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**QUESTION:** What is Pictor?

**ANSWER:** Pictor is a portable digital imaging device that provides a variety of imaging capabilities with interchangeable modules. This hand held device is available with two imaging modules for ophthalmic exams: posterior and anterior segment.

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**QUESTION:** What is external photography?

**ANSWER:** External photography documents the external eye, lids and ocular adnexa. Photographs can record conditions and pathology of the adnexa, external eye and anterior segment more accurately than chart notes or drawings. They are used to track changes in patients' conditions over time.

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**QUESTION:** What CPT code should we use to describe external photography with Pictor?

**ANSWER:** CPT code 92285, *External ocular photography with interpretation and report for documentation of medical progress (e.g., close-up photography, slit lamp photography, stereo-photography,* describes this service.

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**QUESTION:** What diagnoses support a claim for external photography?

**ANSWER:** Most Medicare LCDs contain a variety of valid diagnoses for external photos. The lists vary, but usually include diagnoses related to external and anterior segment diseases involving the lids, lacrimal system, cornea, conjunctiva, anterior chamber and iris.

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**QUESTION:** What documentation is required in the medical record?

**ANSWER:** In addition to the photos or proof that digital images exist, the chart should contain:

- An order for the test with medical rationale
- The date of the test
- The reliability of the test (e.g., patient cooperation)
- The test findings (e.g., vascularization, opacity, defect, dellen, dendrites)
- A diagnosis (if possible)
- The impact on treatment and prognosis
- Signature of the physician

A form suitable for documenting the interpretation of external photography and other tests is available on our web site.

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**QUESTION:** Does Medicare cover external photography with Pictor?

**ANSWER:** Sometimes. The key points that justify coverage include:

- The photographs provide additional information not obtained during the exam
- The photographs aid in diagnosis and treatment of a disease or condition
- The photography are taken to assist in assessing disease progression

Photographs that are taken merely to document disease are typically treated as an incidental service and not accorded separate reimbursement.

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The reader is strongly encouraged to review federal and state laws, regulations, code sets (including ICD-9 and ICD-10), and official instructions promulgated by Medicare and other payers. This document is *not an official source* nor is it a complete guide on reimbursement. 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:** What does Medicare allow for external photography with Pictor?

**ANSWER:** CPT 92285 is defined as “bilateral” so reimbursement is for both eyes. The 2014 national Medicare Physician Fee Schedule allowable for 92285 is \$20.78. Of this amount, \$17.55 is assigned to the technical component and \$3.22 is the value of the professional component (*i.e.*, interpretation). Medicare allowable amounts are adjusted in each area by local wage indices. Other payers set their own rates, which may differ significantly from the Medicare published fee schedule.

External 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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**QUESTION:** Must the physician be present while this test is being performed?

**ANSWER:** Not for Medicare coverage. Under the Medicare program standards, this test needs only 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 external photography in the Medicare program?

**ANSWER:** Medicare utilization rates for claims paid in 2012 show that external photography was performed at 1.0% of all office visits by ophthalmologists. That is, for every 100 exams performed on Medicare beneficiaries, Medicare paid for this service 1 time. The utilization rate for optometry is a little higher.

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**QUESTION:** How often may external photography with Pictor be repeated?

**ANSWER:** There are no national limitations for repeated testing, although some Medicare contractors may publish local policies. In general, this and all diagnostic tests are reimbursed when medically indicated. Clear documentation of the reason for testing is always required. Too-frequent testing can garner unwanted attention from Medicare and other third party payers.

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**QUESTION:** Is external photography with Pictor bundled with other services?

**ANSWER:** Yes. According to Medicare’s National Correct Coding Initiative (NCCI), 92285 is bundled with the surgical codes for blepharoplasty procedures (CPT 15820-15824). Both gonioscopy (92020) and the level 1 established patient E/M code, known as the “technician exam” (CPT 99211), are bundled with external photos. When these services are performed together, the claim for the external photos will be honored; the concurrent claims for 92020 and 99211 will be denied.

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**QUESTION:** If Medicare does not cover an external photograph, may we charge the patient?

**ANSWER:** Sometimes. Explain to the patient why the test is necessary, and that Medicare will likely deny the claim. Ask the patient to assume financial responsibility for the charge; get the patient’s signature on an [Advance Beneficiary Notice of Noncoverage \(ABN\)](#) prior to taking the photographs. 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.

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