

Diabetic Retinal Exams

REIMBURSEMENT INFORMATION



POTENTIAL CPT® CODING RESOURCE FOR USE IN THE RETINAVUE® CARE DELIVERY MODEL

CPT Code	Description
92250	Fundus photography with interpretation and report
92250 TC	Technical Component
92250 26	Professional Component

Secondary CPT Code*	Description
2022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed

*secondary CPT codes are non-revenue codes from the NCQA HEDIS® data set submitted in addition to the primary CPT code

The information contained in this document is provided for convenience only and represents no statement, promise or guarantee by Welch Allyn concerning coverage or levels of reimbursement. Payment will vary by geographic locality. It is always the provider's responsibility to determine accurate coding, coverage and claim information for the services that were provided.

CPT Copyright 2015 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS restrictions apply to government use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

Facility—Includes hospitals (inpatient, outpatient, and emergency department), ambulatory surgery centers (ASCs) and skilled nursing facilities (SNFs).

Non-Facility—Includes all other settings.

TC—Technical Component; for diagnostic tests, the portion of a procedure that does not include a physician's participation.

26 - Professional Component; the portion of a diagnostic test that involves a physician's work and allocation of the practice expense.

GENERAL

- Upload/include documentation in the patient's record to indicate medical necessity for a separate service.
- Confirm that proper ICD-10-CM diagnosis codes are reported to justify medical necessity of remote retinal imaging.
- When appropriate, a modifier may be reported and support documentation should be provided with the claim.

- MEDICARE**
- Some Medicare Administrative Contractors have issued Local Coverage Determinations (LCDs) that provide indications and limitations of coverage for fundus photography and retinal imaging. Specific indications for coverage and limitations may vary by Medicare Contractor. Providers should refer to their Medicare Contractor's LCDs for specific coverage and billing guidelines.
 - There is no National Coverage Decision for Fundus Photography and Remote Retinal Imaging.

HEALTH PLANS Health Plans may require the use of a CPT II code on provider claims to recognize that the HEDIS metric has been satisfied. Please consult your health plan partner to determine if a code is needed and, if so, which code would be most appropriate.

PRIVATE PAYERS Diabetic retinal exams in primary care settings with ophthalmologist interpretation may be covered by private payers when medically necessary. Coverage levels vary by payer and specific plan. Providers should contact each plan to determine coverage and payment for the use of the RetinaVue care delivery model.

MEDICAID Diabetic retinal exams in primary care settings with ophthalmologist interpretation may be covered by Medicaid programs when medically necessary. Coverage guidelines and payment levels vary by Medicaid program. Providers should contact their state Medicaid program to determine coverage and payment for the RetinaVue care delivery model.

MEDICARE ADVANTAGE Some Medicare Advantage programs provide coverage for diabetic retinal exams in primary care settings with ophthalmologist interpretation. Coverage levels vary by payer and specific plan. Providers should contact each plan to determine coverage and payment for the RetinaVue care delivery model.

The information contained in this document is provided for convenience only and represents no statement, promise or guarantee by Welch Allyn concerning coverage or levels of reimbursement. Payment will vary by geographic locality. It is always the provider's responsibility to determine coding, coverage and claim information for the services that were provided.

Please visit our website at welchallyn.com/en/products/care-settings/primary-care-and-clinics/reimbursement.html for additional reimbursement support, a list of frequently asked questions and brochures. For additional questions, please contact the Welch Allyn Customer Care Line at 1.800.535.6663.

Centers for Medicare & Medicaid Services (CMS), Medicare Program: Medicare Physician Fee Schedule for CY 2015, <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched>. Please note: Medicare fee schedule corrections and charges occur periodically.

CPT Copyright 2015 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS restrictions apply to government use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.