

**FIRST COAST SERVICE OPTIONS
MAC – PART A/B
CODING GUIDELINES**

LCD Database ID Number

L33670

Contractor Name

First Coast Service Options, Inc.

Contractor Number

09101 - Florida
09201 – PR/USVI
09102 - Florida
09202 – Puerto Rico
09302 – Virgin Islands

LCD Title

Fundus Photography

Coding Guidelines

The appropriate ICD-10-CM coded to its highest specificity for the covered procedure must be submitted as the line diagnosis on the claim.

The Relative Value Unit (RVU) amount for this procedure is based on the procedure being performed as a bilateral service. Therefore, CPT code 92250 should not be billed with site modifiers (RT, LT, or 50).

Services billed for digital imaging systems for detection and evaluation of diabetic retinopathy used to acquire retinal images through a dilated pupil with remote interpretation should be billed using CPT codes 92227 or 92228.

All services/procedures performed on the same date of service for the same patient by the same provider should be submitted on the same claim.

Reasons for Denials

Fundus photography will not be covered for routine screening or at a frequency that exceeds what is expected in clinical practice.

Fundus photographs are seldom indicated and are rarely appropriate for the diagnosis and management of common retinal disorders, particularly unspecified background retinopathy, hypertensive retinopathy and changes in vascular appearance.

Fundus photography will not be covered if documenting stable or minimal diabetic retinopathy and is inappropriate in diabetic patients who have no clinical retinopathy. It is also inappropriate in the evaluation of aphakia, iridocyclitis, cataracts and vitreous opacities.

Fundus photography is not covered to document progression of disease if no treatment options are available.

Fundus photography is not a covered service when used to document the absence of pathology (e.g., a normal or healthy fundus) or when the physician elects to incorporate it as a routine procedure. Routine fundus photography for purposes other than

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documentation, monitoring, and treatment of a pathological process falls outside the standard of care as medically necessary and is thereby not a covered service.

When performed for indications other than those listed in the "Indications and Limitations of Coverage and/or Medical Necessity" section of this policy.

Comments

N/A

Revision History

Date	Revision
10/01/2015	This "Coding Guideline" replaces all previous "Coding Guidelines" to comply with ICD-10-CM based on Change Request 8112. The effective date of this "Coding Guideline" is based on date of service.
02/13/2011	Original

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