Draft Medical Coverage Policy



Ocular Photoscreening



Email comments on this draft Medical Policy are accepted for 30 days after posting

Posting Date: 7/31/2	Comment by:	8/31/2013
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□ Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

Description: (Changes are in Blue) Description:

Ocular photoscreening is based on the principle of photorefraction, in which the refractive state of the eye is assessed via the pattern of light reflected through the pupil. The images can then be analyzed based on the position of the corneal light reflex as well as the overall reflection of light from the fundus, which provides information on the child's fixation pattern and the presence or absence of strabismus. Patients are photographed in a darkened room while looking at the camera. The photographs can be sent to a central laboratory for analysis, either by ophthalmologists or specifically trained personnel. Results are typically graded as pass, fail, or repeat photoscreening. Photoscreening is an alternative screening method that can detect risk factors for amblyopia, which include strabismus, high refractive errors, anisometropia, and media opacities.

Several different systems are commercially available. In this country, the majority of published studies have used the Medical Technology Inc. (MTI) Photoscreener (Medical Technology, Inc., Cedar Falls, Iowa).

Note: Ocular photoscreening can be performed in several settings. For example, photoscreening can be performed in a public health setting or as part of school screening programs. In addition, photoscreening may be performed by ophthalmologists as an adjunct to an ophthalmologic exam. This policy only addresses the use of photoscreening in the setting of the primary care physician's office, where it is performed as an adjunct or alternative to the standard visual exam. It is anticipated that the results of photoscreening would be used by the primary care physician to determine whether the patient required referral to a pediatric ophthalmologist for further evaluation.

Medical Criteria:

None

Policy Guidelines:

BlueCHiP for Medicare and Commercial products:

Ocular photoscreening when performed using an MTI Photoscreener in a physician's office is considered **not medically necessary** for all product lines as there is insufficient literature to determine its efficacy.

Coverage:

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement, or Benefit Booklet for applicable not medically necessary benefits/coverage.

Coding: The following code is not medically necessary: 99174

Also Known As: MTI PhotoScreener Photoscreening, Ocular

Related Topics:

Not applicable.

Published:

Provider Update, 2013 Provider Update, June 2012 Provider Update, July 2011 Provider Update, July 2010 Policy Update, November 2007 Policy Update, September 2002

References:

Review History:

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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.