

REIMBURSEMENT FOR COLOR VISION TESTING

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QUESTION: What are Waggoner Diagnostics' products?

ANSWER: Waggoner Diagnostics provides a family of color vision diagnostic tests based on the Waggoner Confusion Colors strategies available in multiple medias: print, computer applications,¹ and on the web as a browser-based service. The Waggoner Computerized Color Vision Test (CCVT) uses patient responses to decide the next presentation. There are adult and pediatric versions. The Waggoner CCVT Extended Level assesses Deutan, Protan, and Tritan defects; defects are graded mild, moderate or severe. After all Extended tests, a popup appears asking if the user should take a Farnsworth D-15. All tests are self-guided and auto-scored and may be printed or stored electronically for the 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 suspicion of congenital or acquired color vision defects, vision-related optic nerve problems, monitoring high-risk medications.² Additionally, performance and safety vocational assessment for color vision can be important in some occupations.³

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

ANSWER: 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.

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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 extended color vision testing. 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 common testing methods that support 92283 are the Farnsworth D-15, Farnsworth-Munsell 100-Hue, and the Nagel Anomaloscope. The Waggoner CCVT is comparable to the Nagel Anomaloscope according to research completed by the U.S. Navy.⁴

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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 patient's name and the date of the test, good documentation includes the following.

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

- 1 Supported computer applications: Windows, Android and iOS.
- 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.
- 4 Picken, D., Mann, W., Rings, M. 2013 May, *Preliminary validation of a computerized color vision test*. [Link here](#).

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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. State laws may have different requirements.

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

ANSWER: CPT 92283 is per patient, not per eye. The 2018 national Medicare Physician Fee Schedule allowable is \$56.16. Of this amount, \$46.80 is assigned to the technical component and \$9.36 is for the professional component. Medicare allowable amounts are adjusted in each area by local 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 component of the lesser-valued test when two or more tests are performed on the same day.

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QUESTION: What is the frequency of extended color vision testing 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 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.

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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: Is this test bundled with other services?

ANSWER: According to Medicare's National Correct Coding Initiative (NCCI), a level 1 established patient E/M code, CPT 99211, is bundled with 92283, although other exam codes are not.

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

ANSWER: Yes; explain the necessity, 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 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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