



## MEDICARE REIMBURSEMENT FOR MEASURING CORNEAL HYSTERESIS

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**QUESTION:** What is hysteresis?

**ANSWER:** Hysteresis is a measurement that characterizes response to application and removal of force (load/unload). The term is used to describe materials or systems that do not instantly follow forces applied to them but react slowly, or dissipate a portion of the applied energy. While the term is frequently used in physics and engineering, there are more than 7,500 published papers on hysteresis in a variety of medical fields.<sup>1</sup>

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**QUESTION:** Why measure corneal hysteresis?

**ANSWER:** Measuring the biomechanical properties of the cornea with [Reichert's Ocular Response Analyzer®](#) enables ophthalmologists, optometrists, and researchers to quantify various corneal conditions. Low corneal hysteresis (CH) demonstrates that the cornea is less capable of absorbing (damping) the energy of an air pulse. Clinical studies suggest that a low CH measurement may indicate ocular abnormalities or eyes at risk for disease.<sup>2,3,4</sup>

3

**QUESTION:** What are the indications for CH testing?

**ANSWER:** The device FDA 510(k) states that the indications for use are for the measurement of intraocular pressure and the corneal biomechanical response. The most common clinical application of the CH measurement is the diagnosis and monitoring of glaucoma.<sup>5,6</sup> Additionally, the CH measurement provides information which may be useful in identification of corneal pathology or pre-refractive surgery risk assessment.

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**QUESTION:** What CPT code is used to report measurement of corneal hysteresis?

**ANSWER:** As of January 1, 2015, CPT 92145 should be used to report this test.

92145 *Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report.*

This Category I CPT code replaced the Category III CPT code, 0181T, introduced July 1, 2007.

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**QUESTION:** What is the Medicare reimbursement for this test?

**ANSWER:** CPT 92145 is defined as “*unilateral or bilateral*” so reimbursement is usually for both eyes. The first quarter 2015 national Medicare Physician Fee Schedule allowable for 92145 is \$15.73. This includes \$6.79 for the technical component and \$8.94 for the professional component (*i.e.*, interpretation). These amounts are adjusted in each area by local wage indices. Other payers set their own rates, which may differ significantly from the Medicare published fee schedule.

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**QUESTION:** Will Medicare and other third-party payers cover CH testing?

**ANSWER:** Sometimes. In the absence of a published policy, coverage is determined on a case-by-case basis at the discretion of the payer. Some payers have published policies that declare CH is “*experimental and investigational*” and consequently not covered.<sup>7,8,9,10</sup>

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The reader is strongly encouraged to review federal and state laws, regulations and official instructions promulgated by Medicare and other payers. This document is *not an official source* nor is it a complete guide on all matters pertaining to reimbursement. The reader is also reminded that this information, including references and hyperlinks, can and does change over time, and may be incorrect at any time following publication.

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**QUESTION:** May beneficiaries be held financially responsible for payment if Medicare denies the claim?

**ANSWER:** Yes. Before testing, ask the patient to agree to be financially responsible if reimbursement is not forthcoming. Obtain the patient's signature on an Advance Beneficiary Notice of Noncoverage (ABN) for Medicare patients or on another suitable waiver form for other payers.

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**QUESTION:** Must the physician be in the office while CH testing is being performed?

**ANSWER:** Under Medicare program standards, this test requires 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 during the performance of the procedure.

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**QUESTION:** What documentation is required in the medical record for CH testing?

**ANSWER:** In addition to the results of the test, the medical record should contain:

- Patient's name and date of test
- Order for the test with medical rationale
- Reliability of the test
- Test findings (*i.e.*, printout)
- Assessment, diagnosis
- Comparison with prior tests (if available)
- Impact on treatment, prognosis
- Physician's signature

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**QUESTION:** Is CH testing bundled with other services?

**ANSWER:** Yes. According to Medicare's National Correct Coding Initiative (NCCI), 92145 is bundled with provocative tests for glaucoma (92140), as are the glaucoma screening codes G0117 and G0118. In addition, the E/M service 99211 is bundled with this test.

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**QUESTION:** How frequently may CH testing be repeated?

**ANSWER:** There are no published limitations for repeated testing. 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 third party payers.

- <sup>1</sup> PubMed. Search for term "hysteresis"
- <sup>2</sup> Deol, M, Taylor, DA, Radcliffe, N., *Curr Opin Ophthalmol*. Mar 2015. Vol 26 No 2. Mar 2015. [Link here](#).
- <sup>3</sup> Shah, S, et al. *Invest Ophthalmol & Vis Sci*. July 2007. Vol 48 No 7 p. 3026-3031. [Link here](#).
- <sup>4</sup> del Buey, MA, et al. *Invest Ophthalmol & Vis Sci*. July 2007. Vol 50 No 7 p. 3199-3202. [Link here](#).
- <sup>5</sup> FDA. Clearance letter, K032799. 2004. [Link here](#).
- <sup>6</sup> FDA. Clearance letter, K081756. 2008. [Link here](#).
- <sup>7</sup> United Health Care. Clinical Policy 048.9 T2. [Link here](#).
- <sup>8</sup> Aetna. Glaucoma Testing Policy 0622. [Link here](#).
- <sup>9</sup> Blue Cross Blue Shield. Alabama Policy 354. [Link here](#).
- <sup>10</sup> Geisinger Health Plan. Clinical Policy MP207. [Link here](#).

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