

<b>Policy Name</b>	Clinical Policy - Fundus Photography
<b>Policy Number</b>	1331.00
<b>Department</b>	Clinical Strategy
<b>Subcategory</b>	Medical Management
<b>Original Approval Date</b>	07/10/2017
<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 or DEFINITIONS**

n/a

**PURPOSE**

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

**POLICY**
**A. BACKGROUND**

Fundus photography may be medically necessary when the information garnered from the eye exam is insufficient to assess the patient's disease. If the images are taken as baseline documentation of a healthy eye or as preventive medicine to screen for potential disease, then they may not be medically necessary, even if disease is identified.

Fundus photographs are not covered for screening, or to simply document the existence of a condition, or as a redundant test that does not provide any additional or needed information.

**B. Medically Necessary**

Fundus photography may be medically necessary for the following:

1. To plan or guide treatment such as laser photocoagulation.
2. To evaluate injuries, abnormalities, or disease in the fundus or choroid.
3. To monitor disease progression, including initial fundus photographs for a chronic condition that requires monitoring (e.g., glaucoma); when,
  - a. Repeat fundus photography is necessitated by clinically significant disease progression, the advent of new disease, or planning for additional surgical treatment (e.g., laser).
  - b. Repeated photos of the same, unchanged condition are unwarranted. Fundus photography must provide actionable data that would influence the course of treatment and that would not be available from other testing or imaging modalities.
4. Fundus photography must be ordered and used promptly by the physician who is treating the patient.

**C. Not Medically Necessary**

Fundus photography may not be medically necessary for the following:

1. To document findings noted on the examination.
2. When the image merely confirms the exam findings of other imaging modalities.
3. For screening purposes.
4. When used as a baseline photo to document a condition that is static and does not require future treatment (e.g., scar).
5. To document the existence of a condition.
6. In the absence of a disease or abnormality within the fundus.
7. When a comprehensive eye exam requires a dilated fundus exam (DFE), a fundus photo cannot be used in lieu of a DFE, unless the DFE is medically contraindicated.

**D. Documentation**

Medical necessity is supported by adequate and complete documentation in the medical record that describes the procedure and the medical rationale. If a subsequent medical review audit is necessary, the listed items must be available to initiate or sustain payments. For retrospective reviews, the complete operative report and the medical care plan are required.

Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, date(s) of service). The medical record must contain copies of the photographs or digital images and be available upon request. Services provided/ordered must be signed with a handwritten or electronic signature. Stamped signatures are not acceptable.

The following documents support the medical necessity of fundus photography.

1. Interpretation and report of the image, including:

- a. Physician's order for fundus photograph with medical rationale
- b. The medical record must contain copies of the photographs or digital images and be available upon request.
- c. Date performed
- d. Reliability and findings of the fundus photography. Do not bill a fundus photograph of dubious value or of normal findings.
- e. Patient cooperation
- f. Comparison of fundus photographs (when applicable) – statement of variation between current and prior fundus photographs
- g. Assessment, diagnosis; when the indication for fundus photography is high risk medication monitoring
- h. Impact on treatment and prognosis
- i. Ideally, the interpretation of the fundus photography follows immediately after the technical component is finished. In practice, there may be a delay; only bill fundus photography after the interpretation and report is completed.

2. When a scanning laser ophthalmoscope is used to capture images of the fundus, accurate coding, as follows, is required.

- a. If the scanner produces an image of the retina or optic nerve along with other data and imaging for quantitative analysis, report a single service from the appropriate scanning computerized ophthalmic diagnostic imaging code range (92133-92134).
- b. If only an image is obtained, report code 92250
- c. If the only necessary service provided is generating a fundus photograph without the need to quantify the nerve fiber layer and to analyze the data via a computer, report code 92250, even if the photograph was taken with a scanning laser.

3. When fundus photography and extended ophthalmoscopy (CPT 92201 and 92202) are performed concurrently, the retinal drawing must identify severe posterior segment disease that is not identifiable in the image. Without variation in findings, the procedures could be duplicative, and only one of the procedures may be considered medically necessary.

4. Auto fluorescent imaging is an incidental part of fundus photography and not a separate service.

#### **E. Procedural Detail**

<b>CPT Codes</b>	
92227	Imaging of retina for detection or monitoring of disease; with remote clinical staff review and report, unilateral or bilateral
92228	Imaging of retina for detection or monitoring of disease; with remote physician or other qualified health care professional interpretation and report, unilateral or bilateral

92229	Imaging of retina for detection or monitoring of disease; point-of-care automated analysis and report, unilateral or bilateral
92250	Fundus photography with interpretation and report
92499	Unlisted ophthalmological procedures. To be used in uncommon circumstances for remote monitoring that does not fall within the description of 92227.

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#### **Related Policies**

1338	External Ocular Photography
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<b>Revision History</b>		
<b>Approval Date</b>	<b>Revisions</b>	<b>Effective Date</b>
07/10/2017	Initial policy	07/10/2017
07/13/2018	Annual review with major criteria revisions	07/13/2018
10/18/2019	Annual review; no change in criteria.	11/01/2019
08/19/2020	Annual review; no change in criteria.	12/01/2020
07/07/2021	Add CPT code 92229; remove ICD-10 code limitations and open policy to all valid, medical ICD-10 codes.	10/01/2021
07/06/2022	Annual review; no criteria changes.	10/01/2022
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	Removed the indication of when a dilated fundus exam cannot be completed.	10/01/2025

## REFERENCES AND SOURCES

1. Ah-Kee EY, Khan AA, Lim LT. Ocular fundus photography: An alternative to direct ophthalmoscopy for teaching? *Med Teach.* 2016 May;38(5):529-30. doi: 10.3109/0142159X.2015.1076159. Epub 2015 Sep 15. PMID: 26372019.
2. Gaire BP, Koronyo Y, Fuchs DT, et al. Alzheimer's disease pathophysiology in the Retina. *Prog Retin Eye Res.* 2024;101:101273. doi:10.1016/j.preteyeres.2024.101273.

## SOURCES

1. AAO Diabetic Retinopathy PPP 2024. Accessed 5/2025.
2. CMS article A53060, L33467. "Billing and Coding: Ophthalmology: Extended Ophthalmoscopy and c." <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdId=33467&ver=49>. Accessed 5/2025.
3. Payment models for imaging: Procedures not covered by insurance policies. Mar 2023. Ophthalmology Times. <https://www.ophthalmologytimes.com/view/payment-models-for-imaging-procedures-not-covered-by-insurance-policies>, Accessed 5/2025.