Corcoran Consulting Group
a subsidiary of MEDICAL CONSULTING GROUP

MEDICARE REIMBURSEMENT FOR FUNDUS PHOTOGRAPHY

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1 ***QUESTION:*** What is fundus photography performed with Nidek's AFC-330?

ANSWER: Photographs of the macula, retina and optic nerve, with or without colored filters, are fundus photographs. The posterior pole can be photographed directly through the pupil, with or without mydriasis. Dilation permits sharper and brighter pictures because a larger pupil admits more light. Fundus photographs permit a longer look at the back of the eye than is possible with ophthalmoscopy, and aid in evaluating and monitoring disease.

2 ***QUESTION:*** Is fundus photography covered by Medicare and other payors?

ANSWER: Usually. Medicare will reimburse you for fundus photography if the patient presents with a complaint that leads you to order and perform this test as an adjunct to evaluation and management of a covered indication. If the images are taken as baseline documentation of a healthy eye or as preventative medicine to screen for potential disease, then the test is generally not covered (even if the test identifies disease). Also, it is not covered if performed for indications not in the local coverage policy.

3 ***QUESTION:*** What CPT code should we use to describe this test?

ANSWER: Use CPT code 92250 (*Fundus photography with interpretation and report*) to report this test.

4 ***QUESTION:*** What documentation is required in the medical record to support claims for fundus photography?

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
- reliability of the test (*e.g.*, cloudy due to cataract)
- test findings (*e.g.*,microaneurysm)
- comparison with prior tests (if applicable)
- a diagnosis (if possible)
- the impact on treatment and prognosis
- physician's signature

A form suitable for documenting the interpretation of fundus photos and other tests is available on Corcoran's website. It may also be adapted for use within an EMR system.

5 ***QUESTION:*** How is fundus photography reimbursed?

ANSWER: CPT 92250 is defined as bilateral so reimbursement is for both eyes. The 2025 national Medicare Physician Fee Schedule allowable is $36. Of this amount, $16 is assigned to the technical component and $20 is the value of the professional component (*i.e.,* interpretation). These amounts are adjusted in each area by local wage indices. Other payors set their own rates, which may differ significantly from the Medicare published fee schedule.

Fundus photography 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.

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6 ***QUESTION:*** Is fundus photography bundled with other services?

ANSWER: Yes. According to Medicare's National Correct Coding Initiative (NCCI), 92250 is mutually exclusive with ophthalmic diagnostic imaging of the posterior segment (92133, 92134), as well as the remote retinal services 92227, 92228 and 92229. It is also bundled with ICG angiography (92240 and 92242). Extended ophthalmoscopy (92201 or 92202) is bundled with 92250, as is the technician exam 99211. Although there are no NCCI edits with the new OCT-A code (92137) at the time of this publication, we expect to see it added as well.

7 ***QUESTION:*** How often may this test be repeated on a patient?

ANSWER: In general, diagnostic tests are reimbursed when medically indicated. Clear documentation of the reason for testing is always required. Most often, the justification is an indication of progression of a chronic disease.

Medicare utilization rates for claims paid in 2022 show that fundus photography was performed at 10.0% of all office visits by ophthalmologists. That is, for every 100 exams performed on Medicare beneficiaries, Medicare paid for this service 10 times. The utilization rate for optometry is 17.6%.

8 ***QUESTION:*** Is the physician's presence required while fundus photography is being performed?

ANSWER: Under Medicare program standards, this test requires 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 test.

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

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