

REIMBURSEMENT FOR EXTENDED COLOR VISION TESTING

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QUESTION: What is Waggoner Diagnostics' Computerized Color Vision Test (WCCVT)?

ANSWER: The Waggoner CCVT is a family of color vision tests that runs on a variety of web browsers, Windows tablets, computers, or tablets running Android/iOS.¹ The software uses patient responses to select the next randomized presentation. CCVT has a screening version and fully diagnostic adult and pediatric versions. Protan, deutan, and tritan defects can be finely graded in the diagnostic version. CCVT tests are self-guided and standardized. The auto-scored results may be printed or stored electronically in the patient's medical record.

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QUESTION: What are the indications for color vision testing?

ANSWER: Color vision testing is done for a variety of reasons including: congenital or acquired color vision defects, optic nerve problems, and for monitoring certain high-risk potentially toxic medications.² Additionally, vocational assessment of color vision is important to qualify for and continue in certain civilian and military occupations.³

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QUESTION: What CPT code describes color vision testing?

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 states, "*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 diagnostic portion of the Waggoner CCVT satisfies 92283, but the screening portion is akin to HRR or Ishihara.

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

ANSWER: Sometimes. 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 physician's interpretation.

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QUESTION: What documentation is required in the medical record to support claims for extended color vision testing?

ANSWER: Beside the CCVT results, the chart note should contain these elements:

- 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., Red-green defects 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

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- ¹ Waggoner Diagnostics. Computerized Color Vision Test. [Link here.](#)
- ² Fraunfelder et.al. *Clinical Ocular Toxicology*. 2008;10:320-321
- ³ Raymond RB, Ivan DJ. *Raymond's Clinical Aviation Medicine*. 5th Ed. Castle Connolly Graduate Medical Publishing. 2006;9:251-253.

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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. Check state laws for additional requirements.

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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.

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

ANSWER: CPT 92283 is per patient, not per eye. The 2021 Medicare Physician Fee Schedule allowable is \$55.48. Of this amount, \$46.41 is assigned to the technical component and \$9.07 for the professional component. Medicare allowable amounts are adjusted in each area by local wage indices; other payers set their own rates.

This test is subject to Medicare's Multiple Procedure Payment Reduction (MPPR). This reduces the allowable for the technical portion of the lesser-valued test when two or more tests on the MPPR list are performed on the same day.⁴

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QUESTION: Is this test bundled with other services?

ANSWER: Yes. According to Medicare's National Correct Coding Initiative (NCCI), CPT 99211 is bundled with 92283. When these services are billed together, only 92283 will be paid.

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

ANSWER: Yes; sometimes a physician may feel that the test is merited even though his or her reasons do not agree with Medicare's coverage policies. In the situation where Medicare Part B might not cover the test, an [Advance Beneficiary Notice of Noncoverage \(ABN\)](#) should be signed by the patient prior to testing. Do not use the official ABN for non-Part B payers. You may collect your fee from the patient at the time of the service or wait for a Medicare denial after a claim is filed. If both the patient and Medicare pay, promptly refund the patient or show why Medicare paid in error.

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QUESTION: What is the frequency of extended color vision testing (CPT 92283) in the Medicare program?

ANSWER: Extended color vision testing is rare within the Medicare program. For ophthalmology and optometry combined, it was reported 3 times per 10,000 eye exams. Since most color vision testing is not "extended", it is 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.

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⁴ CMS. Transmittal 1149. 11/06/2012. [Link here.](#)

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2018 Medicare Reimbursement Summary ¹

Code	Description		Participating Allowable	Non-Participating ² Allowable	Non-Participating Limiting Charge
92283	Color vision examination, extended, eg anomaloscope or equivalent	Global	\$56.16	\$53.35	\$61.35
		Technical	\$46.80	\$44.46	\$51.13
		Professional	\$9.36	\$8.89	\$10.23
<i>(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, or 99172)</i>					

Examples of Pertinent Diagnosis Codes ³

ICD-10	Description
E10.31- to E10.35-, E11.31- to E11.35-	Diabetic retinopathy and macular edema
H20.9	Unspecified iridocyclitis
H30.2-	Pars planitis
H30.81-	Harada's disease
H30.9-	Chorioretinitis, unspecified
H31.21	Choroideremia
H35.54	Dystrophies of retinal pigment epithelium
H44.11-	Panuveitis
H44.13-	Sympathetic uveitis
H46.0-	Optic papillitis
H46.1-	Retrolbulbar neuritis (acute)
H46.2	Nutritional optic neuropathy
H46.3	Toxic optic neuropathy
H46.8	Other optic neuritis
H46.9	Optic neuritis, unspecified
H47.01-	Ischemic optic neuropathy
H53.00-	Unspecified amblyopia

November 20, 2018

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Examples of Pertinent Diagnosis Codes (continued)

ICD-10	Description
H53.01-	Deprivation amblyopia
H53.02-	Refractive amblyopia
H53.03-	Strabismic amblyopia
H53.16	Psychophysical visual disturbances
H53.51	Achromatopsia
H53.52	Acquired color vision deficiencies
H53.53	Deutan defect
H53.54	Protan defect
H53.55	Tritan defect
H53.59	Other color vision deficiencies
L93.-	Lupus erythematosus
M05.- to M06.-	Rheumatoid arthritis
M32.-	Systemic lupus erythematosus
Z79.891	Long-term (current use) high-risk medications

National Correct Coding (NCCI) Edits ^{4,5}

Primary Code	Do Not Bill These Codes With Primary Code	Do Not Bill Primary Code With These Codes
92283	99211	none

November 20, 2018

- ¹ Rates shown are Medicare's national fee schedule amounts. Local reimbursement varies. Medicare's multiple procedure payment reduction (MPPR) applies; when more than one test is performed at a session, the technical component of the second eye or lesser-value test is reduced by 20%.
- ² Participating physicians (PAR) agree to accept Medicare allowed amounts on all covered services as their maximum payment from all sources. This is known as "accepting assignment". Non-participating physicians (Non-PAR) may accept assignment on a case-by-case basis, but are also limited in the amount they may charge the patient if they do not accept assignment. For additional discussion, see information published by CMS for patients [here](#).
- ³ Listed codes are a representative of covered diagnoses but differences in payment policies exist for many payers. This list is neither exhaustive nor universally accepted. See your payer bulletins.
- ⁴ Bundles shown are common ophthalmic edits. Check the complete NCCI edits for all bundles.
- ⁵ NCCI edits effective October 1, 2018. Edits may change quarterly.

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