QUESTION: What is the Icare® HOME tonometer?

ANSWER: The Icare® HOME tonometer is a handheld device that a trained and certified patient can use to safely and reliably measure intraocular pressure (IOP) at home on an occasional basis without local anesthesia. It is FDA cleared and available in the US. Compared with Goldmann applanation tonometry (GAT), the Icare® HOME measurements agreed with GAT within 5 mm Hg in 91% of patients. The mean difference between Icare® HOME and GAT was -0.33 mm Hg (SD 3.11). Most patients (84%) can be certified to use the Icare® HOME, but not all, and some patients (6%) have difficulty using the device even after training.

QUESTION: How is a patient trained and certified for the Icare® HOME tonometer?

ANSWER: An ophthalmologist’s or optometrist’s medical assistant provides instruction to the patient on the use of the Icare® HOME tonometer. Then, the patient practices self-tonometry under the gaze of the medical assistant. Once proficiency is established, the patient is certified.

QUESTION: How is IOP recorded by the Icare® HOME tonometer?

ANSWER: The Icare® HOME tonometer captures the IOP measurements but does not display them. The measurements stored within the Icare® HOME unit can only be downloaded and read by a physician equipped with a suitable computer and Icare® LINK software.

QUESTION: What is the indication for self-tonometry?

ANSWER: Self-tonometry is indicated to determine whether IOP monitoring outside of normal office hours adds clinically useful information. Some potential motivations for self-tonometry include: suspicion of diurnal variability, immediate postoperative use, and to measure the impact of self-administered medication.

QUESTION: Does an Icare® HOME tonometer fall within the definition of durable medical equipment (DME)?

ANSWER: Yes. DME is equipment that: 1) can withstand repeated use; 2) is primarily and customarily used to serve a medical purpose; 3) is not useful in the absence of illness or injury; and 4) is appropriate for use in the home.

QUESTION: Does a DME Medicare Administrative Contractor pay for a brief rental of an Icare® HOME tonometer?

ANSWER: No. DME that is only rented for a few days is not covered by Medicare; long term rentals on a monthly basis may be covered.

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**7**

**QUESTION:** What CPT code describes self-tonometry?

**ANSWER:** CPT is a list of descriptive terms and identifying codes for reporting medical services performed by physicians or other qualified health care professionals. Self-tonometry is performed by the patient— not the physician. No CPT code exists; a claim for professional services should not be filed. A potential source of confusion is CPT 92100 (serial tonometry). This physician-administered test is not self-tonometry.

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**8**

**QUESTION:** Is there a Health Care Procedure Coding System (HCPCS) code to describe the Icare® HOME tonometer?

**ANSWER:** At present, HCPCS does not contain a code to describe a home tonometer. The default HCPCS code is A9999 (Miscellaneous DME supply or accessory, not otherwise specified).

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**9**

**QUESTION:** How do we obtain payment for the rental of an Icare® HOME tonometer?

**ANSWER:** Beneficiaries are financially responsible for noncovered items and services. A modest charge applies to the short term (i.e., a few days) rental of the Icare® HOME tonometer. A fully refundable safety deposit on the instrument may also apply.

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

**ANSWER:** Explain to the patient why a short term rental of the Icare® HOME tonometer 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 processes.
- For commercial insurance beneficiaries, a Notice of Exclusion from Health Plan Benefits (NEHB) is an alternative to an ABN.

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The reader is strongly encouraged to review federal and state laws, regulations, code sets (including ICD-10), and official instructions promulgated by Medicare and other payers. This document is not an official source nor is it a complete guide on reimbursement. 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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