

## MEDICARE REIMBURSEMENT FOR OCULAR BLOOD FLOW MEASUREMENTS

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**QUESTION:** What does the PASCAL Dynamic Contour Tonometer measure?

**ANSWER:** The PASCAL is a tonometer that accurately and reliably measures intraocular pressure (IOP) 100 times per second. From these measurements, ocular pulse amplitude (OPA) is derived which is the average difference between diastolic and systolic IOP. OPA is reflective of the relative quality of ocular blood flow. Studies show that IOP measurements with the PASCAL are relatively uninfluenced by variation in corneal thickness or by corneal changes resulting from keratorefractive surgery.

The PASCAL tonometer is manufactured by Ziemer Ophthalmic Systems, AG of Switzerland and distributed in the United States by Ziemer USA, Inc.

2

**QUESTION:** How is OPA useful?

**ANSWER:** OPA may have value to the clinician in assessing the early onset of disease caused by compromised blood supply to the eye. In particular, patients who have normo-tensive glaucoma (NTG) may have insufficient blood perfusion. Studies have shown that OPA is lower in patients with glaucoma, which supports the hypothesis that vascular factors are associated with this disease. Low OPA has also been shown to correlate with Drance hemorrhage. OPA has a negative correlation with IOP, *i.e.*, OPA decreasing with increasing IOP.

3

**QUESTION:** What CPT code is most appropriate for reporting OPA measurement with the PASCAL?

**ANSWER:** Effective January 1, 2009, use Category III CPT code 0198T (*measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report*) to report this diagnostic test.

4

**QUESTION:** Does Medicare cover this test?

**ANSWER:** The assignment of a Category III code does not guarantee coverage by Medicare or other third party payers. Each carrier must determine if it is covered and establish a policy. This can take some time to do. In the meantime, your claims may be denied. Some Medicare carriers have published policies on reimbursement for 0198T. They indicate that this test is considered investigational and, under the limitations set forth in the Social Security Act, is not covered by the Medicare program.

March 11, 2009

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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5

**QUESTION:** If Medicare coverage is uncertain, how should we proceed?

**ANSWER:** Explain to the patient: 1) the reason for the test, 2) that Medicare will probably deny the claim for reimbursement, and 3) that he/she is responsible for the charge. Have the patient sign an Advance Beneficiary Notice (ABN) before the test. Submit the claim to Medicare with a modifier GA, indicating the presence of a signed ABN. Provide a description of the procedure in the comment field of the claim. If the contractor will accept facsimiles, send an explanation of the procedure as well. Collect your fee from the patient. If Medicare pays your claim, promptly refund the beneficiary.

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**QUESTION:** What should the explanation to the payer include?

**ANSWER:** Describe the indications for testing, the nature of the test, the results of the test, your diagnosis (if any), and the effect on patient treatment. Always include the patient's name, health insurance number, and the date of the test. For the sake of economic considerations, you may wish to state how long the test takes to perform, the amount of skill needed to administer the test, and the approximate cost of the required instrument.

7

**QUESTION:** If no allowed amount is assigned by Medicare, how is a reasonable charge assigned?

**ANSWER:** Setting fees for professional services is at the discretion of each practice. Oftentimes, the Medicare rates are used as a point of reference for setting fees. When no Medicare rate exists, other factors should be considered including:

- The cost of acquiring, using and maintaining specialized diagnostic equipment
- The space required for the instrument and the cost of that space
- Technician time to administer the test and associated payroll expense
- The cost of necessary supplies
- Physician time and skill to interpret the results of the test
- Administrative support for billing

Absent a specific instruction to the contrary, consider Category III codes to be bilateral. Assign a single value for testing both eyes.

8

**QUESTION:** What documentation is required in the medical record to support a charge for measuring OPA?

**ANSWER:** The chart should contain:

- an order for the test with medical rationale
- the date of the test
- the reliability of the test
- the test findings
- a diagnosis (if possible)
- the impact on treatment and prognosis
- the signature of the physician

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