Introduction

The fundus of the eye is the back of the inner eye. Fundus photography uses a microscope with an attached camera to take a digital photograph of this area. The photo captures images of structures such as the retina (that converts light into signals the brain can understand), the optic nerve (that sends the signals to the brain), and the macula (allows a person to have sharp, clear vision straight ahead). Fundus photography is most useful when a disease is suspected or a condition needs to be monitored. It’s also useful to see if the retina has been damaged after eye trauma or injury. Fundus photography is unnecessary when a routine eye exam does not indicate any eye problems or symptoms. This policy describes when fundus photography may be considered medically necessary.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.
Medical Necessity

Fundus Photography may be considered medically necessary to examine the abnormal anatomy of the eye, follow the progression of a known disease or evaluate the response to treatment of an eye injury.

Indications that may need examination or monitoring include, but are not limited to the following:

- Age-related macular degeneration
- Anti-malarial therapy (Plaquinil or hydroxychlorine) when fundus changes are noted during standard screening
  - For example, automated threshold visual field testing, optical coherence tomography, fundus auto fluorescence imaging, multifocal electro-retinogram (Note: Drug may be taken for rheumatoid arthritis.)
- Autoimmune disease involving the eye
  - For example, systemic lupus erythematosus, rheumatoid arthritis and other inflammatory polyarthropathies
- Choroid disorders (for example, chorioretinal inflammation)
- Color vision deficiency
- Suspected congenital anomalies of the posterior segment of the eye
- Diabetic retinopathy
- Electro-oculogram (EOG) or oculomotor studies with abnormal results
- Foreign body in the eye
- Glaucoma
- Glaucoma suspected/pre-glaucoma when consistently elevated intraocular pressure is documented
- Infection of the eye
  - For example, endophthalmitis, histoplasmosis, human immunodeficiency virus, syphilis, cytomegalovirus, congenital rubella, toxoplasmosis
- Injury (trauma) to the eye or foreign body in the eye
- Neoplasm of the choroid, cranial nerves, eyeball or retina
- Optic nerve disorders
  - For example, multiple sclerosis
- Pseudotumor cerebri (high pressure within the skull for no apparent reason)
- Retinal detachment and retinal defects
- Retinal abnormalities when the study results will change the treatment plan
- Retinopathy of prematurity (ROP) for infants less than 1500 grams or born at 30 weeks gestation or less
- Sickle-cell anemia
Medical Necessity

- Tuberous sclerosis
- Visual evoked potentials test with abnormal results
  - For example, in multiple sclerosis
- Visual field exam abnormality when the study results will change the treatment plan

**Fundus photography is considered not medically necessary when the routine ophthalmology (eye) exam shows normal clinical findings.**

**Fundus photography is considered not medically necessary when no symptoms are present.**

**Fundus photography is considered not medically necessary to routinely screen for eye (ocular) disorders. Remote imaging used to detect retinal disease is considered screening.**

**Coding**

<table>
<thead>
<tr>
<th>Code</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT</td>
<td></td>
</tr>
<tr>
<td>92250</td>
<td>Fundus photography with interpretation and report</td>
</tr>
</tbody>
</table>

**ICD-10 Diagnosis Codes - Covered**

<table>
<thead>
<tr>
<th>Code</th>
<th>Descriptor</th>
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<tbody>
<tr>
<td>A50.01</td>
<td>Early congenital syphilitic oculopathy</td>
</tr>
<tr>
<td>A50.30</td>
<td>Late congenital syphilitic oculopathy, unspecified</td>
</tr>
<tr>
<td>A50.44</td>
<td>Late congenital syphilitic optic nerve atrophy</td>
</tr>
<tr>
<td>A51.43</td>
<td>Secondary syphilitic oculopathy</td>
</tr>
<tr>
<td>A52.15</td>
<td>Late syphilitic neuropathy</td>
</tr>
<tr>
<td>A52.71</td>
<td>Late syphilitic oculopathy</td>
</tr>
<tr>
<td>B20</td>
<td>Human immunodeficiency virus [HIV] disease</td>
</tr>
<tr>
<td>B25.0 – B25.9</td>
<td>Cytomegaloviral disease</td>
</tr>
<tr>
<td>B39.4 – B39.9</td>
<td>Histoplasmosis</td>
</tr>
<tr>
<td>B50.0 – B52.9</td>
<td>Malaria</td>
</tr>
<tr>
<td>B58.00 – B58.09</td>
<td>Toxoplasma oculopathy</td>
</tr>
<tr>
<td>Code</td>
<td>Descriptor</td>
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<tr>
<td>--------------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>C69.00 – C69.92</td>
<td>Malignant neoplasm of eye and adnexa</td>
</tr>
<tr>
<td>C79.49</td>
<td>Secondary malignant neoplasm of other parts of nervous system</td>
</tr>
<tr>
<td>D09.20 – D09.22</td>
<td>Carcinoma in situ of eye</td>
</tr>
<tr>
<td>D31.00 – D31.92</td>
<td>Benign neoplasm of eye and adnexa</td>
</tr>
<tr>
<td>D33.3</td>
<td>Benign neoplasm of cranial nerves</td>
</tr>
<tr>
<td>D49.81</td>
<td>Neoplasm of unspecified behavior of retina and choroid</td>
</tr>
<tr>
<td>D57.00 – D57.819</td>
<td>Sickle-cell disorders</td>
</tr>
<tr>
<td>E08.00 – E11.9</td>
<td>Diabetes mellitus</td>
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<tr>
<td>E70.20 – E70.9</td>
<td>Disorders of aromatic amino-acid metabolism</td>
</tr>
<tr>
<td>G35</td>
<td>Multiple sclerosis</td>
</tr>
<tr>
<td>G93.2</td>
<td>Benign intracranial hypertension</td>
</tr>
<tr>
<td>H27.10 – H27.119</td>
<td>Subluxation of lens</td>
</tr>
<tr>
<td>H27.131 - H27.139</td>
<td>Posterior dislocation of lens</td>
</tr>
<tr>
<td>H30.001 – H30.93</td>
<td>Chorioretinal inflammation</td>
</tr>
<tr>
<td>H31.00 – H31.9</td>
<td>Other diseases of choroid</td>
</tr>
<tr>
<td>H32</td>
<td>Chorioretinal disorders in diseases classified elsewhere</td>
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<td>H33.001 – H33.8</td>
<td>Retinal detachment and breaks</td>
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<td>H34.00 – H34.9</td>
<td>Retinal vascular occlusions</td>
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<tr>
<td>H35.00 – H35.9</td>
<td>Other retinal disorders</td>
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<tr>
<td>H36</td>
<td>Retinal disorders in diseases classified elsewhere</td>
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<tr>
<td>H40.001 – H40.9</td>
<td>Glaucoma</td>
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<tr>
<td>H42</td>
<td>Glaucoma in diseases classified elsewhere</td>
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<tr>
<td>H43.00 – H43.9</td>
<td>Disorders of vitreous body</td>
</tr>
<tr>
<td>H44.001 – H44.9</td>
<td>Disorders of globe</td>
</tr>
<tr>
<td>H46.00 – H47.9</td>
<td>Disorders of optic nerve and visual pathways</td>
</tr>
<tr>
<td>H53.50 – H53.59</td>
<td>Color vision deficiencies</td>
</tr>
</tbody>
</table>
### Code | Descriptor
--- | ---
H59.031 – H59.039 | Cystoid macular edema following cataract surgery
L93.0 – L93.2 | Lupus erythematosus
M05.00 – M14.89 | Rheumatoid arthritis and inflammatory polyarthropathies
M32.0 – M32.9 | Systemic lupus erythematosus (SLE)
P35.0 – P35.9 | Congenital viral diseases
P37.0 – P37.9 | Other congenital infectious and parasitic diseases
Q13.4 | Other congenital corneal malformations
Q14.0 – Q14.9 | Congenital malformations of posterior segment of eye
Q85.1 | Tuberous sclerosis
Q85.8 – Q85.9 | Other and unspecified phakomatoses, not elsewhere classified
Q87.1 – Q87.89 | Other specified congenital malformation syndromes affecting multiple systems
Q89.8 | Other specified congenital malformations
Q99.2 | Fragile X chromosome
R94.110 – R94.118 | Abnormal results of function studies of eye
S05.00XA – S05.92XS | Injury of eye and orbit
Z79.899 | Other long term (current) drug therapy

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### Related Information

In order to be a covered service, the results from fundus photography must have a direct impact on the decision-making related to the patient’s medical care and treatment. In general, fundus photographs are not needed to confirm the presence of a condition, but are necessary in determining the progression of a known disease that affects the eye.

The term “retinal fundus” means the inside or back of the eyeball that is seen through the pupil during a dilated eye examination. Fundus photography uses a special camera to photograph
structures behind the lens of the eye including the choroid, optic nerve, retina and vitreous. The image can be either digital or a hard copy photograph.

Fundus photography is used to evaluate and document vascular and structural changes related to eye conditions not part of a routine screening eye examination. Some of these conditions include choroid disturbances, diabetic retinopathy, glaucoma, macular degeneration, multiple sclerosis or other central nervous system abnormalities, and tumors of the retina.

A comprehensive eye examination includes evaluation of any signs and symptoms present at the time of the office visit. Signs and symptoms involving the eye can be divided into three basic categories: abnormalities of vision, abnormalities of eye appearance, and abnormalities of eye feelings/sensation such as pain and discomfort.

Patients without any signs or symptoms should not have routine imaging studies of their eyes if the only goal is to document normal eye anatomy. (See Practice Guidelines and Position Statements directly below.)

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### Evidence Review

### Practice Guidelines and Position Statements

**American Academy of Ophthalmology (AAO)**

The AAO recommends against imaging tests for patients without symptoms or signs of significant eye disease. In their statement for **ChoosingWisely** they say the following:

If patients do not have symptoms or signs of significant disease pathology, then clinical imaging tests are not generally needed because a comprehensive history and physical examination will usually reveal if eye disease is present or is getting worse. Examples of routine imaging include: visual-field testing; optical coherence tomography (OCT) testing; retinal imaging of patients with diabetes; and neuroimaging or fundus photography. If symptoms or signs of disease are present, then imaging tests may be needed to evaluate further and to help in treatment planning.

All AAO Preferred Practice Pattern (PPP) guidelines are available at: [http://www.aaojournal.org/content/preferred-practice-pattern](http://www.aaojournal.org/content/preferred-practice-pattern) Accessed June 2017.

**Institute for Clinical Systems Improvement (ICSI)**

The ICSI guideline for Diagnosis and management of type 2 diabetes mellitus (T2DM) in adults recommends the following:

A dilated eye examination for diabetic eye disease performed by an ophthalmologist or optometrist is recommended annually for patients with T2DM. Less frequent exams (every two to three years) may be considered in the setting of a normal eye exam. The role of fundus photography is still being considered, but does not replace a comprehensive exam.


**References**

N/A

**History**

<table>
<thead>
<tr>
<th>Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/01/16</td>
<td>New UM Guideline, approved March 8, 2016. Add to Vision section. Fundus photography may be considered medically necessary for the indications listed in the guideline. Routine fundus photography or for asymptomatic patients is not medically necessary because it is not clinically indicated based on the specialty practice guidelines. This policy will be effective August 1, 2016, following 90-day provider notification.</td>
</tr>
<tr>
<td>07/01/16</td>
<td>Interim Review, approved June 14, 2016. Policy updated to indicate screening for eye (ocular) disorders as not medically necessary; previously listed as investigational. CPT codes removed with the exception of 92250.</td>
</tr>
<tr>
<td>Date</td>
<td>Comments</td>
</tr>
<tr>
<td>------------</td>
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<tr>
<td>02/01/17</td>
<td>Annual Review, approved January 10, 2017. Added clarification that glaucoma-suspected/pre-glaucoma is evidenced by abnormal results from the usual screening test for glaucoma. Indications simplified and put in alphabetical order. Practice Guideline added from the ICSI added.</td>
</tr>
<tr>
<td>07/01/17</td>
<td>Annual Review, approved June 6, 2017. Policy updated with literature review. Clarifying edits made to policy section. Investigational policy statement removed; The intent of this policy is medically necessary when criteria are met, not medically necessary when criteria are not met. Clarified Plaquenil as anti-malarial drug.</td>
</tr>
<tr>
<td>08/15/17</td>
<td>Updated Coding table to include covered diagnosis codes and code ranges.</td>
</tr>
</tbody>
</table>

**Disclaimer:** This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2017 Premera All Rights Reserved.

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