

Policy Name	Clinical Policy – External Ocular Photography
Policy Number	1338.00
Department	Clinical Strategy
Subcategory	Medical Management
Original Approval Date	10/18/2019
Current MPC/CCO Approval Date	07/09/2025
Current Effective Date	10/01/2025

Company Entities Supported (Select All that Apply):

Superior Vision Benefit Management
 Superior Vision Services
 Superior Vision of New Jersey, Inc.
 Block Vision of Texas, Inc. d/b/a Superior Vision of Texas
 Davis Vision
 (Collectively referred to as 'Versant Health' or 'the Company')

ACRONYMS and DEFINITIONS

n/a	
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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 handheld digital photography and slit lamp mounted cameras. Photography may be medically necessary when the picture captures a level of detail that is 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 or drawing 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 findings do not change the course of therapy.
8. To repeatably document the course of therapy

D. Documentation Requirements

Appropriate documentation for the photography must be clearly noted in the patient's medical record. Upon request, the medical rationale and the photographs should be available for review. For all retrospective reviews, a full report with images and the medical plan of care are 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 must be authenticated by the physician with either a handwritten or electronic signature. Stamped signatures are not acceptable. External ocular photography requires a full interpretation and report which includes:

1. Physician's order with medical rationale
2. Date performed
3. Adequacy of the image obtained to make a medical determination.
4. Findings
5. For repeat images, comparison with the previous image.
6. Assessment and diagnosis
7. Impact of the photographs on treatment, prognosis and/or diagnosis.
8. Ocular photography may only be billed 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
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DOCUMENT HISTORY

Approval Date	Revision	Effective Date
10/18/2019	Initial policy	01/01/2020
08/19/2020	Annual review; no criteria 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
07/10/2024	Annual review; no criteria changes.	09/01/2024
07/09/2025	Annual review; no criteria changes.	10/01/2025

REFERENCES

1. Fogla R, Rao SK. Ophthalmic photography using a digital camera. *Indian J Ophthalmol*. 2003;51(3):269-272.
2. Jager MJ, Shields CL, Cebulla CM, et al. Uveal melanoma. *Nat Rev Dis Primers*. 2020 Apr 9;6(1):24. doi: 10.1038/s41572-020-0158-0. Erratum in: *Nat Rev Dis Primers*. 2022 Jan 17;8(1):4. PMID: 32273508.
3. Jalil M, Ferenczy SR, Shields CL. iPhone 4s and iPhone 5s Imaging of the Eye. *Ocul Oncol Pathol*. 2017;3(1):49-55. doi:10.1159/000448721.
4. Kalra G, Ichhpujani P, Thakur S, Singh RB, Sharma U, Kumar S. A pilot study for smartphone photography to assess bleb morphology and vasculature post-trabeculectomy. *Int Ophthalmol*. 2021 Feb;41(2):483-490. doi: 10.1007/s10792-020-01598-9. Epub 2020 Oct 13. PMID: 33051769; PMCID: PMC7553381.
5. Nair AG, Santhanam A. Clinical Photography for Periorbital and Facial Aesthetic Practice. *J Cutan Aesthet Surg*. 2016;9(2):115-121. doi:10.4103/0974-2077.184047.
6. Pimm J, Bagenal J, Lee N. Clinical Pictures in The Lancet: a good eye for detail. *Lancet*. 2018 Apr 7;391(10128):1339-1340. doi: 10.1016/S0140-6736(18)30567-1. PMID: 29636260.
7. Saine PJ. Tutorial: External ocular photography. *J Ophthalmic Photography*. 2006; 28(1):8-20.
- Shah M, Lee G, Lefebvre DR, et al. A cross-sectional survey of the association between bilateral topical prostaglandin analogue use and ocular adnexal features. *PLoS One*. 2013;8(5): e61638. Published 2013 May 1. doi: 10.1371/journal.pone.0061638.
8. Solyman O, Ahmad M, Arora K, Henderson AD, Carey A. Stereoscopic three-dimensional (3D) slit-lamp photography using a compact 3D digital camera. *Indian J Ophthalmol*. 2021 May;69(5):1303-1305. doi: 10.4103/ijo.IJO_2037_20. PMID: 33913883; PMCID: PMC8186585.

SOURCES

1. CMS Ocular Photography External, A57068. <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=57068&ver=14&>. Accessed 5/2025.
2. Rules for external ocular photography. June 2017. Review of Ophthalmology. <https://www.reviewofophthalmology.com/article/rules-for-external-ocular-photography> Accessed 5/2025.