



Date: 5/14/19

Medi-Cal

Important Provider Notice: #350

Subject: Billing Instructions for Primary Care Providers using any Store and Forward Retinal Imaging System for Diabetic Retinal Screening (Effective Dates of Service 6/1/19 – See IPN#217 for Date of Service prior to 6/1/19)

Effective June 1, 2019, primary care providers using any store and forward retinal imaging system, may submit claims for diabetic retinal screenings (CPT 92250 or 92227) via store and forward telemedicine to PHC according to the following billing guidelines.

The originating site provider must bill using the below procedure codes in conjunction with one of the allowed diagnosis codes in order to be considered for reimbursement. The distant site provider does not bill PHC, and will be reimbursed for services provided by the originating site provider.

Code	Service
92250 (Do not use modifier)	Fundus photography with interpretation for services provided by optometrists or ophthalmologists
Q3014	Site Facility Fee
T1014 (per minute)	Transmission Fee

Or

Code	Service
92227 (Do not use modifier)	Remote imaging for detection of retinal disease with analysis and report under physician supervision, unilateral or bilateral
Q3014	Site Facility Fee
T1014 (per minute)	Transmission Fee

Allowable ICD-10 Diagnosis Codes
B39.9, B58.01, C69.20-C69.32, D31.20-D31.32, D86.83, D86.89, D86.9, E08.311-E08.39, E09.311-E09.39, E10.311-E10.39, E11.311-E11.39, E13.311-E13.39, G45.3, H30.00-H31.429, H32, H33.011-H33.119, H33.191-H35.09, H35.171-H35.89, H36, H40.001-H42, H43.10-H43.13, H44.001-H44.009, H44.641-H44.659, H44.741-H44.759, H46.00-H47.539, Q15.0, S05.20XA-S05.22XS

When performed by a licensed provider, E&M services unrelated to the diabetic retinal screening must be billed on a separate claim form. For additional information regarding Telemedicine Services, please see Health Services policy # MCUP3113.

<http://www.partnershiphp.org/Providers/Policies/Pages/UtilizationManagement.aspx>