

REIMBURSEMENT GUIDE

---

SPECTRALIS

CODE 92285

External Ocular Photography

**SPECTRALIS<sup>®</sup>**

**The Fusion of Imaging Technologies**

# **SPECTRALIS**

SPECTRALIS dual beam imaging system combines high resolution cross-sectional imaging with a simultaneous reference image. It is available in a number of distinct models which offer various combinations of the imaging modalities listed in the table below.

	HRA+OCT	FA+OCT	HRA	OCT <sup>PLUS</sup> with BluePeak	OCT <sup>PLUS</sup>	OCT with BluePeak	OCT
Optical coherence tomography	•	•		•	•	•	•
Infrared imaging	•	•	•	•	•	•	•
Fluorescein angiography	•	•	•				
ICG angiography	•		•				
Iris angiography	•	•	•				
External photography	•	•	•	•	•	•	•
BluePeak blue laser autofluorescence	•	•	•	•		•	
Red-free photography	•	•	•				
Fundus photography	•	•	•	•	•	•	•

This reimbursement guide addresses specifically the Medicare reimbursement and documentation requirements for billing external ocular photographs or images as it relates to the SPECTRALIS imaging system. Providers should note that appropriate diagnosis codes are required to substantiate medical necessity when billing these services.

As with any service billed to Medicare, providers are encouraged to check with their local Medicare Administrator Contractor (MAC) for specific billing and documentation guidelines.

## *External Ocular Photos*

### **CPT Code 92285**

#### **External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, gonioscopy, stereo-photography)**

External ocular photography is often referred to as anterior segment photography and is used to document abnormalities of the anterior segment that do not require magnification to be seen in the eyelids, lashes, sclera, conjunctiva, and cornea. External photography techniques may also be used to document conditions related to structures of the anterior segment of the eye. These would include anterior chamber, iris, crystalline lens and filtration angle.

The SPECTRALIS imaging system uses stereo-photography of the external surface of the eye to image the anterior chamber, iris, crystalline lens abnormalities of the lids, lashes, cornea, canthus and sclera.

## *Coverage Guidelines*

External ocular photography may be indicated when photo-documentation is required to track the progression or lack of progression of an eye condition, or to document the progression of a particular cause of treatment. While many conditions of the eye could be photographed, this procedure should not be used to simply document the existence of a condition in order to enhance the medical record.

Medicare also requires external ocular photography to support blepharoplasty and ptosis repair surgery. A few Medicare contractors, however, do not pay for the necessary photographs needed to document the surgery. Any Medicare denials for this reason should be appealed.

Medical record documentation maintained by the performing physician must indicate the medical necessity of the external ocular photography. Office records/progress notes must document the complaint, symptomatology, or reason necessitating the test and must include the examination results/findings.

A printout or digital image of the anterior segment of the eye supporting medical necessity should be maintained in the patient's medical records.

Not all Medicare contractors cover the conditions outlined in the following list of diagnosis codes. The list is intended to provide the most common conditions that might be considered for payment.

DIAGNOSIS CODES	DIAGNOSIS CODE DESCRIPTION
-----------------	----------------------------

053.20-053.29	Herpes zoster dermatitis of eyelid - herpes zoster with other ophthalmic complications
054.40-054.49	Herpes simplex with unspecified ophthalmic complication
077.0-077.99	Inclusion conjunctivitis – Unspecified diseases of conjunctiva due to viruses
117.9	Other and unspecified mycoses
136.1	Behcet’s syndrome
171.0	Malignant neoplasm of connective and other soft tissue of head face and neck
172.1	Malignant melanoma of skin of eyelid including canthus
173.1	Other malignant neoplasm of skin of eyelid including canthus
190.0	Malignant neoplasm of eyeball except conjunctiva cornea retina and choroid
190.3	Malignant neoplasm of conjunctiva
190.4	Malignant neoplasm of cornea
198.2	Secondary malignant neoplasm of skin
198.4	Secondary malignant neoplasm of other parts of nervous system
216.1	Benign neoplasm of eyelid including canthus
224.0	Benign neoplasm of eyeball except conjunctiva cornea retina and choroid
224.3	Benign neoplasm of conjunctiva
224.4	Benign neoplasm of cornea
232.1	Carcinoma in situ of eyelid including canthus
234.0	Carcinoma in situ of eye
238.2	Neoplasm of uncertain behavior of skin
238.8	Neoplasm of uncertain behavior of other specified sites
<u>239.2</u>	Neoplasm of unspecified nature of bone soft tissue and skin
<u>239.8</u>	Neoplasm of unspecified nature of other specified sites
<u>351.0</u>	Bell’s palsy
<u>360.00-360.04</u>	Prudent endophthalmitis unspecified –vitreous abscess
<u>360.11-360.19</u>	Sympathetic uveitis – Other endophthalmitis
<u>360.50-360.69</u>	Foreign body magnetic intraocular unspecified – Intraocular foreign body in other OR multiple sites
<u>362.81-362.89</u>	Retinal hemorrhage – Other retinal disorders
364.00 – 364.05	Acute and subacute iridocyclitis unspecified – hypopyon
364.21	Fuchs’ Heterochromic cyclitis
364.3	Unspecified iridocyclitis
364.41 – 364.42	Hyphema of iris and ciliary body - rubeosis iridis
364.51 – 364.59	Essential or progressive iris atrophy - other iris atrophy
364.60 – 364.64	Idiopathic cysts of iris and ciliary body - exudative cyst of pars plana
364.70 – 364.77	Adhesions of iris unspecified - recession of chamber angle of eye
365.41 – 365.44	Glaucoma associated with chamber angle anomalies – glaucoma associated with systemic syndromes
365.51 - 365.59	Phacolytic glaucoma - glaucoma associated with other lens disorders
365.61 – 365.65	Glaucoma associated with pupillary block - glaucoma associated with ocular trauma
366.11	Pseudoexfoliation of lens capsule

366.20-366.23	Traumatic cataract unspecified – partially resolved traumatic cataract
370.00 – 370.07	Corneal ulcer unspecified - Mooren's ulcer
370.20 – 370.24	Superficial keratitis unspecified – photokeratitis
370.31 – 370.35	Phlyctenular keratoconjunctivitis - neurotrophic keratoconjunctivitis
370.50-370.59	Interstitial keratitis unspecified – Other interstitial and deep keratitis
370.60 – 370.64	Corneal neovascularization unspecified - ghost vessels (corneal)
370.8	Other forms of keratitis
371.00 – 371.82	Corneal opacity unspecified - corneal disorder due to contact lens
372.00 – 372.9	Acute conjunctivitis unspecified - unspecified disorder of conjunctiva
373.11 – 373.13	Hordeolum externum - abscess of eyelid
374.00 – 374.9	Entropion unspecified - unspecified disorder of eyelid
375.30	Dacryocystitis unspecified
376.30	Exophthalmos unspecified
378.00-378.87	Esotropia unspecified – other dissociated deviation of eye movements
379.00 – 379.09	Scleritis unspecified - other scleritis
379.11 – 379.19	Scleral ectasia - other scleral disorders
379.26	Vitreous prolapse
379.31	Aphakia – Other disorders of lens
379.40-379.49	Abnormal pupillary function unspecified – other anomalies of pupillary function
694.61	Benign mucous membrane pemphigoid with ocular involvement
695.1	Erythema Multiforme
710.9	Unspecified diffuse connective tissue disease
743.46	Other specified congenital anomalies of iris and ciliary body
743.63	Other specified congenital anomalies of eyelid
743.9	Unspecified diffuse connective tissue disease
802.6	Closed fracture of orbital floor (blow-out)
802.7	Open fracture of orbital floor (blow-out)
870.0 - 870.9	Laceration of skin of eyelid and periocular area - unspecified open wound of ocular adnexa
871.0 - 871.9	Ocular laceration without prolapse of intraocular tissue – unspecified open wound of eyeball
921.3	Contusion of eyeball
930.0-930.9	Corneal foreign body – foreign body in unspecified site of external eye
940.0 - 940.9	Chemical burn of eyelids and periocular area - unspecified burn of eye and adnexa
941.02	Burn of unspecified degree of eye (with other parts of face head and neck)
941.12	Erythema due to burn (first degree) of eye (with other parts face head and neck)
941.22	Blisters with epidermal loss due to burn (second degree) of eye (with other parts of face head and neck)
941.32	Full-thickness skin loss due to burn (third degree nos) of eye (with other parts of face head and neck)

941.42	Deep necrosis of underlying tissues due to burn (deep third degree) of eye (with other parts of face head and neck) without loss of body part
941.52	Deep necrosis of underlying tissues due to burn (deep third degree) of eye (with other parts of face head and neck) with loss of a body part
977.9	Poisoning by unspecified drug or medicinal substance
995.2	Unspecified adverse effect of drug medicinal and biological substance not elsewhere classified

Providers should verify with their own Medicare contractor the specific local coverage determination (LCD) guidelines that might support the medical necessity and billing of this test.

**Attachment I** is a listing of current Medicare Administrative Contractors (MACs) and their website addresses. Providers should access their MAC website periodically for Medicare payment updates and revised or new Local Coverage Determinations (LCDs).

## *Billing Tips*

External ocular photography is considered by Medicare to be a bilateral service. Medicare reimbursement includes payment for both eyes. Some commercial payers may consider this service to be unilateral and may require it to be reported on separate detail lines with the –RT and –LT modifier.

It is expected that these services would be performed as indicated by current medical literature and/or standards of practice. When services are performed in excess of established parameters, they may be subject to review for medical necessity.

## *Advance Beneficiary Notice*

An Advance Beneficiary Notice (ABN) is a written document a doctor or supplier must give a Medicare beneficiary before items or services are furnished when the doctor or supplier believes Medicare probably or certainly will not pay for some or all of the items or services. The ABN protects the rights of the beneficiary and informs them of choices available for services Medicare might consider medically unnecessary. For example, the doctor may order a diagnostic test for a condition that is not on Medicare's approved list of covered diagnoses, but the physician feels the test would benefit the patient anyway.

The ABN used must be the official published CMS-R-131-G form. An ABN is required for both assigned and non-assigned claims, and the –GA modifier must be appended to the procedure code when submitted to Medicare. The notice must be signed and dated by the patient in advance of the service being rendered.

Medicare wants the patient to be able to make a rational, informed consumer decision before proceeding with the procedure.

The ABN must clearly identify the item or service to be performed, and must specifically state the reason Medicare is likely to deny payment. For example, the form might state that “this service is not considered medically necessary for your condition.” By signing the form, the patient acknowledges that he or she is fully aware of their financial responsibility should Medicare deny the service as “not medically necessary.”

The fee may be collected from the patient at the time service is rendered, or once a Medicare denial is received. Without a signed ABN, the physician will be required to refund any payment collected from the patient should the service be denied.

## *Chart Notes*

Under Medicare rules, all diagnostic tests must be documented as “ordered” by the treating physician. The order for the retinal tomography may be documented as part of the plan of the previous visit or documented in the subjective entry of today’s visit. Without an order documented in the patient chart, the service will be denied in a post-payment audit.

The chart should contain the following information:

- Patient’s name and date of service on each page
- Reasons for test being performed
- Order for the test
- Results of the test (ie, printout) –location of digital media must be noted
- Separate Interpretation & Report - requires physician signature
- Signature of treating physician

## *I&R*

A “separate” interpretation and report (I&R) must be documented in the patient’s medical record when any of the above tests are performed. While there are no set guidelines for information that must be contained in an I&R, it is recommended the following be documented:

1. What was seen or was not seen but anticipated;
2. Whether or not it represents an improvement, stabilization, or worsening of the patient condition; and
3. Whether or not it represents the need for a change in the patient’s Plan of Treatment.

The interpretation and report may be noted on the test result sheets, in the body of the chart, or on a separate form to be included in the chart. Some practices have created “rubber stamps” or labels to simplify the interpretation and report requirements. A sample generic form might look like this:

<p>Preliminary Diagnosis: _____</p> <p>Test Results: _____</p> <p>_____</p> <p>_____</p> <p>Disposition: _____</p> <p>_____</p> <p>Provider Signature: _____</p> <p>Date: _____</p>
---

Without a separate, identifiable interpretation and report documented in the chart, Medicare will deny the service in a post-payment audit. Taking these few extra minutes will ensure compliance with the requirements for billing this diagnostic service.

## *Modifiers*

### **Modifiers Required by Medicare**

The following modifiers apply to external ocular photography services:

- 26** Professional component of a diagnostic test. To be used when an outside provider sends test results to you for interpretation only.
- 50** Indicates a bilateral test was performed. Some contractors permit the use of the -50 modifier on one line item and reimbursement is made at 200% of the fee schedule amount. Only use this modifier if your Medicare contractor permits.
- GA** Service may be denied as “not medically necessary.” Signed Advance Beneficiary Notice on file.

- GY Program exclusion for screening exam, but patient requests service be billed to Medicare for secondary payer denial.
- GZ No Advance Beneficiary Notice on file. Do not intend to bill patient if denied as “not medically necessary.”
- LT Test performed on the left eye.
- RT Test performed on the right eye.
- TC Technical component of a diagnostic test. To be used when an outside provider has requested the test be performed by you and the results interpreted by the requesting provider.

## *Special Issues*

---

### **Purchased Services**

In some instances, a physician may not own or lease the equipment needed to perform the external ocular photography. In these cases, the physician may “purchase” the test from another Medicare provider and bill the total component (technical and professional) to Medicare using his or her own provider number.

To submit a claim to Medicare for the purchased service, Item 20 of the CMS-1500 claim form must indicate a “yes.” This indicates that an entity other than the entity billing for the service performed the diagnostic test. Item 20 must also indicate the amount you paid for the “purchased” test. Item 32 must contain the provider’s name, address, zip code and PIN. If more than one test is purchased, each “purchased” test must be submitted on a separate claim form.

Reimbursement will be based on the lower of the purchased amount indicated in Item 20, the physician’s actual charge, or the Medicare fee schedule amount.

### **Supervision Requirements**

Diagnostic tests covered under Medicare require special levels of supervision of the technician performing the test. The three levels designed by Medicare are general, direct and personal. General supervision means the test may be performed without a doctor present in the clinic. Direct supervision requires the doctor to be present in the clinic, but not necessarily in the room where the test is performed. Personal supervision requires the doctor to be present in the same room during the test.

External ocular photography can be performed under “general” supervision and does not require the presence of a physician.

### **Health Professional Shortage Area (HPSA) and Physician Scarcity Area (PSA)**

Medicare pays a quarterly 10% bonus to doctors who provide services in a Health Professional Shortage Area (HPSA) and a 5% bonus to doctors in a Physician Scarcity Area (PSA). These bonuses apply only to professional services performed by the doctor (e.g., office visits, surgeries, and professional component only of diagnostic tests). Payment will now be made on only the professional component even when a global service (no modifier) is billed.

The HPSA bonus will be paid automatically to physicians who provide care in ZIP code areas that:

- Fall entirely in a county designated as a full-county HPSA;
- Fall entirely within the county, through a determination of dominance by the U.S. Postal Service; or
- Fall entirely within a partial county HPSA.

Physicians who provide care in ZIP code areas that do not fall entirely within a full county HPSA or partial county HPSA must enter the -AQ modifier on the claim to receive the bonus.

The PSA bonus will be automatically paid without the need for a modifier on the claim for services provided in zip code areas that:

- Fall fully within a county designated as a PSA; or
- Which partially fall within a county designated as a PSA and are considered to be dominant for that county, based on a determination of the U.S. Postal service; or
- Fall within a rural area of a metropolitan statistical area identified through the latest modification of the Goldsmith modification that is determined to be a PSA.

In some cases, a service may be provided in a county that is considered to be a PSA, but the zip code is not considered to be dominant for that area. In these cases, the bonus payment cannot be made automatically. In order to receive the bonus for such services, physicians will need to include modifier –AR to reflect a physician service provided in a PSA.

Providers can go to the CMS web page to find out if they are automatically eligible to receive the HPSA or PSA bonus. The CMS web page can be found at:

- <http://www.cms.hhs.gov/HPSAPSAPhysicianBonuses/>

## *Medicare Payment*

---

As with all services paid under Medicare Part B, Medicare publishes an annual fee schedule for each CPT code in the Medicare Physician Fee Schedule Data Base (MPFSDB). This fee schedule is usually released in October or November of each year for the following year. The established fees are determined using annual conversion factors and relative values units (work, liability and practice expense) for each CPT procedure code.

Once the national payment rates are established, Medicare contractors then apply a geographic practice cost index (GPCI) to each procedure code to determine the reimbursement amount for a particular payment locality. Some states have a statewide locality. Some states have several payment localities within each state. Medicare contractors publish the fees for each payment locality on their individual websites. Physicians should review those fee schedules annually to ensure the charges made to Medicare meet or exceed Medicare fee schedule amounts for services performed and billed.

## *Closing Thought*

---

The intent of this document is to make procedural information and material available to facilitate prompt and accurate documentation and processing of a Medicare claim for external ocular photography using the SPECTRALIS imaging system. This document should not be considered a replacement of published Medicare regulations or implementing guidelines.

The final liability for compliance with all Medicare rules and regulations rests solely with the performing provider. The provider should make every attempt to contact the Medicare contractor for specific guidelines regarding reimbursement, documentation and coding of external ocular photography.

Heidelberg Engineering or Rose & Associates shall not be liable to you, your employees, or any other party for inadvertent errors or omissions in information provided to you by company employees or representatives.

## ATTACHMENT I

Medicare Administrative Contractors (MAC) by State

State	Contractor	Policy Name*	Website Address
Alabama	Cahaba GBA	OCT	<a href="http://www.cahabagba.com">www.cahabagba.com</a>
Alaska	Noridian	SLGT	<a href="http://www.noridianmedicare.com">www.noridianmedicare.com</a>
Arizona	Noridian	SLGT	<a href="http://www.noridianmedicare.com">www.noridianmedicare.com</a>
Arkansas	Pinnacle	SCODI	<a href="http://www.arkmedicare.com">www.arkmedicare.com</a>
California	Palmetto GBA	SLGT	<a href="http://www.palmettogba.com">www.palmettogba.com</a>
Colorado	TrailBlazer	SLGT	<a href="http://www.trailblazerhealth.com">www.trailblazerhealth.com</a>
Connecticut	NGS	SCODI	<a href="http://www.ngsmedicare.com">www.ngsmedicare.com</a>
DC	Highmark	SCODI	<a href="http://www.highmarkmedicareservices.com">www.highmarkmedicareservices.com</a>
Delaware	Highmark	SCODI	<a href="http://www.highmarkmedicareservices.com">www.highmarkmedicareservices.com</a>
Florida	First Coast	SCODI	<a href="http://www.medicarefcso.com">www.medicarefcso.com</a>
Georgia	Cahaba GBA	OCT	<a href="http://www.cahabagba.com">www.cahabagba.com</a>
Hawaii	Palmetto GBA	SLGT	<a href="http://www.palmettogba.com">www.palmettogba.com</a>
Idaho	CIGNA	SCODI	<a href="http://www.cignagovernmentservices.com">www.cignagovernmentservices.com</a>
Illinois	WPS	OCT	<a href="http://www.wpsic.com/medicare">www.wpsic.com/medicare</a>
Indiana	NGS	SCODI	<a href="http://www.ngsmedicare.com">www.ngsmedicare.com</a>
Iowa	WPS	OCT	<a href="http://www.wpsic.com/medicare">www.wpsic.com/medicare</a>
Kansas	WPS	OCT	<a href="http://www.wpsic.com/medicare">www.wpsic.com/medicare</a>
Kentucky	NGS	SCODI	<a href="http://www.ngsmedicare.com">www.ngsmedicare.com</a>
Louisiana	Pinnacle	SCODI	<a href="http://www.lamedicare.com">www.lamedicare.com</a>
Maine	NHIC	SCODI	<a href="http://www.medicarenhic.com">www.medicarenhic.com</a>
Maryland	Highmark	SCODI	<a href="http://www.highmarkmedicareservices.com">www.highmarkmedicareservices.com</a>
Massachusetts	NHIC	SCODI	<a href="http://www.medicarenhic.com">www.medicarenhic.com</a>
Michigan	WPS	OCT	<a href="http://www.wpsic.com/medicare">www.wpsic.com/medicare</a>
Minnesota	WPS	OCT	<a href="http://www.wpsic.com/medicare">www.wpsic.com/medicare</a>
Mississippi	Cahaba	OCT	<a href="http://www.cahabagba.com">www.cahabagba.com</a>
Missouri	WPS	OCT	<a href="http://www.wpsic.com/medicare">www.wpsic.com/medicare</a>
Montana	Noridian	SLGT	<a href="http://www.noridianmedicare.com">www.noridianmedicare.com</a>
Nebraska	WPS	OCT	<a href="http://www.wpsic.com/medicare">www.wpsic.com/medicare</a>
Nevada	Palmetto GBA	SLGT	<a href="http://www.palmettogba.com">www.palmettogba.com</a>
New Hampshire	NHIC	SCODI	<a href="http://www.medicarenhic.com">www.medicarenhic.com</a>
New Jersey	Highmark	SCODI	<a href="http://www.highmarkmedicareservices.com">www.highmarkmedicareservices.com</a>
New Mexico	TrailBlazer	SLGT	<a href="http://www.trailblazerhealth.com">www.trailblazerhealth.com</a>
New York	NGS	SCODI	<a href="http://www.ngsmedicare.com">www.ngsmedicare.com</a>
North Carolina	CIGNA	SLGT	<a href="http://www.cignagovernmentservices.com">www.cignagovernmentservices.com</a>
North Dakota	Noridian	SLGT	<a href="http://www.noridianmedicare.com">www.noridianmedicare.com</a>
Ohio	Palmetto	SLGT	<a href="http://www.palmettogba.com">www.palmettogba.com</a>

Oklahoma	Trailblazer	SLGT	<a href="http://www.trailblazerhealth.com">www.trailblazerhealth.com</a>
Oregon	Noridian	SLGT	<a href="http://www.noridianmedicare.com">www.noridianmedicare.com</a>
Pennsylvania	Highmark	SCODI	<a href="http://www.highmarkmedicareservices.com">www.highmarkmedicareservices.com</a>
Rhode Island	NHIC	SCODI	<a href="http://www.rimedicare.com">www.rimedicare.com</a>
South Carolina	Palmetto GBA	SCODI	<a href="http://www.palmettogba.com">www.palmettogba.com</a>
South Dakota	Noridian	SLGT	<a href="http://www.noridianmedicare.com">www.noridianmedicare.com</a>
Tennessee	CIGNA	SLGT	<a href="http://www.cignagovernmentservices.com">www.cignagovernmentservices.com</a>
Texas	TrailBlazer	SLGT	<a href="http://www.trailblazerhealth.com">www.trailblazerhealth.com</a>
Utah	Noridian	SLGT	<a href="http://www.noridianmedicare.com">www.noridianmedicare.com</a>
Vermont	NHIC	SCODI	<a href="http://www.medicarenhic.com">www.medicarenhic.com</a>
Virginia	TrailBlazer	LCT	<a href="http://www.trailblazerhealth.com">www.trailblazerhealth.com</a>
Washington	Noridian	SLGT	<a href="http://www.noridianmedicare.com">www.noridianmedicare.com</a>
West Virginia	Palmetto GBA	SLGT	<a href="http://www.palmettogba.com">www.palmettogba.com</a>
Wisconsin	WPS	OCT	<a href="http://www.wpsic.com/medicare">www.wpsic.com/medicare</a>
Wyoming	Noridian	SLGT	<a href="http://www.noridianmedicare.com">www.noridianmedicare.com</a>

\* Medical policies refer to the method of testing, not specific equipment. When the name of the policy indicates OCT, the policy includes all manufacturers of scanning ophthalmic diagnostic imaging.

**Abbreviation Legend:**

<b>Medicare Carriers</b>	
NGS	National Government Services
NHIC	National Heritage Insurance Company
WPS	Wisconsin Physician Service
<b>Medicare Policy Titles</b>	
LCT	Laser Coherence Tomography
OCT	Ocular Coherence Tomography
SCODI	Scanning Computerized Ophthalmic Diagnostic Imaging
SLGT	Scanning Laser Glaucoma Tests