

Optometry Coding & Billing Alert

Reader Question: Use 92285 to Track Disease Progression

Question: I'm not sure when I can and can't bill for slit-lamp photography. What are the rules?

Nebraska Subscriber

Answer: The main rule for reporting 92285 (External ocular photography with interpretation and report for documentation of medical progress [e.g., close-up photography, slit-lamp photography, gonioscopy, stereophotography]) is that you must be taking the photos to track the progression (or lack of progression) of a disease, or to document the progression of a particular course of treatment.

"While many conditions of the eye could be photographed, this procedure should not be used to simply document the existence of a condition in order to enhance the medical record," says the local coverage determination (LCD) from Part B carrier Palmetto GBA, using language found in several other carriers' policies.

"Photographs for the purpose of documentation for medical legal purposes or preauthorization (e.g., gross trauma, amount of ptosis or redundant lid tissue for blepharoplasty) are not separately reportable or reimbursable," clarifies Palmetto further.

So, although you may need to have photos in the records of your pre-blepharoplasty patients, don't bill separately for them.

When can you report 92285? Photographs are not allowed by most carriers as a way to document the progression of cataracts, but among the ICD-9 codes that many carriers list as supporting medical necessity for external ocular photography are 190.0-190.9 (Malignant neoplasm of eye), 364.51-364.59 (Degenerations of iris and ciliary body) and 370.60-370.64 (Corneal neovascularization).

Documentation should not be "baseline photos" as this does not accurately depict the disease or disease progression. Check with your local carrier for additional guidelines.