

## MEDICARE REIMBURSEMENT FOR TESTS WITH THE OCULUS PENTACAM

1

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

**ANSWER:** There are several tests:

- External ocular photography (CPT 92285)
- Corneal topography (CPT 92499)
- Optical corneal pachymetry (CPT 92499)

Several CPT and HCPCS codes exist to report these services and are identified in parentheses following the descriptions.

Other tests performed with the Oculus Pentacam are not separately billed. These include densitometry, which is treated as an incidental component of an eye exam or consultation, and anterior chamber analysis, which is considered to be an incidental component of A-scan biometry or optical coherence biometry (*i.e.*, IOLMaster™) and no separate charge should be made.

2

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

**ANSWER:** Medicare covers diagnostic tests, such as external photography, 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 medical review policy. Check with your carrier for specific coverage limitations.

3

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

**ANSWER:** Yes. Although no national coverage policy exists, several Medicare carriers have published policies with broad coverage indications including corneal diseases, injuries, and complications of surgery. Corneal topography is generally reimbursed in conjunction with keratoplasty and related corneal surgery (*i.e.*, CPT 65730-65755, 65772, 65775).

4

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

**ANSWER:** Yes, most Medicare carriers 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.

5

**QUESTION:** How has coding evolved for corneal pachymetry?

**ANSWER:** As of January 1, 2002, CPT initiated Category III codes to track emerging technology, services, and procedures. 0025T was defined as *Determination of corneal thickness (e.g., pachymetry) with interpretation and report, bilateral*. In 2004 CPT, a Category I code replaced 0025T; 76514 is defined as *Ophthalmic ultrasound, echography, diagnostic; corneal pachymetry, unilateral or bilateral, determination of corneal thickness*.

Both optical and ultrasonic pachymeters are available. 76514, by virtue of its designation as a radiological procedure, only describes pachymetry by ultrasound. When the Oculus Pentacam is used for optical corneal pachymetry, it may be reported by CPT code 92499 (*unlisted ophthalmological service or procedure*).

February 1, 2005

The reader is strongly encouraged to review official instructions promulgated by Medicare and other payers; this document is *not an official source* nor is it a complete guide on all matters pertaining to reimbursement. The reader is also reminded that this information can and does change over time, and may be incorrect at any time following publication.

© 2005 Corcoran Consulting Group. All rights reserved. No part of this publication may be reproduced or distributed in any form or by any means, or stored in a retrieval system, without the written permission of the publisher.

Corcoran Consulting Group (800) 399-6565 [www.corcoranccg.com](http://www.corcoranccg.com)

S:\Monographs - FAQ\FAQ\_Oculus\_020105.doc

Provided Courtesy of  
Oculus, Inc. (888) 284-8004

## MEDICARE REIMBURSEMENT FOR TESTS WITH THE OCULUS PENTACAM

6

**QUESTION:** What are the reimbursement rates for 92285, and 92499?

**ANSWER:** CPT code 92499 does not have specific RVUs or payment rates assigned to it. In 2005, the national Medicare allowable for 92285 is as follows:

Professional component (26)	\$11.37
Technical component (TC)	<u>34.49</u>
Total (global)	\$45.86

7

**QUESTION:** If Medicare does not cover the procedure(s) can 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 (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.

8

**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. Patient's name and date of the test
2. Indications for the test
3. An order for the test
4. An interpretation of the results, with report
5. The signature of the physician

9

**QUESTION:** How often can 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.

10

**QUESTION:** How frequently can I perform external photography (92285)?

**ANSWER:** As often as medically necessary. The key points that warrant coverage include:

1. the photographs provide additional information not obtained during the exam;
2. the photographs aid in diagnosis and treatment of a disease or condition;
3. the photographs are taken to assist in assessing disease progression.

11

**QUESTION:** Can CPT 76513 (*i.e.*, high resolution biomicroscopy) be used on the claim?

**ANSWER:** No, even though the images provide detail of the anterior segment, codes in the 70000 series are categorized as diagnostic radiology, which covers X-ray, CT, MRI and ultrasound, but not optical imaging. The Pentacam uses optical imaging rather than ultrasound, so 76513 is not an appropriate choice.

February 1, 2005

The reader is strongly encouraged to review official instructions promulgated by Medicare and other payers; this document is *not an official source* nor is it a complete guide on all matters pertaining to reimbursement. The reader is also reminded that this information can and does change over time, and may be incorrect at any time following publication.

© 2005 Corcoran Consulting Group. All rights reserved. No part of this publication may be reproduced or distributed in any form or by any means, or stored in a retrieval system, without the written permission of the publisher.

Corcoran Consulting Group (800) 399-6565 [www.corcoranccg.com](http://www.corcoranccg.com)

S:\Monographs - FAQ\FAQ\_Oculus\_020105.doc

Provided Courtesy of  
Oculus, Inc. (888) 284-8004