

Medical Coverage Policy | Extended Ophthalmoscopy and Fundus Photography



EFFECTIVE DATE: 11/1/2002
POLICY LAST UPDATED: 10/15/2013

OVERVIEW

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. 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.

This policy documents the coverage guidelines for extended ophthalmoscopy and fundus photography.

PRIOR AUTHORIZATION

Prior authorization is not required.

POLICY STATEMENT

BlueCHiP for Medicare and Commercial Products:

Extended ophthalmoscopy and fundus photography are medically necessary for the covered indications noted in this policy. All other indications are not medically necessary as there is no insufficient evidence in published peer-reviewed medical literature to support the use of this treatment.

MEDICAL CRITERIA

None.

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.

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.

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 covered for the evaluation of neoplasms of the retina and choroid (benign and malignant), retinal hemorrhages, ischemia, exudative detachment, and retinal defects without detachment. They are also covered for other ocular disorders, including intraocular foreign bodies, diabetic retinopathy, background retinopathy with retinal vascular changes and also glaucoma. Fundus photography is typically used as a method of documentation and also in determining the progression and treatment.

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 no there is insufficient evidence in published peer-reviewed medical literature to support the use of this treatment

COVERAGE

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

CODING

The following CPT codes are covered for medical conditions found under ICD-9 CM code:

92225

92226

92250

The following ICD-9 CM code is covered for BlueCHiP for Medicare and Commercial products:

115.02	115.12	115.92	130.2	190.0	190.5	190.6	198.89	224.5	224.6
225.1	237.70	237.71	237.72	249.00	249.01	249.10	249.11	249.20	249.21
249.30	249.31	249.40	249.41	249.50	249.51	249.60	249.61	249.70	249.71
249.80	249.81	249.90	249.91	250.00	250.01	250.02	250.03	250.10	250.11
250.12	250.13	250.20	250.21	250.22	250.23	250.30	250.31	250.32	250.33
250.40	250.41	250.42	250.43	250.50	250.51	250.52	250.53	250.61	250.62
250.63	250.71	250.72	250.73	250.81	250.82	250.83	250.91	250.92	250.93
360.00	360.01	360.02	360.03	360.04	360.11	360.12	360.13	360.14	360.19
360.20	360.21	360.23	360.24	360.29	360.30	360.31	360.32	360.33	360.34
360.40	360.41	360.42	360.43	360.44	360.50	360.51	360.52	360.53	360.54
360.55	360.59	360.60	360.61	360.62	360.63	360.64	360.65	360.69	360.81
360.89	360.9	361.00	361.01	361.02	361.03	361.04	361.05	361.06	361.07
361.10	361.11	361.12	361.13	361.14	361.19	361.2	361.30	361.31	361.32

361.33	361.81	361.89	361.9	362.01	362.02	362.03	362.04	362.05	362.06
362.07	362.10	362.11	362.12	362.13	362.14	362.15	362.16	362.17	362.18
362.20	362.21	362.22	362.23	362.24	362.25	362.26	362.27	362.29	362.30
362.31	362.32	362.33	362.34	362.35	362.36	362.37	362.40	362.41	362.42
362.43	362.50	362.51	362.52	362.53	362.54	362.55	362.56	362.57	362.60
362.61	362.62	362.63	362.64	362.65	362.66	362.70	362.71	362.72	362.73
362.74	362.75	362.76	362.77	362.81	362.82	362.83	362.84	362.85	362.89
363.00	363.01	363.03	363.04	363.05	363.06	363.07	363.08	363.10	363.11
363.12	363.13	363.14	363.15	363.20	363.21	363.22	363.30	363.31	363.32
363.33	363.34	363.35	363.40	363.41	363.42	363.43	363.50	363.51	363.52
363.53	363.54	363.55	363.56	363.57	363.61	363.62	363.63	363.70	363.71
363.72	363.8	363.9	364.00	364.01	364.02	364.03	364.04	364.10	364.11
364.21	364.22	364.23	364.24	364.3	364.41	364.42	364.51	364.52	364.53
364.54	364.55	364.56	364.57	364.59	364.60	364.61	364.62	364.63	364.64
364.70	364.71	364.72	364.73	364.74	364.75	364.76	364.77	364.81	364.82
364.89	364.9	365.00	365.01	365.02	365.03	365.04	365.05	365.06	365.10
365.11	365.12	365.13	365.14	365.15	365.20	365.21	365.22	365.23	365.24
365.31	365.32	365.41	365.42	365.43	365.44	365.51	365.52	365.59	365.60
365.61	365.62	365.63	365.64	365.65	365.70	365.71	365.72	365.73	365.74
365.81	365.82	365.83	365.89	365.9	368.11	368.12	368.13	368.14	368.15
368.16	368.40	368.41	368.42	368.43	368.44	368.45	368.46	368.47	368.60
368.61	368.62	368.63	368.69	368.8	368.9	376.40	376.41	376.42	376.43
376.44	376.45	376.46	376.47	376.50	376.51	376.52	376.6	377.00	377.01
377.02	377.03	377.04	377.10	377.11	377.12	377.13	377.14	377.15	377.16
377.21	377.22	377.23	377.24	377.30	377.31	377.32	377.33	377.34	377.39
377.41	377.42	377.49	377.51	377.52	377.53	377.54	379.07	379.21	379.22

379.23	379.24	379.25	379.26	379.27	379.29	379.32	379.34	714.0	714.30
714.31	714.32	714.33	743.51	743.52	743.53	743.54	743.55	743.56	743.57
743.58	743.59	759.5	759.6	759.82	871.5	871.6	871.7	871.9	921.3
958.1	995.50	995.51	995.52	995.53	995.54	995.55	995.59	V58.69	V67.51

RELATED POLICIES

None

PUBLISHED

Provider Update	Dec 2013
Provider Update	Aug 2012
Provider Update	Aug 2011
Provider Update	Sept 2010
Provider Update	Aug 2009
Policy Update	June 2008
Provider Update	July 2007

REFERENCES

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