



**EFFECTIVE DATE:** 11/01/2002  
**POLICY LAST UPDATED:** 11/20/2007

### OVERVIEW

This payment policy documents the coverage for External Ocular Photography. External ocular photography can be used to document the progress or deterioration of certain conditions of the external structures of the eye as described below.

### PRIOR AUTHORIZATION

Prior authorization is not required.

### POLICY STATEMENT

#### BlueCHiP for Medicare and Commercial Products

External photography, including but not limited to Close-Up Photography, Slit Lamp Photography, Goniophotography, and Stereo-Photography **are not separately reimbursed.**

### MEDICAL CRITERIA

Not Applicable

### BACKGROUND

External ocular photography can be used to document the progress or deterioration of certain conditions of the external structures of the eye including the eyelids, lashes, sclerae, conjunctiva and cornea. It may also be used to document progress and deterioration of structures of the anterior chamber including the iris, and filtration angle. These photographs are commonly made using slit lamp photography, goniophotography, stereophotography or close-up photography. Regardless of the technique used for the picture taking, the pictures may be stored as prints, slides, videotape, or digital medium.

### COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement for the applicable Vision Care Services benefits.

### CODING

#### BlueCHiP for Medicare and Commercial

The following CPT code is **not separately reimbursed:**

92285

### RELATED POLICIES

None

### PUBLISHED

Policy Update Sep 2002

## REFERENCES

None

[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.

