Corcoran Consulting Group
A Division of Ardare Corporation

EXTERNAL OCULAR PHOTOGRAPHY AND AOS® ANTERIOR SOFTWARE

1 ***QUESTION:*** What is Advanced Ophthalmic Systems (AOS®) Anterior software?

ANSWER: AOS® Anterior is a software system for personal computers and smart phones to analyze any digital image of the cornea, conjunctiva, vessels, and eyelid, and grade the redness of an eye on a 0-4 scale, with or without fluorescein staining. The images are securely transferred to the AOS Anterior platform in the cloud for analysis.

2 ***QUESTION:*** What is the status of the AOS Anterior software with the FDA?

ANSWER: The AOS Anterior software is a Class I medical device that can be legally sold in the United States without FDA clearance or approval.

3 ***QUESTION:*** What are the indications for AOS Anterior?

ANSWER: Ophthalmologists and optometrists may use the AOS Anterior software to objectively grade redness in digital images of the cornea, conjunctiva, sclera, and eyelids due to ocular surface disease, dry eye, blepharitis, allergic conjunctivitis, and contact lens intolerance.

4 ***QUESTION:*** Is there a procedure code for AOS Anterior?

ANSWER: Software systems per se are not assigned a CPT code; they are an incidental part of extant procedure codes. In this case, external ocular photography (92285) applies when the physician takes the digital images. Alternately, remote evaluation of images (G2010) applies when the patient takes the digital images and the physician interprets them.

5 ***QUESTION:*** What diagnoses support a claim for external photography?

ANSWER: Most Medicare LCDs contain a variety of valid diagnoses for external photos. The lists vary, but usually include diagnoses related to external and anterior segment diseases involving the lids, lacrimal system, cornea, conjunctiva, anterior chamber and iris.

6 ***QUESTION:*** What is the Medicare reimbursement for 92285 and G2010?

ANSWER: In 2020, the Medicare Physician Fee Schedule for participating physicians allows $22 for 92285 and $12 for G2010. These amounts are per patient and not per eye. External photography (92285) is subject to Medicare's Multiple Procedure Payment Reduction (MPPR). This reduces the allowable for the technical component of the lesser-valued test when more than one test is performed on the same day. Other payers set their own rates, which may differ significantly from Medicare's fee schedule.

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7 ***QUESTION:*** Are 92285 and G2010 bundled with other services?

ANSWER: Yes. According to the April 1, 2020 Medicare National Correct Coding Initiative (NCCI), both gonioscopy (92020) and a technician exam (99211) are bundled with external photography (92285). In addition, 92285 is bundled with some eyelid surgery codes.

G2010 is not reimbursed if it results from an evaluation and management (E/M) service within the past 7 days or results in an E/M service in the next 24 hours or next available appointment.

8 ***QUESTION:*** How often is external photography performed within the Medicare program?

ANSWER: Medicare utilization rates for claims paid in 2018 show that external photography was performed at 1.3% of all office visits by both ophthalmologists and optometrists. That is, for every 1,000 eye exams performed on Medicare beneficiaries, Medicare paid for external photography 13 times.

9 ***QUESTION:*** How often may this test be repeated?

ANSWER: In general, diagnostic tests are reimbursed when medically indicated. Clear documentation of the reason for testing is always required. Most often, the justification for repeating external photography is progression of a disease.

10 ***QUESTION:*** What documentation is required in the medical record to support claims for external photography?

ANSWER: A physician's interpretation and report are required. A brief notation such as "abnormal" does not suffice. In addition to the images, the medical record should include:

- order for the test with medical rationale
- date of the test
- the reliability of the test (*e.g.*, patient cooperation)
- test findings (*e.g.*, vascularization, opacity, defect, dellen, dendrites)
- comparison with prior tests (if applicable)
- a diagnosis (if possible)
- the impact on treatment and prognosis
- physician's signature

11 ***QUESTION:*** If coverage is unlikely or uncertain, how should we proceed?

ANSWER: Explain that Medicare or other third party payer will likely deny the claim. Ask the patient to assume financial responsibility for the charge. A financial waiver can take several forms, depending on insurance.

- An Advance Beneficiary Notice of Noncoverage (ABN) is required for services where Part B Medicare coverage is ambiguous or doubtful, and may be useful where a service is never covered.
- For Part C Medicare (Medicare Advantage), determination of benefits is required to identify beneficiary financial responsibility prior to performing noncovered services. MA Plans have their own waiver processes and are not permitted to use the Medicare ABN form.
- For commercial insurance beneficiaries, a Notice of Exclusion from Health Plan Benefits (NEHB) is an alternative to an ABN.

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