**REIMBURSEMENT FOR WAVEFRONT ABERROMETRY**

1  **QUESTION:** What is diagnostic testing using wavefront aberrometry?

**ANSWER:** Wavefront aberrometry is a refractive test that measures optical aberrations, with special attention to higher-order aberrations. Topcon Medical’s KR-1W Wavefront Analyzer is capable of this. A routine refraction measures lower-order aberrations, which are those that can be corrected with a standard eyeglass prescription containing sphere, cylinder, or prism.

Some patients return repeatedly with symptoms that strongly suggest some form of refractive error as the cause; wavefront aberrometry can help the ophthalmologist or optometrist evaluate and manage higher-order aberrations in these patients.

2  **QUESTION:** What are the indications for wavefront aberrometry?

**ANSWER:** Aberrometry is useful for diagnosing and managing unusual refractive conditions caused by spherical aberration, coma, trefoil, chromatic aberration, or field curvature; collectively higher-order optical aberrations.

3  **QUESTION:** What CPT code describes wavefront aberrometry?

**ANSWER:** CPT 92015 is defined as determination of the refractive power of the eye. Wavefront aberrometry is one way to do it. For many payers, modifier 22, “increased procedural service”, may be appended to the CPT code to signify that aberrometry is much more extensive than traditional refraction. A higher fee than standard refraction is warranted.

4  **QUESTION:** Is wavefront aberrometry bundled with any other procedure?

**ANSWER:** Medicare’s National Correct Coding Initiative (NCCI) does not bundle 92015 with any ophthalmic service. Other third party payers generally agree, but they are not obliged to do so.

5  **QUESTION:** How do we obtain payment for this test?

**ANSWER:** Medicare and most third party payers, other than vision plans, do not cover refractive services. Instead, educate patients regarding this option and their financial responsibility. Explain to the patient in advance why the test is medically necessary, and that Medicare will deny the claim. Although not required, it is prudent to memorialize the patient’s financial responsibility and agreement to pay for the test. A financial waiver can take several forms, depending on insurance.

- An Advance Beneficiary Notice of Noncoverage (ABN) is required for services where Part B Medicare coverage is ambiguous or doubtful, and may be useful where a service is never covered. You may collect your fee from the patient at the time of service or wait for a Medicare denial. If both the patient and Medicare pay, promptly refund the patient or show why Medicare paid in error.
- For Part C Medicare (Medicare Advantage), determination of benefits is required to identify beneficiary financial responsibility prior to performing noncovered services. MA Plans have their own waiver processes and are not permitted to use the Medicare ABN form.
- For commercial insurance beneficiaries, a Notice of Exclusion from Health Plan Benefits (NEHB) is an alternative to an ABN.

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