

Fundus Imaging CPT Coding Guide 2021



What tests are performed with Optomed Aurora?

The Optomed Aurora camera sets new performance standards in retinal imaging. Aurora provides an easy to use handheld camera capturing 50° field view of the retina without dilation in most cases. An anterior segment module also provides you the opportunity to document ocular surface disease.

The Aurora takes fundus photographs in true color view of the retina with filters for red-free and infrared. It also contains an anterior segment module to perform external ocular photography. It allows the clinician to evaluate and document a wide variety of anterior posterior segment eye disease.

Is Fundus Photography covered by Medicare and other third-party payers?

Yes, if the patient presents with a complaint that leads you to perform this test as an adjunct to evaluation and management of a covered indication. If images are taken as baseline documentation of a healthy eye or as preventative medicine to screen for potential disease, then the test is not covered (even if disease is later identified). Also, it is not covered if performed for indications not in the local coverage policy.



What documentation is required in the medical record to support a claim for the tests?

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:

- an order for the test with medical rationale
- the date of the test
- the reliability of the test (e.g., cloudy due to cataract, patient cooperation)
- the test findings (e.g., hemorrhage, papilledema, vascularization, neoplasm)
- comparison with prior tests (when applicable)
- a diagnosis (if possible)
- the impact on treatment and prognosis
- the signature of the physician



What CPT codes are used to report these tests using Optomed Aurora?

Use CPT code 92250 (Fundus photography with interpretation and report) to report the service of documenting retinal images. CPT code 92285, (External ocular photography with interpretation and report) for documentation of medical progress, describes the service documenting anterior segment images.

What is the reimbursement for 92250 and 92285?

Both codes are defined as bilateral, so reimbursement is for both eyes. The 2019 national Medicare Physician Fee Schedule allowable for Fundus Photography is \$58.32. Of this amount, \$36.00 is assigned to the technical component and \$22.32 is the value of the professional component (i.e., interpretation). Make sure that you're using the .TC or .26 modifiers to indicate which component you are performing.

For external photography, Medicare Physician Fee Schedule allowable for 92285 is \$21.24. Of this amount, \$18.00 is assigned to the technical component and \$3.24 is the value of 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. Both codes are 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.

How often may we re-test?



Repeat testing is necessitated by disease progression, the advent of new disease, or planning for additional surgical treatment. Otherwise, repeated photos of the same, unchanged, condition are unwarranted or noncovered except in the case of suspected occult disease.

As a reference, Medicare utilization rates for claims paid in 2017 show that Fundus Photography was associated with 9% of all office visits by ophthalmologists. That is, for every 100 exams performed on Medicare beneficiaries, Medicare paid for this service 9 times. For optometrists, the utilization rate is about 14%.

Are there bundles affecting these codes?

Yes. According to Medicare's National Correct Coding Initiative (NCCI), 92250 is mutually exclusive with SCODI of the posterior segment (92133, 92134). It is also bundled with ICG angiography (92240, 92242), although there is no problem billing 92235 and 92250 together. 92235 is mutually exclusive with fluorescein angiography (92230). Some Medicare Administrative Contractors (MACs) also discourage both Fundus Photography and extended ophthalmoscopy at the same session unless the services are clearly not duplicative.



How do Extended Ophthalmoscopy and imaging of the retina interact when coding?



Extended ophthalmoscopy (EO; CPT 92225, 92226) and imaging of the retina (CPT 92250, 92134, 92235, 92240) are overlapping services. This overlap often leads to confusion as to whether both may be reimbursed when performed at the same visit. When Extended Ophthalmoscopy and imaging are performed concurrently, reimbursement depends on these tests finding different information. Imaging and retinal drawings are valuable tools, but both need justification of medical necessity for reimbursement.

For patients with multiple diagnoses and imaging cannot capture the desired information, a separate charge for Extended Ophthalmoscopy may be justified. In those cases, documentation should include a unique order for the imaging test(s), retinal drawings for the Extended Ophthalmoscopy, and a separate interpretation for each test. Where multiple tests are performed for a single diagnosis or the interpretations read the same for all tests, it is difficult to argue that additive information was obtained.

If coverage of Fundus Photography or External Photography is unlikely or uncertain, how should we proceed?

Explain to the patient why the test is necessary, and that Medicare or other third-party payer will likely deny the claim. Obtain a financial waiver, which can take several forms.

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 may have their own waiver forms and are not permitted to use the Medicare ABN form.

For commercial insurance beneficiaries, a Notice of Exclusion from Health Plan Benefits (NEHB) is an alternative to an ABN.



Can I use AI to help build a retinal screening clinic?

The American Medical Association (AMA) added CPT code 92229 for retinal imaging with automated point-of-care analysis and report (unilateral or bilateral). Per the AMA, this technology better supports patient screening for diabetic retinopathy, and it increases the early detection and incorporation of findings into diabetes care. AI technology enables physicians—particularly primary care and internal medicine physicians—to diagnose and treat diabetic retinopathy as early in the disease progression as possible (i.e., before patients even experience symptoms) to prevent vision loss. The Aurora IQ has been built with AI integration in mind, creating a seamless screening process.

What about telemedicine CPT codes 92227 and 92228?

PCP doctors may choose to use codes 92227 and 92228 for diabetic retinopathy screening, but note that these are telemedicine codes.

Two CPT codes, 92227 and 92228, for remote imaging, were introduced to "... meet the needs of diabetic retinopathy screening programs which provide remote imaging and data submission to a centralized reading center." They've been updated in 2021 to be more straightforward and streamlined. They no longer require a history of any disease, instead speak on the type of person doing the interpreting. These 2 codes and, for the sake of comparison, the longstanding fundus photography code, 92250, are as follows:

92227: Imaging of retina for detection or monitoring of disease with remote clinical staff review and report, unilateral or bilateral.

92228: Imaging of retina for detection or monitoring of disease with remote physician or other qualified health care professional interpretation and report, unilateral or bilateral.

92250: Fundus photography with interpretation and report

These codes are mutually exclusive — choose only one to identify a service. In addition, the remote imaging codes are not billed with an exam according to CPT.

The highest value is attached to 92250, which explains the attraction of it; however, AMA would not have created 92227 and 92228 if 92250 applied to fundus photography in telemedicine. As such, 92250 fundus photography can be used with a TC technical component modifier with either codes 92227 or 92228.



CPT CODE	REMOTE USE	INTERPRETATION REQUIRED	2019 RVU	TC/26 MODIFIER
92227	Yes	No (clinician)	0.40	No
92228	Yes	No (physician)	0.97	No
92229	Yes	No (AI)	New 2021	No
92250	Yes or No*	Yes	1.43	Yes
92285	Yes or No*	Yes	0.62	Yes

*Varies depending on payer.

Note: All codes are bilateral

These are suggested coding guides. Please check with your coding and billing specialist and payer for confirmation of coding best practices.