

# DIABETIC RETINAL EXAMS

## REIMBURSEMENT INFORMATION

### Potential **CPT** coding resource for fundus imaging and teleretinal programs

CPT Code	DESCRIPTION	NOTES
92227	Imaging of retina for detection or monitoring of disease; with remote clinical staff review and report, unilateral or bilateral	R, T
92228	Imaging of retina for detection or monitoring of disease; with remote physician or qualified health professional review and report, unilateral or bilateral	R, T
92250	Fundus photography with interpretation and report	

R = Revised Code. The AMA **CPT** Editorial Panel revised **CPT** codes 92227 and 92228 that are reported for the treatment of diabetic retinopathy. Two practice sites are involved in these services: The acquiring site (for example, a primary care practice) and the reading site (for example, the ophthalmology practice). Both codes can be used to report diagnostic and monitoring services and the distinction is in who provides the service: Physician (**CPT** code 92228) or clinical staff only (**CPT** code 92227).<sup>1</sup>

T = Telemedicine.

### Potential **CPT-CAT-II** codes for fundus imaging and teleretinal programs<sup>2</sup>

CPT Code	CPT-CAT-II Code	DESCRIPTION
92227, 92228, 92250	2022F	Eye exam with evidence of retinopathy: dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy
	2023F	Eye exam without evidence of retinopathy: dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy

### GENERAL

- Upload/include documentation in the patient's record to indicate medical necessity for a separate service.
- Confirm that proper ICD-10-CM diagnosis codes are reported to justify medical necessity of remote retinal imaging.
- When appropriate, a modifier may be reported and support documentation should be provided with the claim.
- Health plans typically require the use of a **CPT-CAT-II** code on provider claims to recognize that the **HEDIS** metric has been satisfied. Please consult your health plan partner to determine if a code is needed and, if so, which code would be most appropriate.

## MEDICARE

- The AMA **CPT** Editorial Panel revised **CPT** Code descriptions for retinal imaging codes 92227 and 92228 to specify retinal exams performed in primary care settings with remote interpretation and CMS has finalized the work RVUs and direct PE inputs in the 2021 Physician Fee Schedule.<sup>1</sup>
- The description for **CPT** Code 92250 remains unchanged, but the AMA has clarified that this code is intended for exams performed in the same place where the interpretation is performed (e.g., in an ophthalmologist's office).
- Use the appropriate **CPT**-CAT-II code on provider claims to recognize that the **HEDIS** metric has been satisfied.

## PRIVATE PAYERS, MEDICAID & MEDICARE ADVANTAGE

Diabetic retinal exams in primary care settings with ophthalmologist interpretation may be covered by private payers, Medicaid and Medicare Advantage when medically necessary. Coverage levels vary by payer and specific plan. Providers should contact each plan or their state Medicaid program to determine coverage and payment for the use of the **Welch Allyn RetinaVue** care delivery model.

**We're here to provide the strategic and tactical support you need to help close the diabetic retinal exam compliance gap, this year and every year. For more information on how to implement the RetinaVue care delivery model, please contact your Baxter representative or visit [RetinaVue.com](https://www.RetinaVue.com).**

### References

1. 84472 Federal Register / Vol. 85, No. 248 / Monday, December 28, 2020 / Rules and Regulations, CMS-1734-F.
2. Technical Specifications for Health Plans, HEDIS Measurement Year 2020 and 2021 Volume 2 (HEDIS MY 2020 & MY 2021) March 31, 2021. The HEDIS measures and specifications were developed by and are owned by NCQA. NCQA holds a copyright in these materials.

The information contained in this document is provided for convenience only and represents no statement, promise or guarantee by Hill-Rom concerning coverage or levels of reimbursement. Payment will vary by geographic locality. It is always the provider's responsibility to determine coding, coverage and claim information for the services that were provided.

CPT Copyright 2017 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS restrictions apply to government use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

Hill-Rom reserves the right to make changes without notice in design, specifications and models. The only warranty Hill-Rom makes is the express written warranty extended on the sale or rental of its products.

Baxter, Hillrom, RetinaVue and Welch Allyn are trademarks of Baxter International Inc. or its subsidiaries.

CPT is a registered trademark of the American Medical Association.

HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

US-FLC147-230029 V1 05/23