



## Optos Optomap Imaging: Coding, Billing, and Medical Requirements

To ensure appropriate payments and maintain billing efficiencies, Healthfirst is committed to informing providers of specific requirements for the usage of any medical device. This alert provides guidance on Healthfirst coding and medical requirements for Optos Optomap imaging. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for services outlined. Coverage decisions are based on the terms of the applicable evidence of coverage and the provider's participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.

### Clinical Evidence

Fundus photography involves the use of a retinal camera to photograph regions of the vitreous, retina, choroid, and optic nerve. The resultant images may be either photographic or digital and become part of the patient's permanent record. Fundus photographs are usually taken through a dilated pupil to enhance the quality of the photographic record, unless unnecessary for image acquisition or clinically contraindicated.

### Imaging Requirements

While there are various fundus imaging tools, they do not all meet the requirement for medical necessity as established by the Centers for Medicare & Medicaid Services (CMS).

Specifically, Optos Optomap retinal imaging without dilation is used in some eye care professional practices. However, it is not a substitute for traditional fundus photography as defined by CMS. Optomap is not generally considered a medical necessity, as it is indicative of screening and preventive evaluations.

### Covered Indications

Healthfirst will consider traditional (dilated) fundus photography medically necessary in specific circumstances as defined by CMS.

# Provider Alert

## Optomap Coding Instructions

The Optomap does not have its own CPT code, and using the fundus photography CPT (92250) alone would be incorrect.

Instead, providers should use code **92250 + GY**.

- **92250**: Fundus photography with interpretation and report.
- **GY**: Item or service statutorily excluded, does not meet the definition of any Medicare benefit, or, for non-Medicare insurers, is not a contract benefit.

Please refer to the [LCD - Ophthalmology: Posterior Segment Imaging \(Extended Ophthalmoscopy and Fundus Photography\) \(L33567\) \(cms.gov\)](#) and [LCD - Ophthalmology: Posterior Segment Imaging \(Extended Ophthalmoscopy and Fundus Photography\) \(L33567\) \(cms.gov\)](#) for applicable requirements and limitations.

If you have any questions, contact your Network Account Manager, or call Provider Services at **1-888-801-1660**, Monday to Friday, 8:30am–5:30pm.