

MEDICARE REIMBURSEMENT FOR CONTRAST SENSIVITY TESTING

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QUESTION: What is contrast sensitivity?

ANSWER: Contrast sensitivity (CS) refers to the ability of the visual system to distinguish between an object and its background. For example, imagine a black cat on a white snowy background (high contrast) versus a white cat on a white snowy background (low contrast). In all conditions where visual acuity is reduced, CS is reduced as well. However, sometimes CS is reduced more than expected based upon the visual acuity alone. This means that if only visual acuity is tested, the visual disability of the person with relatively reduced contrast sensitivity will be underestimated.

2

QUESTION: How is CS tested?

ANSWER: CS is tested in two ways: low contrast letters or sine-wave grating¹ with varying spatial frequency. CS testing measures visual performance over a wide range of sizes and contrasts. The purpose of the test is to assess how well a person functions visually to see everyday objects such as faces and signs.

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QUESTION: What are the indications for CS testing?

ANSWER: CS testing is useful as an auxiliary means of assessing visual difficulties in patients who test well with a traditional Snellen chart. A Snellen chart employs high contrast (*i.e.*, black letters on a white background). Many people can read the 20/20 line and still complain of visual difficulties, such as driving at night (*i.e.*, low contrast conditions). This may be due to optical aberrations of the visual system, contact lens problems, ocular pathology, complications related to medications, and ocular manifestations of systemic diseases.

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QUESTION: Which CPT code describes CS testing?

ANSWER: Where CS testing is used to evaluate abnormal vision, it is considered to be an incidental part of an eye exam or consultation²; no separate CPT code describes the test. Do not use 92499 (unlisted ophthalmological service) to unbundle CS testing from the remainder of the office visit unless instructed to do so by a payer.

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QUESTION: CPT 99172 makes reference to CS testing; when is this code applicable?

ANSWER: CPT 99172 describes visual function screening. Screening is useful for identifying risk as part of preventative care or routine eye care, and does not presuppose an abnormal condition or pathology. CS testing is valuable in this context as a sensitive measure of visual performance, particularly for federally mandated occupational health services. Medicare does not cover visual function screening.

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QUESTION: What is Medicare's policy for CS testing?

ANSWER: While there is no National Coverage Determination (NCD) for CS testing there are some local Medicare policies (LCDs). No Medicare policy provides for separate reimbursement of CS testing. Either the test is considered part of an eye exam or consultation, or it is treated as an element of screening and noncovered.

- 1 FDA chose sine-wave gratings for ANSI standard.
- 2 Cahaba GBA, Mississippi, General Ophthalmology Services, 10/1/05

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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.

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QUESTION: Is the physician's presence required during CS testing?

ANSWER: Yes. For services that are considered "incident to" an office visit, *direct supervision* is required. Direct supervision in the office setting means the physician must be present in the office suite and immediately available to furnish assistance and direction throughout the performance of the procedure. It does not mean that the physician must be present in the room when the procedure is performed.

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QUESTION: How should CS testing be documented in the medical record?

ANSWER: In addition to the CS printout, the medical record should contain:

1. an order for the test with medical rationale
2. the date of the test
3. the reliability of the test (e.g, Alzheimers patient)
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: How often should CS testing be repeated?

ANSWER: There are no specific guidelines for repeat CS testing; the decision should be based on medical necessity. In general, if a patient experiences a decrease in visual acuity, the physician should repeat CS testing.

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QUESTION: How can we get paid for CS testing?

ANSWER: Two ways: as part of a covered service like an eye exam, or as a non-covered service such as screening. Covered services are indicated for pathology or abnormalities, while non-covered services include screening or routine eye care and are billed to the patient.

Use a Notice of Exclusion of Benefits form (one for Medicare and one for other payers) when the test is for screening purposes. These forms notify the patient that the service is not covered, either by statute or by the insured's policy and that the beneficiary is financially responsible.

An Advance Beneficiary Notice (ABN) informs the patient that Medicare coverage is uncertain. For example, an ABN is appropriate when a disease is suspected but not found or an indication is not covered by the local Medicare policy. An ABN may not be used to collect payment from the patient for services covered by Medicare.

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QUESTION: Does low contrast sensitivity justify cataract surgery in patients with good Snellen acuity?

ANSWER: By itself, low CS is not sufficient to justify cataract surgery. The indication for cataract surgery is not merely an objective measurement of visual acuity by whatever means. The criteria include:

- Poor vision – BCVA is 20/50 or worse; alternatively 20/40 or worse when glare is key
- Dysfunction – the patient cannot perform activities of daily living
- Diagnosis – there is objective evidence of cataract that is reducing vision
- Prognosis – there is a good chance that cataract surgery will restore vision and allow the patient to function normally
- Health – the patient can withstand the stress of cataract surgery and anesthesia
- Awareness – the patient can appreciate the surgery and give informed consent

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