



CARL ZEISS MEDITEC

2009 REIMBURSEMENT GUIDE
FF 450^{PLUS}, VISUCAM^{PRO NM™}
and VISUCAM^{NM/FA}



Zeiss Fundus Cameras

INTRODUCTION

The following guide provides an overview of billing and reimbursement for procedures performed with Carl Zeiss Meditec's VISUPAC™ and FF 450^{plus} and the VISUCAM Fundus Cameras. Please note the information contained in this guide is subject to change.

Carl Zeiss Meditec cannot guarantee success in obtaining third-party insurance payments. It is the responsibility of the provider to determine and submit appropriate codes, charges, and modifiers for the services being rendered. Providers should contact insurers directly for specific information on policies for imaging services.

QUESTIONS

If you have any questions or concerns regarding this guide, please contact Cheri Ritter, Manager of Practice Development and Ophthalmic Coding Specialist at (858) 716-0697.

COVERAGE

Most payers will cover procedures that are considered reasonable and medically necessary. Imaging examinations including fundus photography, fluorescein angiography, and indocyanine-green (ICG) angiography may be used to diagnose and manage a variety of retinal, choroidal, and optic nerve diseases. Although Medicare, Medicaid, and most private insurers typically will provide coverage for these services when performed for the appropriate indications, payers may have specific guidelines regarding frequency and patient selection.

Providers should check with their patient's insurer to determine patient benefits and whether any payer specific restrictions apply to fundus photography, fluorescein angiography, or ICG angiography.

CODING AND REIMBURSEMENT

The following table outlines the Current Procedural Terminology¹ (CPT) codes that may be appropriate when performing procedures using the FF 450^{plus}, or VISUCAM Fundus Cameras. The payment rates listed below reflect the national unadjusted Medicare Physician Fee Schedule amounts effective January 1, 2009.

CPT Code	Modifier	Description	Total Unadjusted Allowable Payment*
92235	--	Fluorescein angiography (includes multiframe imaging) with interpretation and report	\$116.86
	TC	Technical component	\$75.02
	26	Professional component	\$41.84
92240	--	Indocyanine-green angiography (includes multiframe imaging) with interpretation and report	\$216.40
	TC	Technical component	\$159.41
	26	Professional component	\$56.99
92250	--	Fundus photography with interpretation and report	\$65.28
	TC	Technical component	\$43.28
	26	Professional component	\$22.00

* Fees listed are 2009 Medicare National Averages. Check with your local carrier for allowable payments specific to your area.

¹ All Current Procedural Terminology (CPT) five-digit numeric codes, descriptions, numeric modifiers, instructions, guidelines, and other material are Copyright 2009 American Medical Association. All rights reserved.

DIAGNOSIS CODES

It is important to include a patient's diagnosis to the greatest level of specificity when seeking reimbursement for fundus photography, fluorescein angiography, and indocyanine-green (ICG) angiography procedures. The following table is a selection of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) codes that may be used to support the medical necessity for FF 450^{plus} and VISUCAM Fundus Camera procedures.

Please note that not all Medicare, Medicaid, and private insurers will cover the conditions outlined in this table. Please check with each insurer to determine which diagnosis codes will be covered when submitting claims for the specific procedures performed.

For fluorescein angiography:

115.02	Histoplasma capsulatum retinitis
115.12	Histoplasma duboisii retinitis
115.92	Histoplasmosis retinitis unspecified
135	Sarcoidosis
190.5 - 190.6	Malignant neoplasm of retina - malignant neoplasm of choroid
224.5 - 224.6	Benign neoplasm of retina - benign neoplasm of choroid
228.03	Hemangioma of retina
228.09	Hemangioma of other sites
250.50 - 250.53	Diabetes with ophthalmic manifestations, type ii or unspecified type, not stated as uncontrolled - diabetes with ophthalmic manifestations, type i [juvenile type], uncontrolled
282.60	Sickle-cell disease unspecified
282.64	Sickle-cell/hb c disease with crisis
282.68	Other sickle-cell disease without crisis
340	Multiple sclerosis
360.21	Progressive high (degenerative) myopia
361.10 - 361.14	Retinoschisis unspecified - secondary retinal cysts
361.19	Other retinoschisis and retinal cysts
361.2	Serous retinal detach
362.01 - 362.07	Background diabetic retinopathy - diabetic macular edema
362.10 - 362.18	Background retinopathy unspecified - retinal vasculitis
362.30 - 362.37	Retinal vascular occlusion unspecified - venous engorgement of retina
362.41 - 362.43	Central serous retinopathy - hemorrhagic detach of retinal pigment epithelium
362.50 - 362.57	Macular degeneration (senile) of retina unspecified - drusen (degenerative) of retina
362.70 - 362.77	Hereditary retinal dystrophy unspecified - retinal dystrophies primarily involving bruch's membrane 362.81 retinal hemorrhage
362.83 - 362.84	Retinal edema - retinal ischemia
363.00 - 363.01	Focal chorioretinitis unspecified - focal choroiditis and chorioretinitis juxtapapillary
363.03 - 363.08	Focal choroiditis and chorioretinitis of other posterior pole - focal

	retinitis and retinochoroiditis peripheral
363.10 - 363.15	Disseminated chorioretinitis unspecified - disseminated retinitis and retinochoroiditis pigment epitheliopathy
363.20 - 363.22	Chorioretinitis unspecified - harada's disease
363.31	Solar retinopathy
363.41 - 363.43	Senile atrophy of choroid - angioid streaks of choroid
363.55 - 363.56	Choroideremia - other diffuse or generalized dystrophy of choroid partial 363.63 choroidal rupture
363.71 - 363.72	Serous choroidal detach - hemorrhagic choroidal detach
368.10 - 368.13	Subjective visual disturbance unspecified - visual discomfort
377.21	Drusen of optic disc
377.24	Pseudopapilledema
377.41	Ischemic optic neuropathy
V67.51	Follow-up examination following completed treatment with high-risk medication not elsewhere classified

For fundus photography:

115.92	Histoplasmosis retinitis unspecified
130.2	Chorioretinitis due to toxoplasmosis
190.5 - 190.6	Malignant neoplasm of retina - malignant neoplasm of choroid
224.5 - 224.6	Benign neoplasm of retina - benign neoplasm of choroid
238.8	Neoplasm of uncertain behavior of other specified sites
238.9	Neoplasm of uncertain behavior site unspecified
250.50 - 250.51	Diabetes with ophthalmic manifestations, type ii or unspecified type, not stated as uncontrolled - diabetes with ophthalmic manifestations, type i [juvenile type], not stated as uncontrolled
270.2	Other disturbances of aromatic amino-acid metabolism
360.20 - 360.24	Degenerative disorder of globe unspecified - other metallosis of globe
360.44	Leucocoria
360.50	Foreign body magnetic intraocular unspecified
360.54 - 360.55	Foreign body magnetic in vitreous - foreign body magnetic in posterior wall
360.59	Intraocular foreign body magnetic in other or multiple sites
360.64 - 360.65	Foreign body in vitreous - foreign body in posterior wall of eye
360.69	Intraocular foreign body in other or multiple sites
361.00 - 361.07	Retinal detach with retinal defect unspecified - old retinal detach total or subtotal
361.10 - 361.14	Retinoschisis unspecified - secondary retinal cysts
361.19	Other retinoschisis and retinal cysts
361.2	Serous retinal detach
361.30 - 361.33	Retinal defect unspecified - multiple defects of retina without detach

	361.81 traction detach of retina
361.89	Other forms of retinal detach
361.9	Unspecified retinal detach
362.01 - 362.07	Background diabetic retinopathy - diabetic macular edema
362.10 - 362.18	Background retinopathy unspecified - retinal vasculitis
362.21	Retrolental fibroplasia
362.29	Other nondiabetic proliferative retinopathy
362.30 - 362.37	Retinal vascular occlusion unspecified - venous engorgement of retina
362.40 - 362.43	Retinal layer separation unspecified - hemorrhagic detach of retinal pigment epithelium
362.50 - 362.57	Macular degeneration (senile) of retina unspecified - drusen (degenerative) of retina
362.60 - 362.66	Peripheral retinal degeneration unspecified - secondary vitreoretinal degenerations
362.70 - 362.77	Hereditary retinal dystrophy unspecified - retinal dystrophies primarily involving bruch's membrane
362.81 - 362.85	Retinal hemorrhage - retinal nerve fiber bundle defects
362.89	Other retinal disorders
362.9	Unspecified retinal disorder
363.00 - 363.01	Focal chorioretinitis unspecified - focal choroiditis and chorioretinitis juxtapapillary
363.03 - 363.08	Focal choroiditis and chorioretinitis of other posterior pole - focal retinitis and retinochoroiditis peripheral
363.10 - 363.15	Disseminated chorioretinitis unspecified - disseminated retinitis and retinochoroiditis pigment epitheliopathy
363.20 - 363.22	Chorioretinitis unspecified - harada's disease
363.30 - 363.35	Chorioretinal scar unspecified - disseminated scars of retina
363.40 - 363.43	Choroidal degeneration unspecified - angioid streaks of choroid
363.50 - 363.57	Hereditary choroidal dystrophy or atrophy unspecified - other diffuse or generalized dystrophy of choroid total
363.61 - 363.63	Choroidal hemorrhage unspecified - choroidal rupture
363.70 - 363.72	Choroidal detach unspecified - hemorrhagic choroidal detach
363.8 - 363.9	Other disorders of choroid - unspecified disorder of choroid
365.00 - 365.04	Preglaucoma unspecified - ocular hypertension
365.10 - 365.15	Open-angle glaucoma unspecified - residual stage of open angle glaucoma
365.20 - 365.24	Primary angle-closure glaucoma unspecified - residual stage of angle-closure glaucoma
365.31 - 365.32	Corticosteroid-induced glaucoma glaucomatous stage - corticosteroid-induced glaucoma residual stage
365.41 - 365.44	Glaucoma associated with chamber angle anomalies - glaucoma associated with systemic syndromes

365.51 - 365.52	Phacolytic glaucoma - pseudoexfoliation glaucoma
365.59	Glaucoma associated with other lens disorders
365.60 - 365.65	Glaucoma associated with unspecified ocular disorder - glaucoma associated with ocular trauma
365.81 - 365.83	Hypersecretion glaucoma - aqueous misdirection
365.89	Other specified glaucoma
365.9	Unspecified glaucoma
377.00 - 377.04	Papilledema unspecified - foster-kennedy syndrome
377.10 - 377.16	Optic atrophy unspecified - hereditary optic atrophy
377.21 - 377.24	Drusen of optic disc - pseudopapilledema
377.30 - 377.34	Optic neuritis unspecified - toxic optic neuropathy
377.39	Other optic neuritis
377.41 - 377.43	Ischemic optic neuropathy - optic nerve hypoplasia
377.49	Other disorders of optic nerve
379.00	Scleritis unspecified
379.07	Posterior scleritis
379.09	Other scleritis
379.11	Scleral ectasia
759.5 - 759.6	Tuberous sclerosis - other congenital hamartoses not elsewhere classified
759.82	Marfan syndrome
771.0	Congenital rubella
871.5 - 871.6	Penetration of eyeball with magnetic foreign body - penetration of eyeball with (nonmagnetic) foreign body
V58.65	Long-term (current) use of steroids
V58.69	Long-term (current) use of other medications
V67.51	Follow-up examination following completed treatment with high-risk medication not elsewhere classified

For indocyanine-green angiography:

362.16	Retinal neovascularization nos
362.42	Serous detach of retinal pigment epithelium
362.43	Hemorrhagic detach of retinal pigment epithelium
362.52	Exudative senile macular degeneration of retina
362.53	Cystoid macular degeneration of retina
362.81 - 362.84	Retinal hemorrhage - retinal ischemia
363.50 - 363.57	Hereditary choroidal dystrophy or atrophy unspecified - other diffuse or generalized dystrophy of choroid total
995.20	Unspecified adverse effect of unspecified drug, medicinal and biological substance

FREQUENTLY ASKED QUESTIONS

Q: If I perform fluorescein angiography or ICG angiography on only one eye of a patient, how do I bill insurers?

CPT codes 92235: *Fluorescein angiography (includes multiframe imaging) with interpretation and report* and 92240: *Indocyanine-green angiography (includes multiframe imaging) with interpretation and report* describe unilateral procedures representing imaging procedures performed on only one eye. When either of these procedures are performed on only one eye, providers may bill the procedure on one line item with the appropriate modifier *-RT* or *-LT* to indicate whether the procedure was performed on the right or left eye, respectively. Please check with your patient's insurer to determine the appropriate coding method.

Q: If I perform fluorescein angiography or ICG angiography on both eyes of a patient, how do I bill insurers?

CPT codes 92235: *Fluorescein angiography (includes multiframe imaging) with interpretation and report* and 92240: *Indocyanine-green angiography (includes multiframe imaging) with interpretation and report* describe unilateral procedures. When either of these procedures is performed bilaterally, the *-50* modifier may be used to indicate that the procedure was performed on both eyes. Alternatively, providers may bill the procedure on two separate lines with the *-RT* modifier on one line and the *-LT* modifier on the other. Please check with your patient's insurer to determine the appropriate coding method.

Q: How do I bill for fundus photography when I perform the procedure unilaterally?

CPT code 92250: *Fundus photography with interpretation and report* is a bilateral code. The code describes a procedure that is performed bilaterally and includes both eyes. Insurers vary regarding the use of a reduced services modifier (*-52*) when billing for the procedure performed unilaterally. Please check with your patient's insurer to determine the appropriate coding method.

Q: How do I bill for fundus photography when I perform the procedure bilaterally?

CPT code 92250: *Fundus photography with interpretation and report* is a bilateral code. The code describes a procedure that is performed bilaterally and includes both eyes. The use of the *-50* or *-RT* and *-LT* modifiers would not be appropriate. Insurers may have varying coding guidelines. Please check with your patient's insurer to determine the appropriate coding method.

Q: I submitted a claim to the patient's insurer, but was denied payment because the procedure is not covered. Is there anything I can do?

If you believe the claim should have been paid, you may submit an appeal to the insurer requesting coverage. Often, this will require a written request outlining the reason(s) the procedure was considered medically necessary. Furthermore, many insurance companies provide guidelines on how providers should appeal a claim denial. Please contact your patient's insurer for specifics on their appeals process.

Q: Are there any other procedures that may not be performed on the same day as fundus photography?

On a national level, Medicare places restrictions on the combination of procedures and their respective codes via the National Correct Coding Initiative (NCCI) edits. The NCCI edits were developed in order to prevent 1) unbundling of comprehensive CPT procedure codes and 2) mutually exclusive services that would rarely be performed during the same office visit.

Fluorescein angiography is among the procedures which if billed in conjunction with fundus photography would represent an unbundling of services according to the NCCI edits. According to these same edits, scanning computerized ophthalmic diagnostic imaging (SCODI) and fundus photography are considered mutually exclusive. In both cases, the combination of procedures should not be billed together. For more detailed information, please refer to the NCCI on the Centers for Medicare and Medicaid Services (CMS) website: http://www.cms.hhs.gov/NationalCorrectCodInitEd/01_overview.asp#TopOfPage

Some private payers have implemented coding edits based on Medicare NCCI edit guidelines while others use third-party proprietary claim edit programs. Please contact your patient's insurer for more information on restrictions.

Q: For billing fundus photography, fluorescein angiography, or ICG angiography, when is modifier -59 applicable?

Modifier -59 allows for NCCI restricted procedure codes such as fundus photography and fluorescein angiography to be billed together when the procedures are performed at separate anatomic sites or at separate patient encounters on the same date of service. Please refer to CMS's article on the use of modifier -59 for additional information:

<http://www.cms.hhs.gov/NationalCorrectCodInitEd/Downloads/modifier59.pdf>

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