Corcoran Consulting Group
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REIMBURSEMENT FOR EXTENDED COLOR VISION TESTING

1

QUESTION: What is extended color vision testing?

ANSWER: Color vision testing is done for a variety of reasons, including suspicion of congenital or acquired color vision defects, vision-related optic nerve problems, monitoring high-risk medications. Additionally, performance and safety vocational assessment for color vision can be important in some occupations.

Basic color vision testing with pseudo-isochromatic plates, such as the Hardy-Rand-Rittler (HRR) or Ishihara, is incidental to an eye exam. Extended color vision testing with the Nagel anomaloscope or Farnsworth-Munsell tests (D-15, FM-100) are performed to assess degrees of color discrimination.

2

QUESTION: What CPT code describes this test?

ANSWER: CPT 92283 (*Color vision examination, extended, e.g., anomaloscope or equivalent*) describes color vision testing that is more extensive and rigorous than is typically done during an eye exam. CPT directs, "*Color vision testing with pseudoisochromatic plates (such as HRR or Ishihara) is not reported separately. It is included in the appropriate general or ophthalmological service*". The more common testing methods that support 92283 are the Farnsworth D-15, Farnsworth-Munsell 100-Hue, and the Nagel anomaloscope.

3

QUESTION: Is color vision testing covered by Medicare and other payers?

ANSWER: Sometimes. Since basic color vision testing using pseudoisochromatic plates is covered as part of the eye exam, more extensive color vision testing may be ordered when a patient fails the basic color vision test or has a sign, symptom or family history that warrants further assessment. Coverage depends on the indications as well as the results of the extended testing and the doctor's interpretation.

According to Medicare's National Correct Coding Initiative (NCCI), CPT 99211 (technician visit) is bundled with 92283, although other exam codes are not. It is not bundled with other tests.

4

QUESTION: Please provide an example of good documentation that supports this test.

ANSWER: A physician's order is necessary; an interpretation should discuss the results of the test and treatment (if any). A brief notation such as "abnormal" does not suffice.

In addition to the images or notation where they are stored, good documentation includes the following.

- Patient name and date of the test
- Physician's order (*e.g., Extended color vision testing to rule out Plaquenil macula toxicity - patient unable to complete 10-2 HVF*)
- Reliability of the test (*e.g., Prompt responses*)
- Findings (*e.g., Some red-green defects noted OU*)
- Assessment, diagnosis (*e.g., Plaquenil macula toxicity OU; no prior hx of color vision defects*)
- Impact on treatment, prognosis (*e.g., Recommend discontinuing Plaquenil, letter to Rheumatology*)
- Physician's signature (*e.g., I.C. Better, MD*)

February 1, 2023

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5 ***QUESTION:*** What does Medicare allow for extended color vision testing?

ANSWER: CPT 92283 is per patient, not per eye. The 2023 national Medicare Physician Fee Schedule allowable is $54.56. Of this amount, $45.75 is assigned to the technical component and $8.81 is for the professional component (*i.e.,* interpretation). For non-participating physicians, the national allowable is $51.83, and the limiting charge is $59.61. These amounts are adjusted in each area by local indices. Other payers set their own rates, which may differ significantly from Medicare.

92283 is subject to Medicare's Multiple Procedure Payment Reduction (MPPR). This reduces the allowable for the technical component of the lesser-valued test when more than one test is performed on the same day.

6 ***QUESTION:*** How often may this test be repeated?

ANSWER: In general, this and all diagnostic tests are reimbursed when medically indicated. Clear documentation of the reason for testing is always required. Too-frequent testing can garner unwanted attention from Medicare and other payers.

This test is rare within the Medicare program. For ophthalmology and optometry combined, it was reported with only 1% of all exams. That is, 92283 was associated with 1 of every 100 exams. Since most color vision testing is performed as an incidental part of an eye exam, the utilization of 92283 is significantly less than the prevalence of color vision deficit in the population.

7 ***QUESTION:*** Must the physician be present while this test is performed?

ANSWER: Under Medicare program standards, this test needs only general supervision. *General supervision* means the procedure is furnished under the physician's overall direction and control, but the physician's presence is not required. State laws may vary.

8 ***QUESTION:*** May we ever bill the patient for color vision testing?

ANSWER: Yes; explain why the test is necessary, and that Medicare or other third party payer will likely deny the claim. Ask the patient to assume financial responsibility for the charge. 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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