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QUESTION: What is fundus photography performed with Heidelberg Engineering's [SPECTRALIS®](#)?

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 generally permits sharper and brighter pictures because a big 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.

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QUESTION: Is fundus photography covered by Medicare and other payers?

ANSWER: Yes, when medically necessary. Medicare covers fundus photography 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 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 disease is identified). Also, it is not covered if performed for indication not in the local coverage policy.

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QUESTION: What CPT code is used to report fundus photography?

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

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QUESTION: What documentation is required in the medical record to support a claim for fundus photography?

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

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QUESTION: What is the reimbursement for 92250?

ANSWER: Medicare defines 92250 as bilateral so reimbursement is for both eyes. The 2024 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 indices. Other payers 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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The reimbursement information is provided by Corcoran & Corcoran based on publicly available information from CMS, the AMA, and other sources. The reader is strongly encouraged to review federal and state laws, regulations, code sets, and official instructions promulgated by Medicare and other payors. This document is *not an official source* nor is it a complete guide on reimbursement. Although we believe this information is accurate at the time of publication, the reader is reminded that this information, including references and hyperlinks, changes over time, and may be incorrect at any time following publication.

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QUESTION: Is fundus photograph bundled with other tests or services?

ANSWER: Yes. According to Medicare's National Correct Coding Initiative (NCCI), 92250 is bundled with ICG angiography (92240, 92242) and mutually exclusive with scanning computerized ophthalmic diagnostic imaging of the posterior segment (92133, 92134). The remote screening retinal tests, 92227 and 92229, are bundled with 92250, as is the evaluation and management service 99211. Some payers also require additional documentation to support fundus photography on the same day as extended ophthalmoscopy (92201, 92202).

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QUESTION: What are Medicare's supervision requirements for fundus photography?

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 performance of the procedure.

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QUESTION: What is the frequency of fundus photography in the Medicare program?

ANSWER: Medicare utilization rates for claims paid in 2021 show that fundus photography was associated with about 10% of all office visits by ophthalmologists. That is, for every 100 exams performed on Medicare beneficiaries, Medicare paid for this service 10 times. For optometrists, the utilization rate is higher, at about 17%.

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QUESTION: How often may fundus photography be repeated?

ANSWER: Diagnostic tests may be repeated when medically necessary. Repeat fundus photography is necessitated by disease progression, the advent of new disease, or planning for additional surgical treatment (e.g., laser). Otherwise, repeated photos of the same, unchanged, condition are unwarranted or noncovered.

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QUESTION: If coverage for fundus photography 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 payer 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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