

92250 and Technology

With the development of digital image capture, the entire world of photography has changed. Kodak is charging 17% more for standard film cameras today than last year because they are making fewer than ever and cannot afford to sell them as cheaply as they had. Photo-processing labs that had popped up in virtually every retail environment in America to deliver "photos in one hour" were commonplace because the costs were so low and demand was high. Today, the film developing part of those businesses has been virtually eliminated, replaced by computer stations for customers to bring a memory card or CD with jpg images to print. In eye care, the digital revolution has reached many practices. From anterior segment digital capture systems for slit lamps to digital fundus imaging, many optometrists and ophthalmologists are utilizing technology to increase the wellness of their patients. Many eye care professionals have used standard film photography for years and will continue to do so, for example to take stereo disc photos in glaucoma suspects and glaucoma patients so they can continue to use their stereo slide viewers for evaluation of cupping, rim integrity, and the like. But the digital wave is likely bringing more "fundus photography" to more practices than ever before.

From digital photography instruments, such as those made by Canon and Zeiss, to pseudochromatic panoramic fundus imaging, like the Optos Optomap, optometrists are using special ophthalmologic service code 92250 frequently. But just how does a doctor substantiate billing 92250? CPT says that 92250 is "Fundus photography with interpretation and report." In defining special ophthalmological services, CPT states "Interpretation and report by the physician is an integral part." So any time that you take a retinal image, your chart documentation must include a professional interpretation and report for the code to be justified.

Furthermore, technical parts of special ophthalmological services which may or may not be performed by the doctor are "part of the service but should not be mistaken to constitute the service itself." This means that a doctor cannot bill for 92250 simply because a technician captured a retinal image and has placed it into the patient's record. Many internet chat sites discuss the various places where fundus photography on routine patients is billed for a fee, and a few comments can be found that the image was not utilized in care of the patient. If so, 92250 is not substantiated (ed: and the doctors should rethink their use of technology for patient wellness.)

As addressed in the March 2006 Coding Corner, 92250 must be applied cautiously in some patient cases. Glaucoma is a good example because of the high use of computerized ophthalmic diagnostic imaging like OCT, GDx, and HRT. CPT codes 92250 and 92135 are "bundled" in terms from recent edits in the National Correct Coding Initiative. When billed together, typically the 92135 service will be paid. Since 92250 is bilateral and 92135 is unilateral, consideration is made to the total payment. Medicare nationally reimburses at just over \$70 for 92250 and just about \$45 per 92135.

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A great deal of scrutiny could come from payers of 92250 for patients with diabetic eye disease. Because the imaging must be sufficient to manage the patient's retinal wellness over time, some payers have gone so far as to post the instruments that would be appropriate to utilize to justify billing for digital imaging in cases of diabetes. This is particularly necessary because of the digital transition from standard film photography. Although code 92250 is not specifically mentioned in this reference, visit this example of an online posting by a western states Blue that explains the types of instruments that would be appropriate to use for digital imaging for detection and evaluation of diabetic retinopathy:

<http://www.regence.com/trgmedpol/medicine/med122.html>

Such policies point out that not all imaging systems may ultimately be allowed to substantiate code 92250 for each and every ocular diagnosis. It is critical that optometrists keep very good records about the indication for a special procedure like 92250, including a medical diagnosis and plan that justifies the service. And upon completing the service, the chart must include a specific interpretation and report of the results of the service.