows:

	<u>92285</u>	<u>92286</u>
Professional component (26)	\$10.46	\$33.54
Technical component (TC)	<u>\$27.77</u>	<u>\$75.38</u>
Total (global)	\$38.23	\$108.92

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**QUESTION:** What documentation is required in the medical record?

**ANSWER:** In addition to the test results or proof that digital images exist, the chart notes should contain these elements.

1. an order for the test with medical rationale
2. the date of the test
3. the reliability of the test
4. the test findings
5. a diagnosis (if possible)
6. the impact on treatment and prognosis
7. the signature of the physician

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**QUESTION:** If Medicare does not cover the procedure(s) may I charge the patient?

**ANSWER:** Yes. Explain to the patient why the test is necessary and that Medicare will likely deny the claim. Ask the patient to assume financial responsibility for the charge. Get the patient's signature on an Advance Beneficiary Notice of Noncoverage (ABN) and submit your claim with modifier GA. You may collect your fee from the patient at the time of service, or you may wait for a Medicare denial. If both the patient and Medicare pay, be sure to promptly refund the patient.

In addition, when tests are performed strictly for a refractive procedure, they are payable by the patient along with the surgery and associated services.

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