

Optometry Coding & Billing Alert

Reader Questions: Avoid Bilateral Photos for Medicare

Question: Our new software program states to append modifier -50 to code 92250. Is that appropriate?

North Dakota Subscriber

Answer: Medicare considers code 92250 (Fundus photography with interpretation and report) to be inherently bilateral. The relative value units (RVUs) for the procedure are already based on the procedure being done bilaterally. Therefore, you should definitely not report the code with modifier -50 (Bilateral procedure) appended. If you do, the carrier will most likely ignore it and just pay for one instance of 92250.

If you photograph only one eye, you may append modifier -52 (Reduced services), along with -LT or -RT as appropriate, to 92250 to show that you did not perform the full bilateral service. Modifier -52 is an informational modifier and does not require you to reduce your fee.

Do this: Look in column T ("Bilat Surg") in the Physician Fee Schedule to see if Medicare assumes that a procedure is bilateral. For 92250, there is a "2" in column T, which means that the payment adjustment for a bilateral procedure does not apply. A "0" or a "3" in that column would also indicate no bilateral payment, while a "1" would tell you that you're free to append modifier -50.

Note: For more information on bilateral billing, see "Defeat Diagnostic Service Denials With Bulletproof Modifier Use" on page 1.