Welch Allyn
iExaminer® System
PanOptic™ Ophthalmoscope + iExaminer Adapter + iExaminer App

2016 REIMBURSEMENT INFORMATION

CPT® CODING RESOURCE FOR REMOTE RETINAL IMAGING & MEDICARE PHYSICIAN FEE SCHEDULE

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>2016 National Averages¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>92227</td>
<td>Remote Retinal Imaging for detection of retinal disease (e.g., retinopathy in a patient with diabetes) with analysis and report under physician supervision, unilateral or bilateral</td>
<td>Facility: $14.68 Non-Facility: $14.68</td>
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<tr>
<td>92228</td>
<td>Remote Retinal Imaging for monitoring and management of active retinal disease (e.g., diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral</td>
<td>Facility: $34.73 Non-Facility: $34.73</td>
</tr>
<tr>
<td>92228 TC</td>
<td>Technical Component</td>
<td>Facility: $13.61 Non-Facility: $13.61</td>
</tr>
</tbody>
</table>

1National Average from the 2016 Centers for Medicare and Medicaid Services Physician Fee Schedule.

The information contained in this document is provided for convenience only and represents no statement, promise or guarantee by Welch Allyn concerning coverage or levels of reimbursement. Payment will vary by geographic locality. It is always the provider's responsibility to determine accurate coding, coverage and claim information for the services that were provided.

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Facility—Includes hospitals (inpatient, outpatient and emergency department), ambulatory surgery centers (ASCs) and skilled nursing facilities (SNFs).
Non-Facility—Includes all other settings.
TC—Technical Component; for diagnostic tests, the portion of a procedure that does not include a physician's participation.
26—Professional Component; the portion of diagnostic test that involves a physician's work and allocation of the practice expense.

GENERAL
• The PanOptic Ophthalmoscope, coupled with the iExaminer App and iExaminer Adaptor comprise the iExaminer System.
• The PanOptic Ophthalmoscope is intended to be used as a camera to examine the cornea, aqueous, lens, vitreous and retina of the eye.
• The iExaminer is an attachment and software used only with the iPhone® 4, 4S, 6, 6 Plus, 6S and 6S Plus in conjunction with the PanOptic Ophthalmoscope to allow users to capture, send, store and retrieve images of the eye.
• The iExaminer System can be used to document abnormalities or disease processes affecting the eye.

Rates are subject to change. Effective 1/1/2016.

For reference only. Information does not constitute a guarantee of coverage or payment.
Some Medicare Administrative Contractors have issued Local Coverage Determinations (LCDs that specify indications and limitations of coverage). Specific indications for coverage may vary by Medicare Contractor. Providers should refer to their Medicare Contractor’s LCDs for specific coverage and billing guidelines.

Generally, Medicare does not cover screening for asymptomatic patients, and requires written documentation of the medical necessity and the report in the patient’s medical record.

Remote retinal imaging may be covered by private payers when medically necessary. Remote retinal imaging may be covered as well. Coverage levels vary by payer and specific plan. Providers should contact each plan to determine coverage and payment for the use of the Welch Allyn iExaminer System for remote retinal imaging.

Remote retinal imaging may be covered by Medicaid programs when medically necessary. Coverage guidelines and payment levels vary by Medicaid program. Providers should contact their state Medicaid program to determine coverage and payment for the use of the Welch Allyn iExaminer System for remote retinal imaging.

Include documentation in the patient’s records to indicate medical necessity for a separate service.

Confirm that proper ICD-10-CM diagnosis codes are reported to justify medical necessity of remote retinal imaging.

The use of the iExaminer is not subject to separate reimbursement.

When appropriate, a modifier may be reported and support documentation should be provided with the claim.

Some payers may have specific requirements for using certain codes, including prior authorization, restricted medical diagnoses or specialty provider types.

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Please visit our website at welchallyn.com/en/products/care-settings/primary-care-and-clinics/reimbursement.html for additional reimbursement support, a list of frequently asked questions and brochures.

For additional questions, please contact the Welch Allyn Customer Care Line at 1.800.535.6663.


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