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. 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. 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: How do we obtain payment for this test?

ANSWER: Medicare and most third party payers, except 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.

5 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.

December 22, 2014

The reader is strongly encouraged to review federal and state laws, regulations, code sets (including ICD-9 and ICD-10), and official instructions promulgated by Medicare and other payers. This document is not an official source nor is it a complete guide on reimbursement. The reader is reminded that this information, including references and hyperlinks, changes over time, and may be incorrect at any time following publication.

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1 Medicare Benefit Policy Manual, Chapter 16 §90. Link here. (See page 26)