Corcoran Consulting Group
A Division of Ardare Corporation

REIMBURSEMENT FOR HETEROCHROMATIC FLICKER PHOTOMETRY

1

QUESTION: What is heterochromatic flicker photometry (HFP)?

ANSWER: HFP is a diagnostic test to measure macular pigment optical density (MPOD).[1] The pigments zeaxanthin, lutein, and the metabolite meso-zeaxanthin in the retina shield it from damage related to short wavelength, high energy, visible, blue light (400-495 nm). Such damage contributes to the development of age-related macular degeneration (AMD).[2] Measurement of MPOD over time can assess whether dietary changes and/or antioxidant supplementation may diminish the harmful effect of blue light.[3]

The National Eye Institute predicts a 50% increase in AMD in the US population between 2004 and 2020.[4]

2

QUESTION: How does HFP work?

ANSWER: HFP is done in a quiet, darkened room on one eye (the other eye is occluded). The patient views a small circular stimulus that alternates between a blue wavelength (460 nm) which is absorbed, and a green wavelength (540 nm) that is not absorbed by the macular pigment. The patient sees a flicker at the moment when the macular pigment is saturated by the absorbed blue light and presses a response button on the device. An MPOD measurement is generated; the physician interprets it and explains the results to the patient. In some cases, where the patient has pre-existing pathology, a peripheral test is also performed.

3

QUESTION: Who is a candidate for HFP?

ANSWER: Patients with signs or symptoms that indicate a risk for development of AMD are candidates for HFP. MPOD measurements are a tool for estimating this risk, and MPOD responds to nutraceuticals and change in diet that includes foods rich in lutein and zeaxanthin.

4

QUESTION: What CPT code do we use to report measurement of MPOD?

ANSWER: Report CPT code 0506T, *Macular pigment optical density measurement by hetero-chromatic flicker photometry, unilateral or bilateral, with interpretation and report.* It is effective for dates of service on or after July 1, 2018.

5

QUESTION: What is the Medicare allowed amount for 0506T?

ANSWER: There is none. The Category III CPT code was established to allow for data collection and analysis; there are no RVUs assigned to it within the Medicare Physician Fee Schedule. It is expected that all payers will designate this service as “experimental or investigational” and “not medically necessary” and deny coverage. If agreed upon prior to testing, the patient is financially responsible.

6

QUESTION: Does measurement of MPOD have a global surgery period?

ANSWER: No. MPOD is a noninvasive test, not a surgery. There is no global surgical period.

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QUESTION: Where is this test performed?

ANSWER: Measurement of MPOD is almost always performed in the office of an ophthalmologist or optometrist.

8

QUESTION: What about repeat HFP testing?

ANSWER: Testing measures MPOD and any changes indicate improvement or a decline in the amount of pigmentary shielding to short wavelength, high energy, visible, blue light. It is postulated that periodic testing in at-risk patients exposed to high oxidative stress, such as smokers, alcoholics, and those with low dietary intake of carotenoid-rich foods, may be useful to evaluate and manage early stage AMD.

9

QUESTION: What does *"interpretation and report"* require for HFP?

ANSWER: A brief notation such as "abnormal" does not suffice. The medical record should include:

- order for the test with medical rationale
- date of the test
- the reliability of the test
- test findings (*i.e.*, MPOD measurement)
- comparison with prior tests (if applicable)
- a diagnosis (if possible)
- the impact on treatment and prognosis (*i.e.,* treatment with diet rich in antioxidants and/or antioxidant supplements)
- physician signature and date

10

QUESTION: How do I document patient acknowledgement of financial responsibility?

ANSWER: Patients are given the opportunity to choose whether to have the test. After the benefits have been explained, the patient is advised of the extra charge and asked to assume financial responsibility. 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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1 Stringham JM, et. al. The utility of using customized heterochromatic flicker photometry (cHFP) to measure macular pigment in patients with age-related macular degeneration. *Exp Eye Res*. 2008 Nov;87(5):445-53. Link here to PubMed abstract.

2 Chew, E. et. al. Secondary Analyses of the Effects of Lutein/Zeaxanthin on Age-Related Macular Degeneration Progression. AREDS2 Report No. 3. *JAMAOphthalmol*. 2014;132(2):142-149. Link here.

3 Ma, L., et. al. Lutein, Zeaxanthin and Meso-zeaxanthin Supplementation Associates with Macular Pigment Optical Density, *Nutrient*. 2016 Jul 12; 8(7). Link here to PubMed abstract.

4 National Eye Institute. The Eye Diseases Prevalence Research Group. Prevalence of Age-Related Macular Degeneration in the United States. *JAMA Ophthalmology*. 2004;122(4):564-572. Link here.

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