

## 2020 Telemedicine Retina Screening Codes: ☆92227 ☆92228

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### INTRODUCTION

A massive effort has been underway by the Centers for Medicare and Medicaid Services (CMS) to tackle the pandemic Coronavirus (COVID-19) by issuing waivers and changes to national regulations and guidelines for Medicare, the principal one being 1135 Waiver. The objective is to lessen restrictions on the practice of medicine as well as facilitating the use of telehealth rather than face-to-face encounters when possible. No waivers have been issued for these codes; however, their use has been clarified.

CMS uses the term Telehealth whereas Current Procedural Terminology (CPT) uses Telemedicine—the terms are used today interchangeably to encompass such things as various aspects of the diagnosis and management of ophthalmic medical problems remotely using various non face-to-face modalities...both audio and visual, some times in real time and sometimes not.

This article summarizes the various modalities with Medicare coverage for performance of specific remote screening services for ophthalmic physicians, including MDs, DOs, and ODs to incorporate telemedicine into their practice while coding and billing for telehealth services and receiving Medicare reimbursement. These codes are usually utilized between primary care physicians and ophthalmologists/optometrists, but can also be used between ophthalmologists.

### SCREENING CODES

**Code Definitions.** These are CPT codes designated by a “☆” that are specific for ophthalmology that are in Appendix P; however, these two codes may be used under the original/standard **synchronous (real-time)** Medicare regulations of telehealth or as **asynchronous (not real-time) screening** 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 managing of active retinal disease (eg, diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral

## **BILLING, MODIFIERS, PAYMENT & NCCI BUNDLES FOR TELEHEALTH PROFESSIONAL SERVICES.**

Modifiers that may apply to CPT codes 92227 and 92228 are:

**“26 Professional Component:** Certain procedures are a combination of a physician component and a technical component, depending on who owns the equipment. When the physician component only is reported separately, the service is identified by adding modifier 26 to the usual procedure code.”

**TC – Technical Component:** This is applied to indicate that *only* the technical portion of the service is being billed. The technical component refers to the entity/person who owns the equipments, maintains it and is responsible for other costs for having the test performed. This would be reported with CPT code 92227 when a person or entity other than the ophthalmologist/optometrist owns the equipment.

Modifier 95 found in Appendix P in is not generally applicable to CPT codes 92227 and 92228 unless when used in coding synchronous services. Your Medicare Administrative Contractor (MAC) should specify how to code these services.

### **CPT code 92227**

- Modifiers 26 and TC are not used with this code
- The code itself may be used by either the primary care physician or the ophthalmologist, depending on who owns the equipment
- National Reimbursement (2020): \$13.71

### **CPT code 92228**

- No modifier is necessary with CPT code 92228 when the ophthalmologist owns the equipment and performs the Interpretation & Report
- Use modifier 26 with CPT code 92228 when ophthalmologist or optometrist views the image and writes the Interpretation & Report, but does not own the equipment
- National Reimbursements (2020): 92228 = \$34.64; 92228-26 = \$21.29; 92228-TC = \$13.35

**National Correct Coding Initiative Bundles.** The following CPT codes are bundled with code 92228:

- 92133 Scanning ophthalmic diagnostic imaging...optic nerve
- 92134 Scanning ophthalmic diagnostic imaging...retina
- Do not report 92133 with 92134

**Compliance Issue.** Note that Fundus Photography (CPT code 92250) **does not appear** on any Medicare telehealth/telemedicine list. It is a diagnostic test and must be ordered by the treating physician and requires an Interpretation & Report.

## RLA COMMENTS:

- ▶▶ If the physician owns the equipment make sure the correct code is being used (92228); if not, then code only 92228-26.
- ▶▶ The physician cannot purchase equipment and place it in a Medicare or Medicaid area where she/he is not licensed in or does not practice.
- ▶▶ There are no 1135 Waiver changes pertinent to these codes.

## CASE STUDY

**Q.** Our provider wants to set up an examination lane in Primary Care Physician's (PCP) office that would be staffed by an ophthalmic technician only. The technician would do diagnostics (fundus photos only) and, if needed, pressure checks and a refraction. It would be for a diabetic and/or glaucoma screening. Our provider would review tests remotely and write a report to that provider.

**A.** There has been an increasing interest in this over the past few years; however, as this pertains to Medicare regulations there are serious issues with it.

**Fundus photographs** are considered a diagnostic test and **are not covered under Telehealth by Medicare**. To be a covered service that can be paid by Medicare there must be **an order** for the diagnostic test by the **treating physician**, who is **not** the PCP. It would be the ophthalmologist. An ophthalmic examination has to be performed and a diagnosis or other reason for medical necessity for the test has to be established and *then* the diagnostic test **ordered** (Medicare Benefit Policy Manual Ch 15—Covered Medical and Other Health Services §80.6.1). It states: *A “treating physician” is a physician as defined in §1861 of the Social Security Act (the Act) who furnishes a consultation or treats a beneficiary for a specific medical problem, and who uses the results of a diagnostic test in the management of the beneficiary’s specific medical problem.”*

The PCP is neither the treating physician for ophthalmic conditions nor the physician managing any of the eye problems. CMS considers this a screening test at best, and it is not one of the Medicare-approved screening tests (eg, glaucoma screening). Setting up a refraction lane in the PCP's office manned by a technician is not allowed since CMS's "incident to" rules are not being followed. Ophthalmic technicians are non-licensed ancillary personnel whose services cannot be billed to Medicare since they are not eligible to be Medicare providers.

For those planning to work with primary care physicians on providing fundus photo interpretations...you may want to re-evaluate the arrangement.