

REIMBURSEMENT GUIDE

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SPECTRALIS

CODE 92250

Fundus Photography

**SPECTRALIS®**

**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 fundus 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.

## *Fundus Photos*

### **CPT Code 92250**

#### **Fundus photography with interpretation and report**

Fundus photography may be indicated to document abnormalities related to a disease process affecting the eye, or to follow the progress of such disease. It also lends itself to the assessment of a wide variety of retinal disorders.

Photography documenting external eye abnormalities (eg, corneal and scleral neoplasms) may also be necessary. The SPECTRALIS imaging system provides images that are sufficiently detailed to be clinically relevant as required by Medicare and other payers.

These studies are to be used to document the progression of pathologic findings, and, in the presence of pathologic findings, are not a substitute for the standard of care, which is an annual dilated eye exam by a qualified medical professional. Some organizations recommend that diabetics have an annual dilated eye examination to look for retinal disease; fundus photographs are not a recommended or acceptable substitute for this dilated eye exam.

## *Coverage Guidelines*

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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
017.30 – 017.36	Tuberculosis of eye

O42	Human immunodeficiency virus (HIV) disease
078.5	Cytomegaloviral disease
091.51	Syphilitic chorioretinitis (secondary)
094.83	Syphilitic disseminated retinochoroiditis
115.92	Histoplasmosis, unspecified, retinitis
130.1	Conjunctivitis due to toxoplasmosis
130.2	Chorioretinitis due to toxoplasmosis
130.9	Toxoplasmosis unspecified
190.5-190.6	Malignant neoplasm of eye
198.4	Secondary malignant neoplasm of other parts of nervous system
224.0	Benign neoplasm of eyeball except conjunctiva cornea retina and choroid
224.5-224.6	Benign neoplasm of eye
225.1	Benign neoplasm of cranial nerves
238.8	Neoplasm of uncertain behavior of other specified sites
238.9	Neoplasm of unspecified nature of other unspecified sites
250.50-250.51	Diabetes mellitus with ophthalmic manifestations
264.7	Other ocular manifestations of vitamin A deficiency
270.2	Disorders of amino acid transport and metabolism; other disturbances of aromatic amino acid metabolism
340	Multiple sclerosis
348.2	Benign intracranial hypertension
360.00-360.04	Purulent endophthalmitis
360.11-360.14	Other endophthalmitis
360.19	Other endophthalmitis
360.20-360.24	Disorders of the globe
360.30-360.33	Hypotony of eye
360.44	Leucocoria
360.50	Disorders of the globe; foreign body, magnetic, intraocular, unspecified
360.54-360.55	Disorders of the globe; foreign body, magnetic
360.59	Disorders of the globe; intraocular foreign body, magnetic, in other or multiple sites
360.64-360.65	Disorders of the globe; non-magnetic, foreign body
360.69	Disorders of the globe; non-magnetic, foreign body in other or multiple sites
361.00-361.07	Retinal detachment with retinal defect
361.10-361.14	Retinoschisis and retinal cysts
361.19	Other retinoschisis and retinal cysts
361.2	Retinal detachments and defects; serous retinal detachment
361.30-361.33	Retinal defects without detachment
361.81	Traction detachment of retina
361.89	Other forms of retinal detachment
361.9	Unspecified retinal detachment
362.01-362.07	Diabetic retinopathy
362.10-362.18	Other background retinopathy and retinal vascular changes
362.20-362.27	Other proliferative retinopathy
362.29	Other non-diabetic proliferative retinopathy
362.30-362.37	Retinal vascular occlusion
362.40-362.43	Separation of retinal layers

362.50-362.57	Degeneration of macula and posterior pole
362.60-362.66	Peripheral retinal degenerations
362.70-362.77	Hereditary retinal dystrophies
362.81-362.85	Other retinal disorders
362.89	Other retinal disorders
362.9	Other retinal disorders; unspecified retinal disorder
363.00-363.01	Focal chorioretinitis and focal retinochoroiditis
363.03-363.08	Focal chorioretinitis and focal retinochoroiditis
363.10-363.15	Disseminated chorioretinitis and disseminated retinochoroiditis
363.20-363.22	Other and unspecified forms of chorioretinitis and retinochoroiditis
363.30-363.35	Chorioretinal scars
363.40-363.43	Choroidal degenerations
363.50-363.57	Hereditary choroidal dystrophies
363.61-363.63	Choroidal hemorrhage and rupture
363.70-363.72	Choroidal detachment
363.8-363.9	Other disorders of choroid
365.00-365.04	Borderline glaucoma [glaucoma suspect]
365.10-365.15	Open angle glaucoma
365.20-365.24	Primary angle-closure glaucoma
365.31-365.32	Corticosteroid-induced glaucoma
365.41-365.44	Glaucoma associated with congenital anomalies, dystrophies and systemic syndromes
365.51-365.52	Glaucoma associated with disorders of the lens
365.59	Glaucoma associated with other lens disorders
365.60-365.65	Glaucoma associated with other ocular disorders
365.81-365.83	Other specified forms of glaucoma
365.89	Other specified forms of glaucoma
365.9	Glaucoma, unspecified
368.54	Achromatopsia
377.00-377.04	Disorders of optic nerve and visual pathways; papilledema
377.10-377.16	Disorders of optic nerve and visual pathways; optic atrophy
377.21-377.24	Disorders of optic nerve and visual pathways; other disorders of optic disc
377.30-377.34	Disorders of optic nerve and visual pathways; optic neuritis
377.39	Disorders of optic nerve and visual pathways; other optic neuritis
377.41-377.43	Disorders of optic nerve and visual pathways; other disorders of optic nerve
377.49	Disorders of optic nerve and visual pathways; other disorders of optic nerve
379.00	Other disorders of eye; scleritis, unspecified
379.07	Other disorders of eye; posterior scleritis
379.09	Other disorders of eye; other scleritis and episcleritis
379.11	Scleral ectasia
379.21-379.26	Disorders of vitreous body
379.29	Other disorders of vitreous
379.60-379.63	Inflammation (infection) of postprocedural bleb
710.0	Systemic lupus erythematosus
743.51-743.59	Congenital cataract and lens anomalies
759.5-759.6	Other and unspecified congenital anomalies
759.82	Marfan syndrome

771.0	Congenital rubella
871.5-871.6	Open wound of eyeball
950.0-950.1	Injury to optic nerve and pathways
V10.84	Personal history of malignant neoplasm of eye
V58.63	Long-term (current) use of antiplatelets/antithrombotics
V58.64	Long-term (current) use of nonsteroidal anti-inflammatories
V58.65	Long-term (current) use of steroids
V58.69	Encounter for other and unspecified procedures and after care; long-term (current) use of other medications
V67.51	Follow-up examination; following completed treatment with high-risk medication, NEC

Providers should verify with their own Medicare contractor the Specific Local coverage Determination (LCD) guidelines that might support 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*

Fundus 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.

Fundus photography is bundled under Medicare’s Correct Coding Initiative (CCI) when performed at the same session as scanning ophthalmic diagnostic imaging, CPT code 92135, or indocyanine green angiography, CPT code 92240.

Fundus photography is not medically necessary simply to document the existence of a condition. Photographs are medically necessary to establish a baseline to judge later if a disease is progressive. Most Medicare contractors permit 2-4 photographs per year, depending on the disease process and the changes noted during the ophthalmoscopic exam.

## *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:

Preliminary Diagnosis: _____
Test Results: _____
_____
_____
Disposition: _____
_____
Provider Signature: _____
Date: _____

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 fundus 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.

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## *Special Issues*

### **Purchased Services**

In some instances, a physician may not own or lease the equipment needed to perform the fundus 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.

Fundus 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*

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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*

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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 fundus 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 fundus 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