Frequently Asked Questions:

1. What is EyePACS?

EyePACS® is a web-based program developed to facilitate communication among primary care and eye care clinicians. The program allows clinicians to share clinical data and images of patients through a secure encrypted Internet connection.

2. How does EyePACS support retinal exams?

Patients with diabetes can receive retinal evaluations with a digital retinal camera during primary care visits, or even at sites beyond the walls of the traditional office. The camera can be operated by a nurse or by other clinic staff who have been technically trained and certified. The digital images are uploaded to the EyePACS website where they are evaluated online by trained and certified readers. Recommendations for follow-up and treatment are then made by credentialed doctors, and sent electronically to the patient’s electronic medical record or directly to their primary care physician.

3. What is the rationale for providing retinal exams during the primary care visit?

Most clinics find a high rate of noncompliance with yearly retinal exams for diabetic patients. Annual retinal exams are important for diabetic patients in order to detect and treat sight-threatening complications of diabetes. Patients who are most at risk for blindness from the ocular complications of diabetes tend to be those who are also noncompliant with eye exams. Compliance is virtually ensured by providing the retinal exams at the time of the primary care visit.

4. Does the EyePACS® program provide cameras and administrative help in addition to clinical services?

The program includes the retinal camera and software, photographer training and certification, retinal consults, and quality assurance. The images are reviewed by our credentialed ophthalmologists and optometrists or by the clinic’s primary care provider(s). All consultants complete a credentialing process to ensure consistent and measurable results from the readings. We also have ongoing quality control and quality improvement for the consultants. Please note that we provide more than a simple diabetic eye disease grade: Diabetes care providers receive retinopathy diagnoses consistent with the International Clinical Diabetic Retinopathy Disease Severity Scale, as well as referral recommendations, observations and recommendations regarding non-diabetic lesions (such as glaucoma and cataracts), and advice on how to improve photographer image quality.

5. Can the system detect other eye diseases, such as glaucoma or cataracts?

The program is designed to detect sight threatening diabetic retinopathy with a high sensitivity. Other conditions such as glaucoma and cataracts may be detected as well. However, the sensitivity of detecting these other conditions is not sufficient for diabetic retinopathy screening to take the place of a regular eye exam.

6. Should we screen patients who have already had an eye exam?

Retinopathy screening may not be indicated for patients who have had a retinal exam within a year, when the primary care clinician has received a report from the examining eye care provider regarding the retinal status of their diabetic patients. It is recommended, however, that all patients with diabetes receive screening in order to have baseline information, to provide images for patient education, to improve detection of retinopathy lesions, and to show other microvascular signs of chronic disease, such as hypertension.
7. What are the space requirements for the retinal camera?

The retinal camera rests on a table, with the photographer and patient positioned on either side of the device. A computer may be placed nearby to view full size images from the camera. The camera requires a darkened room or a shroud over the patient in order to capture quality images. Excessive light causes pupillary constriction, which affects the image quality.

8. Does the retinal exam take the place of a regular eye exam?

No. The purpose of the program is timely identification of patients with sight-threatening diabetic complications. Patients are still recommended to seek regular eye care.

9. Do patients require pupil dilation?

Approximately 90 percent of patients can have satisfactory images taken with undilated pupils. The other 10 percent of patients (those with small pupils, cataracts, or other abnormalities) may need to have their pupils dilated to acquire adequate images. Alternatively, these patients may be referred to an eye care provider for a live exam.

10. Who does the readings of the pictures?

Several options are available:

1. The readings can be done for a fee by credentialed eye care providers through the EyePACS LLC Virtual Reading Center.
2. The readings can be done by local primary care physicians or by local eye care providers who have received EyePACS training and credentialing.

11. How will clinicians know when a patient requires referral to an eye specialist?

There are four ways that notification can occur through the EyePACS retinal reading program:

1. Reports are downloaded by the primary care clinic from the EyePACS website where recommendations for treatment or follow-up are indicated for each patient.
2. EyePACS reports can be automatically integrated into a clinic’s electronic medical record or electronic registry.
3. Email notifications are sent from EyePACS directly to providers indicating the need for an urgent referral.
4. Phone calls to providers are made when referrals are very urgent.

12. What are the billing codes used for the retinal exam procedure?

Medi-Cal, Medicare and several other third party payers provide coverage for retinal exams. Encounters in primary care are billable under CPT codes 92250, 92227 and 92228 (primary care clinics should bill global services, not just the technical component) and are a validated procedure for quality measures, such as HEDIS. Many payers now provide incentives to clinics that increase diabetic retinal exams. Check with your clinic’s payers for incentive information.

92250: Retinal photography CPT code is 92250.TC for technical component (for the photographers work), 99250.26 for the professional component. However, clinics usually bill globally and not just for the technical component.

92227: Remote imaging for detection of retinal disease (e.g. retinopathy in a patient with diabetes) with analysis and report under physician supervision, unilateral or bilateral.

92228: Remote imaging for monitoring and management of active retinal disease (e.g. diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral.

***Additional instructions for both 92227 and 92228:
Do not report 92227 in conjunction with 92002-92014, 92133, 92134, 92250, 92228 or with the evaluation and management of the single organ system, the eye, 99201-99350. Please note that primary care sites usually bill the global fee for this procedure.

EyePACS® Retinal Reading Program: 1-800-228-6144
For questions contact contact@eyepacs.org
Learn more about EyePACS at http://www.eyepacs.com