

EFFECTIVE DATE: 02|09|2009

POLICY LAST UPDATED: 12|15|2015

OVERVIEW

Extended ophthalmoscopy is a detailed examination of the retina and includes a true drawing of the retina, with interpretation and report. Fundus photography involves the use of a retinal camera to document abnormalities of the retina and disease processes affecting the eye, in order to follow the progress of such disease.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Prior authorization is not required.

POLICY STATEMENT

BlueCHiP for Medicare and Commercial Products

Extended ophthalmoscopy and fundus photography are considered medically necessary.

COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for the applicable diagnostic test benefits/coverage.

BACKGROUND

An ophthalmoscope is a handheld instrument with a magnifying lens and an illumination system that enables a doctor to examine the inside of a person's eye. Ophthalmoscopy is useful for viewing the vitreous humor, retina, optic nerve, retinal veins and arteries, and associated structures. A routine ophthalmoscopy is part of general and special ophthalmologic services whenever indicated, and is not reported separately.

Extended Ophthalmoscopy

An extended ophthalmoscopy is a meticulous evaluation of the eye with detailed documentation of a severe ophthalmologic problem when photography is not adequate or appropriate. Extended ophthalmoscopy is used for evaluation of tumors of the retina and choroid, retinal tears, detachments, hemorrhages, exudative detachments, and retinal defects without detachment, as well as other ocular defects. The physician is required to create detailed drawings that reveal the extent of the examination and findings, along with an interpretation and report.

Extended ophthalmoscopy is most frequently performed utilizing an indirect lens, although it may be performed using contact lens biomicroscopy. It may require scleral depression and is usually performed with the pupil dilated. It is performed by the physician when a more detailed examination (including that of the periphery) is needed, following routine ophthalmoscopy. Extended ophthalmoscopy is indicated when the level of examination requires a complete view of the posterior segment of the eye and documentation is greater than that required for general ophthalmoscopy.

Fundus Photography

Fundus photography (also called fundography) is the creation of a photograph of the interior surface of the eye, including the retina, optic disc, macula, and posterior pole (i.e., the fundus). Fundus photography is used by optometrists, ophthalmologists, and trained medical professionals for monitoring progression of a disease, diagnosis of a disease (combined with retinal angiography), or in screening programs and epidemiology.

Compared to ophthalmoscopy, fundus photography generally needs a considerably larger instrument, but has the advantage of availing the image to be examined by a specialist at another location and/or time, as well as providing photo documentation for future reference. Modern fundus photographs generally recreate considerably larger areas of the fundus than what can be seen at any one time with handheld ophthalmoscopes. Fundus photography is typically used as a method of documentation and also in determining the progression and treatment.

Fundus photography may be indicated to document abnormalities of disease process affecting the eye, or to follow the progress of such disease. Photographs and an interpretation and report may be necessary to document a disease process, to follow the progress of a disease, or to plan treatment for a disease process.

Extended ophthalmoscopy and fundus photography are medically necessary for the indications noted in the coding section. All other indications are not medically necessary as there is insufficient evidence in published peer-reviewed medical literature to support the use of this treatment.

CODING

BlueCHiP for Medicare and Commercial Products

The following CPT codes are covered:

92225

92226

92250

RELATED POLICIES

Not applicable

PUBLISHED

Provider Update, February 2016

Provider Update, September 2014

Provider Update, December 2013

Provider Update, August 2012

Provider Update, August 2011

Provider Update, September 2010

Provider Update, August 2009

REFERENCES

1. National Government Services (NGS). Local Coverage Determination (LCD) for Ophthalmology: Posterior Segment Imaging (Extended Ophthalmoscopy and Fundus Photography) (L25466)
2. Bakri SJ, Sculley L, Sing AD. Imaging techniques for uveal melanoma. *Int Ophthalmol Clin*. 2006;46(1):1-13. <http://gateway.ut.ovid.com.proxy.medlib.iupui.edu/qw2/ovidweb.cgi>. Accessed November 15, 2006.
3. Mayfield J. Who cares about the quality of diabetes care? Almost everyone! *Clinical Diabetes*. 1998;16(4). <http://journal.diabetes.org/clinicaldiabetes/v16n41998/Mayfield.htm>. Accessed July 21, 2006.

4. National Guideline Clearinghouse. Age-related macular degeneration. Limited revision. www.guideline.gov. Accessed July 21, 2006.
5. National Guideline Clearinghouse. Care of the patient with diabetes mellitus. 3rd edition. www.guideline.gov. Accessed July 21, 2006.
6. Guyer DR, Yannuzzi LA, Chang, S, Shields JA, Green WR. *Retina vitreous macula, clinical examination of the posterior segment of the eye*. W.B. Saunders Company; 1999:21-28.
7. Jones WL, Reidy RW. *Atlas of the peripheral ocular fundus*. Butterworth Publishers; 1985:1-4.
8. McPhee S, Papadakis M, Tierney L. *Current medical diagnosis and treatment*. Stanford: Appleton and Lange; 1996.
9. Newell F. *Ophthalmology-principles and concepts*. St. Louis: Mosby; 1992.

CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

