

Optometry Coding & Billing Alert

VEP Tests on Nonverbal Patients? Look to 95930

You may find better amblyopia testing results -- and more steady payment

Optometrists who test nonverbal patients for vision impairments are increasingly turning to visual evoked potential (VEP) testing for its diagnostic advantages over other vision screening tests.

You may also find that VEP can also be more lucrative than other tests, with some insurers reimbursing as much as \$160.

Although payment for vision screening (99173, Screening test of visual acuity, quantitative, bilateral) can prove hard to come by, reimbursement is much more straightforward for VEP test code 95930 (Visual evoked potential [VEP] testing central nervous system, checkerboard or flash). Instead of the SureSight Vision Screener (99173), "I use the VEP machine (95930)," says **Richard Lander, MD, FAAP**, a physician in Livingston, N.J. "It is a good screening test for amblyopia that is able to test kids as young as 6 months old."

Test Nonverbal Children With Staff-Run Test

"Clinically, VEP provides the eye practitioner with a non-invasive, user-friendly, objective measure of a patient's visual function," explains **Diane C. Fulton**, director of insurance/medical coding and billing for Diopsys Inc. in Pine Brook, N.J. "It is used for diagnosis and treatment of patients with a variety of conditions, signs and symptoms that affect the visual pathway." VEP is effective on pre-verbal patients as young as 6 months, says Fulton.

VEP screening can detect amblyopia, strabismus and visual acuity defects in children younger than 5 years of age.

Benefit: A VEP machine, such as the Enfant Pediatric Vision Testing System manufactured by Diopsys, lets you detect visual deficits, such as optic nerve disorders, asymmetric refractive errors, and other problems that could lead to amblyopia in children who can't tell you they have visual problems.

The device measures the strength and speed of stimuli from the eye to the visual cortex along the visual pathway, explains Fulton.

The child may be preverbal or unreliably tested with subjective vision tests, says Fulton. Or with older children, the patient may not recognize that he has a problem because his sight seems "normal" to him.

Maintain Proper Supervision Level

Supervision: Medicare's Physician Fee Schedule assigns the technical component of VEP testing (95930-TC) supervision indicator "21," notes **Maggie M. Mac, CMM, CPC, CMSCS**, consulting manager for Pershing, Yoakley and Associates in Clearwater, Fla.

This supervision level allows certified technicians to perform the test under the general supervision of a physician. However, uncertified technicians must perform the test under direct supervision.

"This means that the technician must be certified to perform the test when a physician is not present in the office suite," Mac explains. Only a physician can perform the interpretation of the test (95930-26).

Look for many non-Medicare payers to follow these same guidelines. "In the absence of specific policies for diagnostic tests, most payers, including Medicaid, other federal programs and private payers, will follow the policies developed by CMS," Mac says.

Expect Payment Most of the Time

CPT assigns 95930 for VEP. Insurers reimburse the test 80 percent of the time, depending on your payer mix and geographic area, Fulton says.

The estimated 20 percent of payers that reject 95930 coverage usually do so due to contractual issues. "The insurer doesn't want to add the code to its capitation exceptions," Fulton says. "Or, the payer requires a specialist perform the test based on antiquated intra-operative VEP guidelines."

Check Your Payers- Rates

Medicare allows \$108 (2.83 relative value units) for 95930 nationally. Therefore, from payers that pay 120 percent of the 2008 fee schedule, you can expect about \$129, for example. Insurers and Medicaid programs offer a wide range of 95930 payments.

Commercial plan payments range from \$60 to \$160. "Aetna sets the -gold standard- of medical policies when it comes to VEP," Fulton says. The insurer recognizes the importance of early vision testing.

Most state Medicaid plans cover VEP. Ohio Medicaid pays the code at a low of \$30, with many other state Medicaid plans paying about \$90.

Challenge OR Coverage Limitations

Some plans may have outdated VEP policies. For instance, Oxford's guidelines limit VEP coverage to the operating room or certain specialists.

Surgeons often use VEP to monitor brain function when performing delicate operations close to the optic nerve. Some insurers need to update their policies to reflect the new use of VEP machines in primary care, Fulton says.

Action: Make a chart of your major payers- VEP policies, focusing on noncovered versus covered. Fulton follows VEP reimbursement trends across the country and can help facilitate this process (dfulton@diopsys.com or 973-244-0622 ext. 322).

"If an insurer states it is not a covered service, the patient has the option to pay at the time of service," Lander says.

Low Vision Patients May Also Benefit

"Specialists in vision therapy and their patients also benefit from this test because the vision therapist has a means of establishing a baseline of visual function and the ability to monitor a patient's response to vision therapy and subsequent need for treatment," Fulton says.

Hold Off on Related Supplies

Although 95930's practice expense does not include the eye patch (A6412), payers generally don't cover the item.

Code 95930's Medicare fee schedule practice expense relative value units include the electrodes (A4556) and the conductive gel (A4558) associated with the test, says **Richard Tuck, MD, FAAP**, a prior member of the AMA's Specialty Society Relative Value Scale Update Committee.

Payers that follow the fee schedule may justifiably deny this additional charge as included in the payment for 95930.