Corcoran Consulting Group
A Division of Ardare Corporation

REIMBURSEMENT FOR THE M&S MELBOURNE RAPID FIELDS

1

QUESTION: What is the M&S Melbourne Rapid Fields (MRF) test?

ANSWER: The Melbourne Rapid Fields is a web-based visual field testing software that runs on a laptop. It can be used for testing at home or in-clinic. Both screening and threshold programs can be administered with the MRF software.

2

QUESTION: Does Medicare cover computerized visual field testing?

ANSWER: Maybe. The 1984 National Coverage Determination on "Computer Enhanced Perimetry" (NCD 80.9) remains in effect. Also, at the time of this writing, four Medicare Administrative Contractors (MAC) have specific Local Coverage policies for visual fields testing that include both manual and computerized methods.[1,2,3,4] Covered indications vary but commonly include glaucoma suspect, glaucoma, and neuropathologic defects. Some include retinal conditions as covered diagnoses. Without an explicit policy, medical necessity is the key factor to determine reimbursement.

3

QUESTION: Does NCD §80.9 supersede information in a LCD?

ANSWER: No. The introduction to the NCD manual states, *"Where coverage of an item or service is provided for specified indications or circumstances but is not explicitly excluded for others, or where the item or service is not mentioned at all in the CMS Manual System the Medicare contractor is to make the coverage decision, in consultation with its medical staff, and with CMS when appropriate, based on the law, regulations, rulings and general program instructions"*.

4

QUESTION: Since the MRF runs on a laptop, are there other benefits?

ANSWER: Yes. Sanitizing between patients undergoing visual fields testing is easier and faster on a laptop than a traditional bowl perimeter. This method is potentially safer during the COVID-19 pandemic.

5

QUESTION: What CPT codes describe visual field testing with the MRF?

ANSWER: There are three CPT codes that might apply: 92081, 92082 and 92083. The most frequent is 92083.

6

QUESTION: When the patient performs the test at home, how is it billed?

ANSWER: Visual field testing has two parts: a technical component (TC) and a professional interpretation (26). Only the professional interpretation is reimbursed, and the place of service is office (11).

There can be no reimbursement for the technical component (TC) of the visual field test since the place of service is home (12).[5] Importantly, when physicians do not supply a medical technician or the space for the test, they cannot receive remuneration for expenses they do not incur.[6]

February 16, 2021

The reimbursement information is provided by Corcoran Consulting Group based on publicly available information from CMS, the AMA, and other sources. The reader is strongly encouraged to review federal and state laws, regulations, code sets, and official instructions promulgated by Medicare and other payers. This document is *not an official source* nor is it a complete guide on reimbursement. Although we believe this information is accurate at the time of publication, the reader is reminded that this information, including references and hyperlinks, changes over time, and may be incorrect at any time following publication.

© 2021 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. CPT is a registered trademark of the American Medical Association.

Corcoran Consulting Group
A Division of Ardare Corporation

REIMBURSEMENT FOR THE M&S MELBOURNE RAPID FIELDS

7

QUESTION: What documentation is required in the medical record?

ANSWER: Without regard to where the test is performed, the chart notes should contain the test results and the below elements.

1. An order (in advance of test performance) for the test with medical rationale
2. The date of the test
3. Reliability of the test (*e.g.*, fixation losses)
4. The test findings (*e.g.,* progressive COAG)
5. A diagnosis (if possible)
6. The impact of the test on treatment and prognosis
7. The signature of the physician

8

QUESTION: How frequently may I perform diagnostic testing with the M&S Melbourne Rapid Fields?

ANSWER: Generally, visual tests may be repeated as often as is medical necessary. Some reasons are:

- During the eye exam that precedes the order for another test, the physician has formed a suspicion that the patient's condition has changed for the worse due to:
  - objective evidence of vision loss
  - new symptoms or complaints
  - a recent surgical intervention
  - exam findings of disease progression
- The results of an earlier test are no longer considered to be reliable.
- The AAO's published Preferred Practice Patterns are often used by payers in constructing their policies, and these professional guidelines may suggest repeat testing at specific intervals which vary based on the disease and its progression.

9

QUESTION: How much does Medicare allow for these tests, and are there limits on billing with other services?

ANSWER: The 2020 Medicare Physician Fee Schedule allowable amounts are:

Code	Technical Component	Professional Component	Global
92081	$18.14	$16.05	$34.20
92082	$26.87	$21.28	$48.15
92083	$36.99	$27.22	$64.20

These amounts are adjusted by local wage indices. Other payers set their own rates, which may differ significantly from Medicare's fee schedule. These tests are 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.

There are limitations. According to Medicare's National Correct Coding Initiative (NCCI), perimetry codes are mutually exclusive with each other; if more than one test is done, bill only the largest. In addition, the E/M service 99211 is bundled with all of these tests.

February 16, 2021

---

1 CGS Administrators, LLC. Local Coverage Article (LCA) #A56799. Rev. Eff. Date 10/01/2020. Link here.

2 First Coast Service Options, Inc. Local Coverage Article (LCA) #A57637. Rev. Eff. Date 10/01/2020. Link here.

3 Wisconsin Physicians Service Corporation. Local Coverage Article (LCA) #A57483. Rev. Eff. Date 10/01/2020. Link here.

4 National Government Services, Inc. Local Coverage Article (LCA) #A56551. Rev. Eff. Date 10/01/2020. Link here.

5 Representative policy from Wisconsin Physicians Service Corporation. Local Coverage Article (LCA) #A57483. Rev. Eff. Date 10/01/2020. Link here.

6 CMS. MLN Booklet, "Items And Services Not Covered Under Medicare". December 2020. Link here. (See next-to-last bullet on page 17).

The reimbursement information is provided by Corcoran Consulting Group based on publicly available information from CMS, the AMA, and other sources. The reader is strongly encouraged to review federal and state laws, regulations, code sets, and official instructions promulgated by Medicare and other payers. This document is *not an official source* nor is it a complete guide on reimbursement. Although we believe this information is accurate at the time of publication, the reader is reminded that this information, including references and hyperlinks, changes over time, and may be incorrect at any time following publication.

© 2021 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. CPT is a registered trademark of the American Medical Association.