

2019 September- Retinal Screening Images vs. Medically Necessary Fundus Photos

Everyone is now familiar with the concept of screening retinal photos. Many doctors have fully embraced this idea, while others do not see a benefit. Whether you love the idea or not, the one constant is the confusion over how to bill for the procedure and how it differs from a fundus photo billable to an insurance payer. The basic concept comes down to medical necessity. Another significant point is that once an image determined to be a screening image, it is ALWAYS a screening image and cannot be changed to a billable medical photo if something is found.

A screening photo is performed to look for pathology prior to the knowledge of it existing. Therefore, there is no medical necessity. Without medical necessity, no insurance payer will reimburse for it. There are some vision and routine plans that do cover a screening photo, but that is plan specific and currently not very common. As a result, screening photos are typically an out of pocket expense for the patient. The questions we often get about these images are regarding the logistics of documenting and billing for these two services that are very similar to one another. First, we will examine the requirements for billing a fundus photo (92250).

As with any billable service, medical necessity is the first step. If there is no reason for a test, no payer is going to reimburse for it. Most "special testing" will include the words in the definition, "...with interpretation and report." This is your warning that simply taking the image will not hold-up in an audit. Complete documentation is required. Once a reason for the test is determined, an order is documented for the desired test. After the test is completed, the doctor must review the results and document a complete interpretation and report (I&R). At that point, the test can be billed to a third-party payer, and reimbursement should occur. For example, during an exam a medium sized choroidal nevus is found. The doctor would then order a fundus photo and they would document an I&R.

Order	Interpretation and Report
Fundus Photo for baseline choroidal nevus - RT	<ul style="list-style-type: none">• Reliable image• Establish baseline of nevus• 2.5 Disc-diameter, flat, slightly vertical, slate gray choroidal nevus along superior arcade of the right eye• Appears benign. Repeat serial imaging q 6 mo for first year. If stable repeat annually for progression analysis.

The order and I&R do not need to be on a separate document from the exam. Nor are there any other specific requirements for where it is to be found. The key is that it is identifiable as separate from the regular exam findings, but it can be within the regular exam document. You can review prior articles for more information of what is required in a complete I&R.

A screening retinal image can be performed on the same instrument as the medically necessary photos are taken. The difference has nothing to do with the device, image quality, or type of image captured. The difference falls on the order and documentation. Most screening images are taken prior to the patient being seen by the doctor when the patient elects to have the optional testing done. Once that decision is made, this specific image is a screening photo, no matter what is found, it cannot be submitted to a third-party payer as a medical fundus photo. If a medically necessary reason for the test is discovered, future images can be billed medically.

Screening photos require no order or documentation. The image can be taken and simply visually reviewed with the patient. This image is often coded as 92250 with **modifier -52** (reduced service). This allows you to reduce the charge for the screening image as it is less work in the way of documentation. An alternative is to use code S9986 (not medically necessary service). Either is correct and is primarily used for internal tracking and billing purposes as it is not typically going to be billed to any outside payer.



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The take home message is medical necessity. If there was no reason to take the photo, it's a screening and can't be changed. If there is medical necessity, write an order and document an I&R. Then bill it to the appropriate payer. It is really that simple.