Policy Name	Clinical Policy – Extended Ophthalmoscopy
Policy Number	1335.00
Department	Clinical Strategy
Subcategory	Medical Management
Original Approval Date	03/08/2019
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Company Entities Supported (Select All that Apply)
X Superior Vision Benefit Management
X Superior Vision Services
X Superior Vision of New Jersey, Inc.
X Block Vision of Texas, Inc. d/b/a Superior Vision of Texas
X Davis Vision
(Collectively referred to as 'Versant Health' or 'the Company'

ACRONYMS or DEFINITIONS	
n/a	

PURPOSE

To provide the medical necessity criteria to support the indication(s) for extended ophthalmoscopy procedures and to render medical necessity determinations. Applicable procedure codes are also defined.

POLICY

A. BACKGROUND

Extended ophthalmoscopy is the detailed examination of the retina and/or the optic nerve in cases of serious disease or injury and always includes a drawing of the fundus and associated structures (vitreous, blood vessels, optic nerve) with interpretation and report. It is most frequently performed utilizing a 20 or 78 diopter lens, although it may be performed using contact lens biomicroscopy. It may require scleral depression and is customarily performed with the pupil dilated unless medically contraindicated. It is only performed by a physician when a more detailed examination (including the periphery) is needed following

routine direct or indirect ophthalmoscopy. The examination must be used in the medical decision making for the patient.

B. Medically Necessary

Medical necessity may be established for diagnostic testing by defining the pertinent signs, symptoms, or medical history of a condition which requires further information.

1. Extended ophthalmoscopy may be medically necessary when the information garnered from an eye exam, including routine ophthalmoscopy, is insufficient to assess the patient's disease.

2. Extended ophthalmoscopy may be medically indicated to evaluate injuries, abnormalities, or disease in the fundus, choroid or related structures. Pathology must be present to warrant a drawing, thus verifying medical necessity.

3. The initial extended ophthalmoscopy must be completed for each eye. Subsequent extended ophthalmoscopy may be medically necessary for re-evaluation of disease progression. A retinal drawing is only necessary when there is pathology, and for subsequent extended ophthalmoscopy when there is a clinically significant change in the condition previously drawn or a new condition.

C. Not Medically Necessary

Extended ophthalmoscopy is incomplete or may not be indicated in the following situations:

1. Extended ophthalmoscopy on an eye without signs, symptoms, serious disease or abnormalities on routine direct or indirect ophthalmoscopic exam.

2. Repeated extended ophthalmoscopy, at each visit, without a clinically significant change in signs, symptoms, disease, or condition.

3. Without a detailed retinal drawing of a serious disease or abnormality.

4. Extended ophthalmoscopy performed during the global surgery period of an ophthalmic surgical procedure to verify the expected outcome. For example, extended ophthalmoscopy after successful laser repair of retinal detachment is an incidental part of postoperative care.

5. Extended ophthalmoscopy without a documented medical rationale in the medical record.

6. When other related ophthalmological tests (e.g., fundus photography, angiography, ultrasound, optical coherence tomography, etc.) have been performed, extended ophthalmoscopy may not be medically necessary unless it provides additive (non-duplicative) information.

D. Documentation

Medical necessity is supported by adequate and complete documentation in the patient's medical record that describes the procedure and the medical rationale for it. Documentation requires the listed items, which must be available upon request, to initiate or sustain previous payments. For retrospective reviews the full medical plan of care is required.

Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, date(s) of service). Services provided or ordered must be authenticated using either a handwritten or an electronic signature. Stamped signatures are not acceptable.

The following documentation is required to support medical necessity for extended ophthalmoscopy:

1. The patient's medical record must contain documentation that supports the medical necessity for extended ophthalmoscopy for each eye. This documentation includes relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures. All findings, including longitudinal analysis on subsequent extended ophthalmoscopy, and a plan of action should be documented in the patient's medical record supporting the medical necessity for the extended ophthalmoscopy.
2. There must be a separate retinal drawing with sufficient detail that a longitudinal study could be performed. (Retina to periphery or optic nerve margin). Detailed drawings are large (at least 3 inches), scaled, labeled, and usually in medically appropriate color(s). Drawings may not contain preprinted anatomical landmarks. Clock hours may be preprinted for accuracy. Zones may be preprinted for pediatric cases such as retinopathy of prematurity
3. Optic nerve abnormalities (cupping, disc rim, pallor and slope, or any surrounding pathology) should be documented in a separate drawing from the retina.
4. Documentation in the patient's medical record for a diagnosis of glaucoma must include all the following: Documentation of the specific method of examination (e.g., lens, scleral depression, instrument used) should be maintained in the medical record.
5. Documentation to support the monitoring of neurotoxicity or retinal toxicity associated with certain medications (e.g., hydroxychloroquine), as indicated with the primary diagnosis code Z79.899, long term, current drug therapy.
6. The medical record should note the pupil was dilation status for the exam.
7. Subsequent extended ophthalmoscopy must demonstrate a clinically significant difference from the prior extended ophthalmoscopy and not simply replicate it.

E. Procedural Detail

CPT Codes	
92201	Ophthalmoscopy, extended; with retinal drawing and scleral depression of peripheral retinal disease (e.g., for retinal tear,

	retinal detachment, retinal tumor) with interpretation and report, unilateral or bilateral
92202	Ophthalmoscopy, extended; with drawing of optic nerve or macula (e.g., for glaucoma, macular pathology, tumor) with interpretation and report, unilateral or bilateral
Invalid Modifiers	
L, R, 50 Bilateral	Do not code laterality; both eyes should be drawn
26, TC	No technical component of extended ophthalmoscopy

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RELATED POLICIES AND PROCEDURES	
n/a	

DOCUMENT HISTORY		
Approval Date	***Revisions***	***Effective Date***
03/08/2019	Initial policy	03/08/2019
12/18/2019	Annual review; no criteria changes; CMS required code replacements.	01/01/2020
10/28/2020	Annual review; Clarified definitions; added indication for long term therapeutic drug monitoring.	03/01/2021
10/06/2021	Annual review; no criteria changes.	04/01/2022 (superseded)
01/05/2022	Administrative update to correct listed modifiers	02/01/2022
07/06/2022	Annual review; no criteria changes.	10/01/2022
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07/10/2024	Annual review; no criteria changes.	09/01/2024
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