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QUESTION: What is corneal pachymetry performed with Heidelberg Engineering's ANTERION®?

ANSWER: Corneal pachymetry is a measurement of the thickness of the cornea. The normal human cornea is approximately 550 µm thick centrally and a full millimeter thick peripherally. A pachymeter is most often used to measure the central cornea, although there are diseases that warrant a "patchette" or pachymetry grid across a wide area.

2

QUESTION: What are the indications for corneal pachymetry?

ANSWER: Pachymetry may be ordered when a diseased cornea is edematous or ectatic, and when planning corneal refractive surgery. The Ocular Hypertension Treatment Study (OHTS) revealed that corneal thickness plays a significant role in glaucoma.¹ Applanation tonometry of an unusually thin cornea results in a falsely low IOP reading because the resistance of the cornea is less than expected. The reverse is also true; a thick cornea yields a falsely high IOP value.

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QUESTION: What CPT code describes this test?

ANSWER: For optical pachymetry, use 92499, *Unlisted ophthalmological service or procedure*. CPT code 76514 (*Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral, determination of corneal thickness*) describes corneal pachymetry performed using ultrasound. Because corneal pachymetry performed with the ANTERION is not ultrasound, CPT code 76514 does not apply.

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QUESTION: What documentation is required in the medical record to support a claim for corneal pachymetry?

ANSWER: Like other ophthalmic tests, the medical record should include:

- order for the test with medical rationale
- date of the test
- test findings (e.g., corneal thickness measurements)
- comparison with prior tests (if applicable)
- a diagnosis (if possible)
- the impact on treatment and prognosis
- the physician's signature

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QUESTION: Does Medicare pay for this test?

ANSWER: Many Medicare Administrative Contractors (MACs) have published favorable local coverage determination (LCD) policies for corneal pachymetry by ultrasound. They do not mention optical pachymetry. Unlisted procedures are covered on a case-by-case basis.

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QUESTION: Is the physician's presence required while optical pachymetry is being performed?

ANSWER: Medicare program standards for corneal pachymetry by ultrasound requires general supervision but are silent for optical pachymetry. *General supervision* means the procedure is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure.

June 18, 2024

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FAQs/2024/FAQ_Pachymetry Anterior Heidelberg_061824

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QUESTION: How much does Medicare allow for this test?

ANSWER: Because optical pachymetry is identified as an unlisted service, there is no Medicare fee schedule amount defined for 92499. Each claim will be adjudicated on an individual basis and payment amounts (if any) may vary.

For reference, we can look at 76514; it is defined as "unilateral or bilateral" so reimbursement is usually for both eyes. The 2024 Medicare Physician Fee Schedule allowable for 76514 is \$11.

8

QUESTION: How frequently is this test performed?

ANSWER: Unknown. As a benchmark, the 2021 Medicare utilization rate for 76514 shows that corneal pachymetry was associated with about 2% of office visits by ophthalmologists. That is, for every 100 exams performed on Medicare beneficiaries, Medicare paid for this service twice. For optometrists, the utilization rate is about 1%.

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QUESTION: If coverage is unlikely or uncertain, how should we proceed?

ANSWER: Explain to the patient why you feel the test is necessary, 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 the patient and Medicare pay, promptly refund the patient or show why Medicare paid in error.
- For commercial insurance beneficiaries, a [Notice of Exclusion from Health Plan Benefits \(NEHB\)](#) is an alternative to an ABN.
- 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 forms and processes.

**SAMPLE INTERPRETATION FORM
PACHYMETRY FOR GLAUCOMA**

PACHYMETRY REPORT

Prior surgery: No Yes OD _____ OS _____

Technician _____

Central corneal thickness measurements

OD _____ mm OS _____ mm

Assessment:

OD Normal cornea Thin cornea Thick cornea
OS Normal cornea Thin cornea Thick cornea

Interpretation:

- True IOP may be meaningfully higher than indicated by tonometry
 True IOP may be meaningfully lower than indicated by tonometry
 Tonometric readings probably sufficiently accurate for clinical decision-making

Physician's Signature & Date

June 18, 2024

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1. Gordon MO, et al. The Ocular Hypertension Treatment Study. Clinical Sciences June 2002 [Link here.](#)

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