

REIMBURSEMENT FOR WAVEFRONT ABERROMETRY

1

QUESTION: What is wavefront aberrometry performed with Heidelberg Engineering's [ANTERION®](#)?

ANSWER: Wavefront aberrometry is a refractive test that measures optical aberrations with special attention to [higher-order aberrations](#). An ordinary refraction with phoropter or trial lenses measures lower-order aberrations which are those that can be corrected with standard eyeglass lenses containing sphere or cylinder.

Some patients return repeatedly with symptoms that suggest some form of refractive error as the cause; wavefront aberrometry can help the ophthalmologist or optometrist evaluate and manage higher-order aberrations in these patients.

2

QUESTION: What are the indications for wavefront aberrometry?

ANSWER: Wavefront aberrometry is useful for diagnosing and managing unusual refractive conditions due to spherical aberration, coma, trefoil, chromatic aberration, or field curvature, collectively referred to as higher-order optical aberrations. This is particularly relevant for pseudophakia and patients with cataract. It also arises in the context of any surgery on the cornea.

3

QUESTION: What CPT code is used to describe this test?

ANSWER: CPT 92015 is defined as “*determination of refractive state*” of the eye. Wavefront aberrometry is one way to do it. Modifier 22, “*increased procedural service*”, may be appended to the CPT code to signify that aberrometry is more extensive than traditional refractometry with a phoropter or trial lenses. A higher fee is warranted.

4

QUESTION: Does Medicare pay for wavefront aberrometry?

ANSWER: No. Medicare does not cover measuring refractive errors due to optical aberrations for any reason. The [Medicare Benefit Policy Manual \(MBPM\) Chapter 16 §90](#) states: “*Routine physical checkups; eyeglasses, contact lenses, and eye examinations for the purpose of prescribing, fitting, or changing eyeglasses; eye refractions by whatever practitioner and for whatever purpose performed ... are not covered ... Expenses for all refractive procedures, whether performed by an ophthalmologist (or any other physician) or an optometrist and without regard to the reason for performance of the refraction, are excluded from coverage.*”

The statutory authority for this regulation is the [Social Security Act §1862 \[42 USC 1395y\] \(7\)](#) which excludes Medicare coverage for these services.

5

QUESTION: Is 92015 bundled with other services?

ANSWER: Medicare never bundles 92015 with the associated exam or any other ophthalmic service on the same day. Vision plans, Medicare Advantage plans, ERISA plans and Medicaid plans may bundle this test with a covered exam. Check the policy of the payor.

April 1, 2025

The reimbursement information is provided by Corcoran & Corcoran 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 payors. 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.

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QUESTION: When may we charge for measuring optical aberrations using wavefront aberrometry?

ANSWER: A charge is merited when the test is completed and a prescription for eyeglasses or contact lenses is given to the patient. If the patient is not given a prescription, then we do not suggest a charge. For example, if a technician measures optical aberrations due to cataract to help determine whether surgery is warranted, there is no prescription at that time and no charge. Alternately, if a patient with keratoconus is given a prescription for contact lenses to correct higher-order aberrations, then a charge is merited.

7

QUESTION: Is a financial waiver needed to collect payment for testing with wavefront aberrometry?

ANSWER: It depends on payor policy. For Part B Medicare, an [Advance Beneficiary Notice of Noncoverage \(ABN\)](#) is not required for 92015. You may use an ABN on a voluntary basis to preserve cordial relations with beneficiaries and prevent confrontations.

For Part C Medicare (Medicare Advantage), determination of benefits is required to identify beneficiary financial responsibility prior to performing noncovered services.

For other payors, a [Notice of Exclusion from Health Plan Benefits \(NEHB\)](#) is an alternative to an ABN.

8

QUESTION: Must we dispense an Rx for eyeglasses when charging for 92015?

ANSWER: In 1978, the Federal Trade Commission (FTC) published its [Prescription Release Rule](#) that: "...require an eye care practitioner (an optometrist or ophthalmologist) to provide a patient, immediately after completion of an eye examination, with a free copy of his or her eyeglass prescription. The [Ophthalmic Practice] Rules also prohibit an eye care practitioner from conditioning the availability of an eye examination on a requirement that the patient agree to purchase ophthalmic goods from the practitioner. The Rules further prohibit an eye care practitioner from making certain disclaimers and waivers of liability."

In 2024, the FTC updated the [Eyeglass Rule](#) to require that patients must be provided with a copy of their prescription *immediately following a refractive eye exam*, and prior to being offered eyeglasses for purchase. The updated rule also requires that a prescriber obtain proof that the prescription has been provided; essentially obtain the patient's signature either on paper or electronically. See this news item on the [CCG website](#) for additional discussion.

This still means the patient is entitled to a copy of the final prescription even if the results of the refraction are unchanged from a prior visit. If the measurement of refractive error is incomplete, unstable, unreliable, or not helpful then no final script exists to give the patient and no separate charge should be made.

A related [FTC rule](#) exists for contact lens prescriptions.

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