

MEDICARE REIMBURSEMENT FOR FUNDUS PHOTOGRAPHY WITH PICTOR

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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: Does Medicare cover fundus photography with Pictor?

ANSWER: Sometimes. Medicare covers fundus photography if the patient presents with a complaint that leads you to perform this test or as an adjunct to management and treatment of a known disease. If the images are taken as baseline documentation of a healthy eye or as preventative medicine to screen for potential disease, then it is not covered (even if disease is identified). Also, this test is not covered if performed for an indication that is not cited in the local coverage policy. Check with your Medicare Administrative Contractor (MAC) for specific coverage limitations in your area.

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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., cloudy due to cataract)
- the test findings (e.g., hemorrhage)
- a diagnosis (if possible)
- the impact on treatment and prognosis
- the signature of the physician

A [form](#) suitable for documenting the interpretation of fundus photos and other tests is available on our website.

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

ANSWER: CPT code 92250, *Fundus photography with interpretation and report*, best describes this test.

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QUESTION: What is the Medicare reimbursement for 92250?

ANSWER: CPT 92250 is defined as bilateral so reimbursement is for both eyes. The 2014 national Medicare Physician Fee Schedule allowable is \$79.17. Of this amount, \$54.81 is assigned to the technical component and \$24.36 is the value of the professional component (i.e., interpretation). These 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.

92250 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: Is fundus photography with Pictor bundled with other tests or services?

ANSWER: Yes. According to Medicare's National Correct Coding Initiative (NCCI), 92250 is bundled with ICG (92240) and mutually exclusive with scanning computerized ophthalmic diagnostic imaging of the posterior segment (92133, 92134).

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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: Must the physician be present while the 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: How often may testing with Pictor be repeated?

ANSWER: There are no published limitations for repeated testing. 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: What is the frequency of fundus photography in the Medicare program?

ANSWER: Medicare utilization rates for claims paid in 2012 show that fundus photography was performed in 8% of all office visits by ophthalmologists. That is, for every 100 exams performed on Medicare beneficiaries, Medicare paid for this service about 8 times. For optometrists, the utilization rate is about 13%.

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QUESTION: May I ever bill the Medicare beneficiary directly for fundus photography with Pictor?

ANSWER: Yes. Sometimes an ophthalmologist or optometrist may feel that this test is merited even though the indications do not match Medicare's coverage list. In this situation, where Medicare may challenge the medical necessity of the service, 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 and submit your claim with modifier GA. 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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QUESTION: Can Pictor be used in telemedicine?

ANSWER: Yes. However, doing so requires different CPT codes (92227, 92228), and has different bundles and reimbursement rates. See [our FAQ on the subject](#) for more information.

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