



ACUITY REIMBURSEMENT CONSULTING
Optimizing Medical Device Reimbursement

Report for

EYEGENETIX

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EyeGenetix

EyeGenetix sells ophthalmic diagnostic equipment to primary care providers. This equipment performs the following tests: Visual Field Tests, Tonometry and Fundus Photography.

CODING

EyeGenetix has chosen the following codes to describe the services performed:

- 92082 *Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldman perimeter, or semi-quantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, octopus program 33)*
- 92140 *Provocative tests for glaucoma, with interpretation and report, without tonography*
- 92250-TC *Fundus photography with interpretation and report*

After thorough research, all of the codes are appropriate for the services rendered.

- 92082 is the correct code for the visual field examination. The model that is sold by EyeGenetix includes the suprathreshold program which is necessary for the 92082.
- 92014 correctly describes the provocative test that is being sold by EyeGenetix.
- The fundus photography is described correctly with 92250. The –TC modifier is reasonable since the physician will not be reading and producing a report at the time of service. It is our understanding that all reports are sent to a third party. If the physician feels that he can make a determination and perform a reading of the test then it would be appropriate to bill global (without a modifier).

There are no CCI (Correct Coding Initiative) edits with these codes or with an E/M (99201-99215) code attached. Therefore, all three codes can be used along with an E/M code without the use of the -59 modifier, for Medicare insurers. Private insurers may use their own proprietary rules, individual providers will need to check the insurance contracts for claim submission procedures.

Can these services be performed by a primary care physician or are they limited to optometrists and ophthalmologists?

According to the CPT, any physician can perform any CPT code, no specialty is excluded from performing any CPT code.

There is no restriction from Medicare/Medicaid that will limit the use of these codes by specialty. Some private payers may limit use however, we researched the top 20 insurers in the US today and did not find any restriction of use.

Medicare Glaucoma Screening

Medicare offers annual coverage for glaucoma screening for beneficiaries in the following high risk categories:

- Individuals with diabetes mellitus
- Individuals with a family history of glaucoma
- African-Americans age 50 and over
- Hispanic-Americans age 65 and over

Medicare will pay for glaucoma screening examinations where they are furnished by or under the direct supervision in the office setting of an ophthalmologist or optometrist, who is legally authorized to perform the services under State law.

Screening for glaucoma is defined to include:

- A dilated eye examination with an intraocular pressure measurement; and
- A direct ophthalmoscopy examination, or a slit-lamp biomicroscopic examination.

Payment may be made for a glaucoma screening examination that is performed on an eligible beneficiary after at least 11 months have passed following the month in which the last covered glaucoma screening examination was performed.

- G0117 - Glaucoma screening for high-risk patients furnished by an optometrist or ophthalmologist
- G0118 - Glaucoma screening for high-risk patients furnished under the direct supervision of an optometrist or ophthalmologist.

The EyeGenetix system can only be used to bill G0117 and G0118, if performed by an Ophthalmologist or Optometrist.

OTHER POSSIBLE CODES

92227 Remote imaging for detection of retinal disease (eg, retinopathy in a patient with diabetes) with analysis and report under physician supervision, unilateral or bilateral

92228 Remote imaging for monitoring and management of active retinal disease (eg, diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral

These codes cannot be billed with an E/M code. Most family practitioners will be performing an E/M code with the EyeGenetix test. In the event that an E/M code is not being billed, these codes could serve as an alternative.

COVERAGE

Medicare does cover all three of these services. There are two types of Medicare coverage decisions, a National Coverage Decision (NCD) and a Local Coverage Decision (LCD). Medicare does have a National Coverage Decision titled, Computer Enhanced Perimetry. This NCD can be found [here](#).

Aetna, United Healthcare, BCBS plans have no specific policies regarding these codes. There is no restriction on these codes for specialty.

DOCUMENTATION FOR ALL SERVICES RENDERED

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., poor patient cooperation, test completed)
- Test findings (e.g., scotoma, IOP rose from 19/20 at start to 28/26 at completion)
- Comparison with prior tests (if applicable)
- A diagnosis (if possible)
- The impact on treatment and prognosis (e.g., significant variation in IOP; new anti-glaucoma drop required)
- Physician's signature

PAYMENT

All payment amounts are 2016 Medicare National Fee Schedule Amounts.

CPT	Descriptor	2016 National Fee
92082	Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination	Global= \$48.34 -26= \$21.84 -TC= \$26.50
92140	Provocative tests for glaucoma, with interpretation and report, without tonography	\$63.73
92250	Fundus photography with interpretation and report	Global=\$79.49 -26=\$24.35 -TC=\$55.14
92227	Remote imaging for detection of retinal disease (eg, retinopathy in a patient with diabetes) with analysis and report under physician supervision, unilateral or bilateral	\$14.68
92228	Remote imaging for monitoring and management of active retinal disease (eg, diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral	Global=\$34.78 -26= \$21.12 -TC= \$13.61

Resources Identified During Research

Screening for Impaired Visual Acuity in Older Adults, JAMA 2016;

<http://jama.jamanetwork.com/article.aspx?articleid=2497913>