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MEDICARE REIMBURSEMENT FOR VISUAL FIELD TESTING WITH OFA

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1 ***QUESTION:*** What is visual field testing with Konan Medical USA's objectiveFIELD® Analyzer (OFA®)?

ANSWER: The OFA uses multifocal pupillographic objective perimetry (mfPOP), an objective and reliable method to test both eyes quickly without a patient's push-button responses. It has normative data. In comparison, "*Subjective visual field tests, including standard automated perimetry, are limited by high test-retest variability, learning effects, variability due to under-sampling, and the principle of redundancy.*"[1] FDA treats perimeters as class 1 medical devices.[2]

2 ***QUESTION:*** Does Medicare cover visual field testing?

ANSWER: Yes, when medically necessary. The National Coverage Determination for computer enhanced perimetry is NCD 80.9.[3] It states that "*Computer enhanced perimetry involves the use of a micro-computer to measure visual sensitivity at pre-selected locations in the visual field. It is a covered service when used in assessing visual fields in patients with glaucoma or other neuro-pathologic defects.*" Most Medicare Administrative Contractors (MACs) also publish local coverage determination (LCD) policies and billing and coding articles that supplement the NCD.[4,5]

3 ***QUESTION:*** What diagnoses are covered for visual field testing?

ANSWER: Medicare policy covers visual field testing for approximately 1,500 diagnoses.

4 ***QUESTION:*** What documentation is required in the medical record to support claims for visual field testing?

ANSWER: A physician's interpretation and report are required. A brief notation such as "abnormal" does not suffice. In addition to the images, the medical record should include:

- order for the test with medical rationale
- date of the test
- the reliability of the test (*e.g.*, poor patient cooperation)
- test findings (*e.g.*, scotoma)
- comparison with prior tests (if applicable)
- a diagnosis (if possible)
- the impact on treatment and prognosis
- physician's signature

5 ***QUESTION:*** Is the physician's presence required during visual field testing?

ANSWER: No. Medicare program standards require general supervision for this test. *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 test.

6 ***QUESTION:*** What CPT code describes an extended visual field examination with OFA?

ANSWER: Use 92083, "*Visual field examination, unilateral or bilateral, with interpretation and report; extended examination …*" to report tests that include at least 3 isopters similar to 24-2 or 30-2.

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7 ***QUESTION:*** How much does Medicare allow for this test, and are there limits on billing with other services?

ANSWER: The 2024 Medicare Physician Fee Schedule allowable is $63.25; of this, $36.95 is applied to the technical component (technician) and $26.30 to the professional component (interpretation). These amounts are adjusted by local wage indices. Other payors set their own rates, which may differ significantly from Medicare's fee schedule.

The 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 more than one test is performed on the same day.

8 ***QUESTION:*** How often may visual fields be repeated on a patient?

ANSWER: Annual testing is a common guideline but there is poor adherence.[6] For newly diagnosed patients, three times per year in the first 2 years is recommended.[7] Thereafter, typically one field per year is warranted for borderline or controlled glaucoma, twice a year for uncontrolled glaucoma, and three times a year for extreme cases such as one-eyed patients or when the disease is progressing rapidly.

Medicare utilization rates for claims paid in 2018 show that visual field testing was associated with 11% of all office visits by ophthalmologists. That is, for every 100 exams performed on Medicare beneficiaries, Medicare paid for this service 11 times. For optometrists, the utilization rate is about 9%. Probably these values represent too-little testing.

9 ***QUESTION:*** If coverage of visual fields 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 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.
- For commercial insurance beneficiaries, a Notice of Exclusion from Health Plan Benefits (NEHB) is an alternative to an ABN.

1. Rai BB, Sabeti F, Carle CF, Maddess T. Visual Field Tests: A narrative review of different perimetric methods. J Clin Med 2024 May;13(9):2458 Link here.
2. FDA Regulation No. 886.1605. Link here.
3. CMS. NCD 80.9 Computer enhanced perimetry. Link here.
4. Representative LCD L33574 Link here.
5. Representative Article A56551 Link here.
6. Stagg BC *et al.* The frequency of visual field testing in the US nationwide cohort of individuals with open-angle glaucoma. Ophthalmol Glaucoma 2022 Nov-Dec;5(6):587-593. Link here.
7. Crabb DP et al. Frequency of visual field testing when monitoring patients newly diagnosed with glaucoma: mixed methods and modeling. Health Services and Delivery Research No 2.27 Link here.

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