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

**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 for 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

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| 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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| <b>DOCUMENT HISTORY</b> |  |                       |
|-------------------------|--|-----------------------|
| <b>Approval Date</b>    | <b>Revision</b>  | <b>Effective Date</b> |
| 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            |

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## SOURCES

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