Corcoran Consulting Group
a subsidiary of MEDICAL CONSULTING GROUP

REIMBURSEMENT FOR FUNDUS PHOTOGRAPHY WITH OCUMET BEACON

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1 ***QUESTION:*** What is fundus photography with OcuMet Beacon?

ANSWER: Digital images taken with a camera, such as the OcuMet Beacon, of the macula, retina and optic nerve are fundus photographs. The posterior pole may be photographed 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 third-party payors?

ANSWER: Medicare and other payors will reimburse you for 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 indications not in the local coverage policy.

3 ***QUESTION:*** What CPT code is used to report fundus photography with the OcuMet Beacon?

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

4 ***QUESTION:*** What chart documentation is required to support a claim for fundus photography using the OcuMet Beacon?

ANSWER: In addition to the images, the medical record should include:

- order for imaging of macula and/or optic disc with medical rationale
- date of the test
- the reliability of the test (*e.g.*, reduced due to cataract and scarred cornea)
- test findings (*e.g.*, microaneurysm)
- comparison with prior photographs (if applicable)
- a diagnosis (if possible)
- the impact on treatment and prognosis
- physician signature

Note that a physician's interpretation and report are required; a brief notation such as "abnormal" does not suffice.

5 ***QUESTION:*** What is the reimbursement for CPT 92250?

ANSWER: CPT 92250 is defined as bilateral so reimbursement is for both eyes. The 2026 national Medicare Physician Fee Schedule allowable is $37. Of this amount, $16 is assigned to the technical component and $21 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 tests of services?

ANSWER: According to Medicare's National Correct Coding Initiative (NCCI), 92250 is mutually exclusive with computerized ophthalmic diagnostic imaging of the posterior segment (92133, 92134, 92137). The remote screening retinal tests (92227, 92228, 92229) are bundled with 92250 as are the extended ophthalmoscopy codes (92201, 92202) and ICG angiography (92240, 92242). The technician exam 99211 is bundled with 92250 as it is with most ophthalmic diagnostic tests.

7 ***QUESTION:*** What is Medicare's super-vision requirement 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.

8 ***QUESTION:*** How often may we repeat this test?

ANSWER: 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 and noncovered.

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

ANSWER: Medicare utilization rates for claims paid in 2023 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 about 10 times. For optometrists, the utilization rate is about 18%.

10 ***QUESTION:*** If coverage of fundus photography is unlikely or uncertain, how should we proceed?

ANSWER: Explain to the patient why 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 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 processes and are not permitted to use the Medicare ABN form.
- For commercial insurance beneficiaries, a Notice of Exclusion from Health Plan Benefits (NEHB) is an alternative to an ABN.

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