

OCULAR IMAGING

Policy # 92

Implementation Date: 7/1/22

Review Dates:

Revision Dates:

Disclaimer:

1. Policies are subject to change without notice.
2. Policies outline coverage determinations for Select Health Commercial, Select Health Advantage (Medicare/CMS), and Select Health Community Care (Medicaid/CHIP) plans. Refer to the "Policy" section for more information.

Description

Fundus photography is the process of taking serial photographs of the interior of your eye through the pupil. A fundus camera is a specialized low-power microscope attached to a camera used to examine structures such as the optic disc, retina, and lens. Optical coherence tomography (OCT) is a noninvasive imaging method that uses reflected light to create pictures of the back of your eye. It can be used to diagnose and manage diseases like diabetes-related retinopathy and glaucoma.

COMMERCIAL PLAN POLICY AND CHIP (CHILDREN'S HEALTH INSURANCE PROGRAM)

Select Health does not reimburse both fundus photography (CPT code 92250) and OCT imaging (either CPT code 92133 or 92134) for the ipsilateral eye on the same date of service; only one code will be allowed per date of service.

Select Health follows CMS guidance: "Fundus photography (CPT code 92250) and scanning ophthalmic computerized diagnostic imaging (e.g., CPT codes 92133, 92134) are generally mutually exclusive of one another, in that a provider/supplier would use one technique or the other to evaluate fundal disease. However, there are a limited number of clinical conditions where both techniques are medically reasonable and necessary on the ipsilateral eye." **[Select Health has not identified any clinical conditions where both techniques are medically reasonable and necessary on the ipsilateral eye.]**

SELECT HEALTH ADVANTAGE (MEDICARE/CMS)

Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, and InterQual criteria are not available, the Select Health Commercial policy applies. For the most up-to-date Medicare policies and coverage, please visit their search website <http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx?from2=search1.asp&> or [the manual website](#)

SELECT HEALTH COMMUNITY CARE (MEDICAID)

Coverage is determined by the State of Utah Medicaid program; if Utah State Medicaid has no published coverage position and InterQual criteria are not available, the Select Health Commercial criteria will apply. For the most up-to-date Medicaid policies and coverage, please visit their website <http://health.utah.gov/medicaid/manuals/directory.php> [Utah Medicaid Information Bulletin \(MIB\)](#) or the [Utah Medicaid code Look-Up tool](#)

Applicable Codes

Codes	Descriptions
92250	Fundus photography with interpretation and report
92133	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve
92134	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina

Sources

1. [https://my.clevelandclinic.org/health/diagnostics/17293-optical-coherence-tomography#:~:text=Optical%20coherence%20tomography%20\(OCT\)%20is,like%20diabetic%20retinopathy%20and%20glaucoma.](https://my.clevelandclinic.org/health/diagnostics/17293-optical-coherence-tomography#:~:text=Optical%20coherence%20tomography%20(OCT)%20is,like%20diabetic%20retinopathy%20and%20glaucoma.)
2. https://www.medicinenet.com/what_is_the_purpose_of_fundus_photography/article.htm

Disclaimer

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute medical advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult with appropriate healthcare providers to obtain needed medical advice, care, and treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member's individual benefit plan that is in effect at the time services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

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Members may contact Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Coverage Policy may call Select Health Provider Relations at (801) 442-3692.

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