

Policy Name	Clinical Policy – External Ocular Photography
Policy Number	1338.00
Department	Clinical Product & Strategy
Subcategory	Medical Management
Original Approval Date	10/18/2019
Current MPC/CCO Approval Date	07/12/2023
Current Effective Date	09/01/2023

Company Entities Supported (Select All that Apply): <input checked="" type="checkbox"/> Superior Vision Benefit Management <input checked="" type="checkbox"/> Superior Vision Services <input checked="" type="checkbox"/> Superior Vision of New Jersey, Inc. <input checked="" type="checkbox"/> Block Vision of Texas, Inc. d/b/a Superior Vision of Texas <input checked="" type="checkbox"/> Davis Vision (Collectively referred to as 'Versant Health' or 'the Company')
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ACRONYMS and DEFINITIONS	
n/a	

PURPOSE

To provide the medical necessity criteria to support the indication(s) for external ocular photography. Applicable procedure codes are also defined.

POLICY

A. Background

External ocular photography is photography of the eyelids and related orbital and adnexal structures, conjunctival, cornea, iris, chamber angle and related anterior segment structures. It may be performed by various techniques including but not limited to handheld digital photography and slit lamp mounted cameras. Photography is medically necessary when the picture captures a level of detail not possible in a text description in the medical record when the written information is determinative to a specific diagnosis, therapy, and clinical management.

B. Medical Necessity

The medical necessity for any diagnostic testing, including external ocular photography, begins with pertinent signs, symptoms, or medical history of a condition for which the examining physician needs further information.

1. External ocular photography is ordered and performed when the information garnered from the eye exam is insufficient to assess the patient's disease.
2. External ocular photography is covered as an adjunct to evaluation and management of a known disease.

C. Not Medically Necessary

External ocular photography may not be considered medically necessary to:

1. Enhance the medical record that is described by a text description of the lesion
2. Document lesions that the practitioner should recognize as benign
3. Document lesions that the practitioner should recognize as stable
4. Document lesions where there is no evidence of progression
5. Document baseline level of a healthy eye
6. Document findings of a screening evaluation
7. Document lesions where the status does not result in change in therapy.
8. Document repeated external photography where the findings do not result in a change in therapy or diagnosis.

D. Documentation Requirements

Adequate and complete documentation in the beneficiary's medical record includes the procedure and the medical rationale for it. Documentation includes (at a minimum) all the following items. If a subsequent medical review audit is necessary, these items are expected to be available, including photographs or digital images. For all retrospective reviews, the full operative report and or the 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/ordered must be authenticated by the author. The method used shall be handwritten or electronic signature. Stamped signatures are not acceptable. External ocular photography requires "interpretation and report" which includes:

1. Physician's order for with medical rationale
2. Date performed
3. Adequacy of the image obtained to make a medical determination
4. Findings
5. If this a repeat procedure, a comparison with previous image
6. Assessment and Diagnosis

7. Impact of this procedure on treatment, prognosis and/or diagnosis
8. Only bill ocular photography after the interpretation and report is complete.

E. Procedural Detail

92285	External ocular photography with interpretation and report for documentation of medical progress (e.g., close-up photography, slit lamp photography, gonio photography, stereophotography)
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RELATED POLICIES	
1331	Fundus Photography

DOCUMENT HISTORY		
Approval Date	Revision	Effective Date
10/18/2019	Initial policy	01/01/2020
08/19/2020	Annual review; no CPT changes; few diagnoses code changes.	12/01/2020
07/07/2021	Policy opened to all valid, eye related medical diagnoses codes.	10/01/2021
07/06/2022	Annual review; no criteria changes.	08/01/2022
07/12/2023	Annual review; no criteria changes.	09/01/2023

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SOURCES

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