

RB.023.B Diabetic Retinopathy Screening and Fundus Photography

Original Implementation Date: 1/1/2022

Version [B] Date: 12/9/2022

Last Reviewed Date: 02/09/2026

PRODUCT VARIATIONS

This policy applies to all Jefferson Health Plans/Health Partners Plans lines of business unless noted below.

POLICY STATEMENT

The plan considers digital diabetic retinopathy screening (92227, 92228, & 92229) and fundus photography (92250) eligible for reimbursement consideration one time per calendar year when the following criteria are met:

- The test can be performed by a primary care provider (PCP), optometrist, or ophthalmologist.
 - Results must be interpreted and billed by an optometrist or ophthalmologist.
 - Primary care providers must establish an agreement with an eye care professional (optometrist or ophthalmologist) to bill for the service.
- The test is being utilized as a screening technique for the detection of diabetic retinopathy or for monitoring and management of disease in individuals diagnosed with diabetic retinopathy.
- The device used has been approved by the Food and Drug Administration (FDA).
- The member must have a diabetes diagnosis.

POLICY GUIDELINES

1. Prior authorization is not required for participating providers for digital diabetic retinopathy screening and fundus photography.

NOTE: Although digital retinal eye screening and fundus photography are covered and do not require prior authorization, the plan may request documentation to support medical necessity. Appropriate and complete documentation must be presented at the time of review to validate medical necessity.

2. CPT Code 92250
 - PCPs should report code 92250 with the TC modifier for retinal imaging.
 - A specialist should report code 92250 with the 26 modifier for the interpretation and report of the films.
3. CPT codes 92227, 92229
 - Modifiers 26 and TC are not used with these codes.
 - The code itself may be used by either the PCP or the ophthalmologist depending on who owns the equipment.
4. CPT code 92228
 - 92228-26 is billed by the ophthalmologist.
 - 92228-TC is billed by the PCP
5. Specialists must report the following Category II codes 2022F, 2023F, 2024F, 2025F, 2026F, 2033F.

NOTE: CPT II codes for diabetes retinal eye exams can be billed by any provider type.

6. Accepted place of service codes includes: (11), (19), (22), (49), (50).
7. Cost sharing for the member will not apply.

CODING

Note: The Current Procedural Terminology (CPT®), Healthcare Common Procedure Coding System (HCPCS), and the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) codes that may be listed in this policy are for reference purposes only. Listing of a code in this policy does not imply that the service is covered and is not a guarantee of payment. Other policies and coverage guidelines may apply. When reporting services, providers/facilities should code to the highest level of specificity using the code that was in effect on the date the service was rendered. This list may not be all inclusive.

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CPT Code	Description
92227	Imaging of retina for detection or monitoring of disease; with remote clinical staff review and report, unilateral or bilateral.

92228	Imaging of retina for detection or monitoring of disease; with remote physician or other qualified health care professional interpretation and report, unilateral or bilateral.
92229	Imaging of retina for detection or monitoring of disease; point-of-care automated analysis and report, unilateral or bilateral.
92250	Fundus photography with interpretation and report.

Cat II Codes	Description
2022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy (DM).
2023F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM)
2024F	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed: with evidence of retinopathy (DM.)
2025F	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed: without evidence of retinopathy (DM).
2026F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos documented and reviewed; with evidence of retinopathy (DM).
2033F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; without evidence of retinopathy (DM).

HCPCS Code	Description
N/A	

ICD-10 Codes	Description
N/A	

Modifier	Description
TC	Technical Component.
26	Professional Component.

BENEFIT APPLICATION

This Reimbursement Policy does not constitute a description of benefits. Rather, this assists in the administration of the members' benefits which may vary by line of business. Applicable benefit documents govern which services/items are eligible for coverage, subject to benefit limits, or excluded completely from coverage.

DESCRIPTION OF SERVICES

Diabetic retinopathy is the leading cause of blindness among adults aged 20–74 years in the United States. The major risk factors for developing diabetic retinopathy are duration of diabetes and severity of hyperglycemia. After 20 years of disease, almost all patients with Type I and greater than 60% of patients with Type II diabetes will have some degree of retinopathy. Other factors that contribute to the risk of retinopathy include hypertension and elevated serum lipid levels.

Retinopathy screening and risk assessment with digital imaging systems are proposed as an alternative to conventional dilated fundus examination in diabetic individuals. Digital imaging systems use a digital fundus camera to acquire a series of standard field color images and/or monochromatic images of the retina of each eye. The digital images that are captured may be transmitted via the Internet to a remote center for interpretation by trained readers, storage, and subsequent comparison.

DISCLAIMER

Approval or denial of payment does not constitute medical advice and is neither intended to guide nor influence medical decision making. Policy Bulletins are developed to assist in administering plan benefits and constitute neither offers of coverage nor medical advice.

This Policy Bulletin may be updated and therefore is subject to change.

POLICY HISTORY

This section provides a high-level summary of changes to the policy since the previous version.

Summary	Version	Version Date
2026 Biennial review. No changes to this version.	B	12/9/2022
2024 Biennial review. No changes to this version.	B	12/9/2022

CPT Codes 99228 and 99229 were added to the policy. Language was added to the guidelines section for clarity purposes.	B	12/9/2022
This is a new policy.	A	1/1/2022