

Intraocular Photography (NCD 80.6)

Guideline Number: MPG171.06
Approval Date: May 13, 2020

[Terms and Conditions](#)

Table of Contents	Page
Policy Summary	1
Applicable Codes	1
References	2
Guideline History/Revision Information	3
Purpose	3
Terms and Conditions	3

<p>Related Medicare Advantage Reimbursement Policy</p> <ul style="list-style-type: none"> Multiple Procedure Payment Reduction (MPPR) on Diagnostic Cardiovascular and Ophthalmology Procedure Policy
<p>Related Medicare Advantage Coverage Summary</p> <ul style="list-style-type: none"> Vision Services, Therapy and Rehabilitation

Policy Summary

Overview

Intraocular photography involves the use of a retinal or fundus camera to document abnormalities of the retina and other disease processes affecting the eye.

Fundus photography is not covered for routine screening and is considered medically necessary only when it would assist in:

- Monitoring potential progression of a disease process; or
- Guidance in evaluating the need for or response to a specific treatment or intervention.

Guidelines

Intraocular photography is covered when used for the diagnosis of such conditions as macular degeneration, retinal neoplasms, choroid disturbances and diabetic retinopathy, or to identify glaucoma, multiple sclerosis and other central nervous system abnormalities. Medicare payment for the use of this procedure is by an ophthalmologist in these situations when it is reasonable and necessary for the individual patient to receive these services.

Applicable Codes

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
92227	Remote imaging for detection of retinal disease (e.g., 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 (e.g., diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral
92250	Fundus photography with interpretation and report

CPT® is a registered trademark of the American Medical Association

Modifier	Description
26	Professional Component Certain procedures are a combination of a physician or other qualified health care professional component and a technical component. When the physician or other qualified health care professional component is reported separately, the service may be identified by adding modifier 26 to the usual procedure number.
52	Reduced Services Under certain circumstances a service or procedure is partially reduced or eliminated at the discretion of the physician or other qualified health care professional. Under these circumstances the service provided can be identified by its usual procedure number and the addition of modifier 52, signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service.
59	Distinct Procedural Service Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non-E/M services performed on the same day. Modifier 59 is used to identify procedures/services, other than E/M services, that are not normally reported together, but are appropriate under the circumstances
TC	Technical component Under certain circumstances, a charge may be made for the technical component alone. Under those circumstances the technical component charge is identified by adding modifier 'TC' to the usual procedure number. Technical component charges are institutional charges and not billed separately by physicians.

References

CMS National Coverage Determination (NCD)

[NCD 80.6 Intraocular Photography](#)

CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	Medicare Part A	Medicare Part B
L33670 Fundus Photography	A57075 Billing and Coding: Fundus Photography	First Coast	FL, PR, VI	FL, PR, VI
L33467 Ophthalmology: Extended Ophthalmoscopy and Fundus Photography	A53060 Billing and Coding: Ophthalmology: Extended Ophthalmoscopy and Fundus Photography	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
L34399 Ophthalmology: Posterior Segment Imaging (Extended Ophthalmoscopy and Fundus Photography)	A57071 Billing and Coding: Ophthalmology: Posterior Segment Imaging (Extended Ophthalmoscopy and Fundus Photography)	CGS	KY, OH	KY, PH
L33567 Ophthalmology: Posterior Segment Imaging (Extended Ophthalmoscopy and Fundus Photography)	A56726 Billing and Coding: Ophthalmology: Posterior Segment Imaging (Extended Ophthalmoscopy and Fundus Photography)	NGS	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L33777 Noncovered Services)	A57743 Billing and Coding: Noncovered Services	First Coast	FL, PR, VI	FL, PR, VI

CMS Benefit Policy Manual

[Chapter 15: § 30.4 Optometrist's Services](#)

MLN Matter(s)

[Article MM7848, Multiple Procedure Payment Reduction \(MPPR\) on the Technical Component \(TC\) of Diagnostic Cardiovascular and Ophthalmology Procedures](#)

Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/01/2021	Template Update <ul style="list-style-type: none">Reformatted policy; transferred content to new template
05/13/2020	Applicable Codes <i>Modifiers</i> <ul style="list-style-type: none">Removed modifier GY Supporting Information <ul style="list-style-type: none">Updated <i>References</i> section to reflect the most current informationArchived previous policy version MPG171.05

Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

Medicare Advantage Policy Guidelines are the property of UnitedHealthcare. Unauthorized copying, use, and distribution of this information are strictly prohibited.

*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).