

CLINICAL CRITERIA POLICY

CLINICAL CRITERIA POLICY TO ESTABLISH MEDICAL NECESSITY					
BENEFIT	EYE CARE	POLICY SECTION	300 DIAGNOSTIC TESTING	POLICY NO	300.01
POLICY TITLE	FUNDUS PHOTOGRAPHY				
POLICY DATE	01/01/2020	REVISION DATE	08/08/2022	APPROVAL DATE	08/10/2022
DISCLAIMER LANGUAGE	<ul style="list-style-type: none"> - Policy content and application may have state specific variance and considerations - Health Plan specific 'Indications and Limitations of Coverage' may apply as specified - Line of Business considerations (i.e., Medicaid, Medicare, Commercial) may apply as specified 				
EXCLUSIONS	<ul style="list-style-type: none"> - NC: Will require appropriate use of diagnosis code listed below in Section IV. More than 1 fundus photo per billing cycle will require a prior authorization. 				

I. POLICY STATEMENT

Coverage of Fundus Photography will be provided when medically indicated and in accordance with applicable state requirements and, as specific to Medicare, national and local coverage determinations. To establish medical necessity for this service, Avēsis aligns its criteria with the evidence and consensus based clinical practice guidelines set forth by the American Academy of Ophthalmology (AAO). The AAO incorporates evidence based best practice and FDA approval and/or recommendations¹. Avēsis Medical Directors and clinical staff are licensed medical professionals and review criteria and documentation submitted by requesting providers using sound medical judgment.

II. INDICATIONS AND LIMITATION OF COVERAGE

- 1.0 Coverage is limited to membership eligible at the time of the date of service and in accordance with continuity requirements, as applicable.
- 2.0 Fundus photography is indicated to document abnormalities related to disease processes affecting the eye or to follow the progress of the disease, and is considered medically necessary for conditions such as:
 - 2.1 Macular degeneration
 - 2.2 Retinal neoplasms
 - 2.3 Choroid disturbances and diabetic retinopathy
 - 2.4 Glaucoma
 - 2.5 Identification of Multiple Sclerosis and other central nervous system abnormalities.
- 3.0 Fundus photography will not be considered medically necessary if performed specific to the following:
 - 3.1 To document the existence or screen for existence of a condition
 - 3.2 To document normal findings/absence of disease
 - 3.3 For routine photographs that do not impact treatment
 - 3.4 For subsequent repetitive photographs that do not demonstrate any change or new findings.
- 4.0 Fundus photography cannot be performed for a Medicare enrollee on the same date of service as computerized diagnostic testing (e.g., CPT codes 92132, 92133 and 92134) and extended ophthalmoscopy codes 92201 and 92202, since they are generally mutually exclusive of one another, per CMS guidelines.
- 5.0 It is expected that providers remain informed of current medical literature and/or standards of practice specific to requests for Fundus Photography.
 - 5.1 Requests are monitored, and when services are requested/performed in excess of established parameters, the provider may be subject to retrospective quality review.
- 6.0 Services will be denied for prior authorization requests when:

¹American Academy of Ophthalmology <https://www.aao.org>

- 6.1 Documentation submitted by the requesting provider does not establish the medical necessity per requirements outlined.
- 6.2 Documentation submitted is incomplete and provider fails to respond to requests for additional clarifying information.
 - 4.2.1 Providers repeatedly failing to submit documentation timely will be referred to Quality.
- 6.3 Provider and enrollee will receive written notification of adverse determination which outlines right to appeal and instructions on request procedure and applicable timeframes.

III. MEDICAL NECESSITY REQUIREMENTS APPLICABLE CPT CODE 92250

- 1.0 To establish medical necessity all criterion points referenced below must be clearly & legibly documented in the medical record and made available to Avësis upon submission of request.
 - 1.1 Areas where 'white out' is used are not accepted.
 - 1.2 Areas with 'black out' or 'scribble' will not be accepted.
 - 1.2.1 A single line through text where the text will remain readable is acceptable with provider initials and date.
- 2.0 Physician signature must be present on chart and procedural notes, orders, and testing interpretations.
- 3.0 Fundus photographs are only considered medically necessary when all of the following are met:
 - 3.1 Results may impact the management of the patient
 - 3.2 Baseline photographs are necessary to monitor progression
 - 3.3 Subsequent photographs are necessary to establish/monitor progression
- 4.0 Medical documentation must evidence diagnostic test interpretation, inclusive of the following:
 - 4.1 Date of test
 - 4.2 Date of interpretation
 - 4.3 Findings
 - 4.4 Progression/Stable notation (unless baseline)
 - 4.5 Diagnosis
 - 4.6 Physician Signature

IV. ICD-10 CODES SUPPORTING MEDICAL NECESSITY

ICD-10 Code	Description
A52.15	Late syphilitic neuropathy
B20	Human immunodeficiency virus (HIV) disease
B39.4 – B39.9	Histoplasmosis capsulati, unspecified – Histoplasmosis, unspecified
B50.0 – B54	Plasmodium falciparum malaria – Unspecified malaria
B58.00 – B58.01	Toxoplasma oculopathy, unspecified – Toxoplasma chorioretinitis
B58.9	Toxoplasmosis, unspecified
C69.20 – C69.32	Malignant neoplasm of retina – Malignant neoplasm of choroid
C79.40 – C79.49	Secondary malignant neoplasm of other and unspecified parts of nervous system
D09.20 – D09.22	Carcinoma in situ of eye
D31.20 – D31.32	Benign neoplasm of retina – Benign neoplasm of choroid
D33.3	Benign neoplasm of cranial nerves
D49.81	Neoplasm of unspecified behavior of retina and choroid
D57.00 – D57.02	Hb-SS disease with crisis – Hb-SS disease with splenic sequestration

ICD-10 Code	Description
D57.1 – D57.212	Sickle-cell disease without crisis – Sickle-cell/Hb-C disease with splenic sequestration
D57.219	Sickle-cell/Hb-C disease with crisis, unspecified
D57.3 – D47.412	Sickle-cell trait – Sickle-cell thalassemia, unspecified, with splenic sequestration
D57.419	Sickle-cell thalassemia, unspecified, with crisis
D86.83	Sarcoid iridocyclitis
D86.89 – D86.9	Sarcoidosis of other sites – Sarcoidosis, unspecified
E08.311 – E08.319	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy
E08.3211– E08.3599	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema – Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema
E09.311 – E09.319	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy
E09.3211 – E09.3599	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema – Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema
E10.311 – E10.319	Type 1 diabetes mellitus with unspecified diabetic retinopathy
E10.3211 – E10.3599	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema – Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema
E10.8	Type 1 diabetes mellitus with unspecified complications
E10.9	Type 1 diabetes mellitus without complications
E11.311 – E11.319	Type 2 diabetes mellitus with unspecified diabetic retinopathy
E11.3211– E11.3599	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema – Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema
E11.8	Type 2 diabetes mellitus with unspecified complications
E11.9	Type 2 diabetes mellitus without complications
E70.20 – E70.21	Disorder of tyrosine metabolism, unspecified – Tyrosinemia
E70.30 – E70.311	Albinism, unspecified – Autosomal recessive ocular albinism
E70.319	Ocular albinism, unspecified
E70.9	Disorder of aromatic amino-acid metabolism, unspecified
G35	Multiple Sclerosis
G93.2	Benign intracranial hypertension (pseudotumor cerebri)
H27.111 – H27.139	Subluxation of lens – Posterior dislocation of lens
H30.001 – H30.23	Unspecified focal chorioretinal inflammation – Posterior cyclitis
H30.811 – H30.819	Harada's disease
H30.90 – H30.93	Unspecified chorioretinal inflammation
H31.001 – H31.029	Unspecified chorioretinal scars – Solar retinopathy
H31.101 – H31.23	Choroidal degeneration, unspecified – Gyrate atrophy, choroid
H31.301 – H31.429	Unspecified choroidal hemorrhage – Serous choroidal detachment

ICD-10 Code	Description
H33.001 – H33.129	Unspecified retinal detachment with retinal break – Parasitic cyst of retina
H33.20 – H33.43	Serous retinal detachment – Traction detachment of retina
H34.00 – H34.9	Transient retinal artery occlusion – Unspecified retinal vascular occlusion
H35.00 – H35.079	Unspecified background retinopathy – Retinal telangiectasis
H35.101 – H35.179	Retinopathy of prematurity, stage 0 – Retrolental fibroplasia
H35.30 – H35.82	Unspecified macular degeneration – Retinal ischemia
H35.9	Unspecified retinal disorder
H36	Retinal disorders in diseases classified elsewhere
H40.001 – H40.839	Preglaucoma, unspecified – Aqueous misdirection
H40.9	Unspecified glaucoma
H43.00 – H43.319	Vitreous prolapse – Vitreous membranes and strands
H43.811 – H43.829	Vitreous degeneration – Vitreomacular adhesion
H43.9	Unspecified disorder of vitreous body
H44.001 – H44.329	Unspecified purulent endophthalmitis – Siderosis of eye
H44.40 – H44.829	Unspecified hypotony of eye – Luxation of globe
H44.9	Unspecified disorder of globe
H46.00 – H46.3	Optic papillitis – Toxic optic neuropathy
H46.9 – H47.039	Unspecified optic neuritis – Optic nerve hypoplasia
H47.10 – H47.239	Unspecified papilledema – Glaucomatous optic atrophy
H47.311 – H47.339	Coloboma of optic disc – Pseudopapilledema of optic disc
H47.41 – H47.9	Disorders of optic chiasm – Unspecified disorder of visual pathways
H53.50 – H53.55	Unspecified color vision deficiencies – Tritanomaly
L93.0 – L93.1	Discoid lupus erythematosus – Subacute cutaneous lupus erythematosus
M05.20, M05.29	Rheumatoid vasculitis with rheumatoid arthritis, of unspecified (multiple) site(s)
M05.40, M05.49	Rheumatoid myopathy with rheumatoid arthritis, of unspecified (multiple) site(s)
M05.50, M05.59	Rheumatoid polyneuropathy with rheumatoid arthritis, of unspecified (multiple) site(s)
M05.60, M05.69	Rheumatoid arthritis of unspecified (multiple) site(s) with involvement of other organs and systems
M05.70, M05.79	Rheumatoid arthritis with rheumatoid factor of unspecified (multiple) site(s) without organ or systems involvement
M05.9	Rheumatoid arthritis with rheumatoid factor, unspecified
M06.00, M06.09	Rheumatoid arthritis without rheumatoid factor, unspecified (multiple) sites(s)
M06.4	Inflammatory polyarthropathy
M06.9	Rheumatoid arthritis, unspecified
M08.00, M08.09	Unspecified juvenile rheumatoid arthritis, unspecified (multiple) sites(s)
M08.1	Juvenile ankylosing spondylitis
M08.20, M08.29	Juvenile rheumatoid arthritis with systemic onset, unspecified (multiple) sites(s)
M08.3	Juvenile rheumatoid polyarthritis (seronegative)
M08.90, M08.99	Juvenile arthritis, unspecified, unspecified (multiple) sites(s)
M32.0	Drug-induced systemic lupus erythematosus

ICD-10 Code	Description
M32.10	Systemic lupus erythematosus, organ or system involvement unspecified
M32.9	Systemic lupus erythematosus, unspecified
P35.0	Congenital rubella syndrome
Q14.3	Congenital malformation of choroid
Z79.899	Other long term (current) drug therapy (utilized for Plaquenil toxicity)