Clinical Policy Bulletin: Extended Ophthalmoscopy

Revised April 2014

Number: 0767

Policy

Aetna considers extended ophthalmoscopy with a detailed retinal drawing for evaluation of the posterior portion of the eye following routine ophthalmoscopy medically necessary for any of the following indications:

- Blunt injury to the eye or periorbital structures; or
- Chorioretinitis, chorioretinal scars or choroidal degeneration, dystrophies, hemorrhage and rupture, or detachment; or
- Choroidal nevus being evaluated for malignant transformation; or
- Degenerative disorders of the globe; or
- Diabetic retinopathy (i.e., background retinopathy or proliferative retinopathy retinal vascular occlusion, or separation of the retinal layers); or Disorders of the vitreous body (i.e., vitreous hemorrhage or posterior vitreous detachment); or
- High axial length myopia (-6.00 Diopters or less [toward -10.00 D]); or
- High-risk medication for retinopathy or optic neuropathy; or
- Macular degeneration; or
- Malignant neoplasm of the retina or choroid; or
- Metamorphopsia; or
- Optic atrophy associated with a progressive and potentially reversible cause (e.g., glaucoma); or
- Penetrating wound to the orbit resulting in the retention of a foreign body in the eye; or
- Posterior scleritis; or
- Retained (old) intra-ocular foreign body, either magnetic or non-magnetic; or
- Retinal defects without retinal detachment; or
- Retinal detachment, with or without retinal defect; or
- Retinal edema; or
- Retinal hemorrhage, ischemia, exudates and deposits, hereditary retinal dystrophies or peripheral retinal degeneration; or
- Retinopathy of prematurity; or
- Retinoschisis and retinal cysts; or
- Sudden visual loss or transient visual loss; or
- Suspected endophthalmitis as evidenced by severe pain, redness, photophobia, and profound loss of vision; or
- Symptoms suggestive of retinal defect; or
Systemic disorders associated with retinal pathology; or
Uncontrolled glaucoma or glaucoma suspect; or
Vogt-Koyanagi syndrome characterized by bilateral uveitis, dysacousia, meningeval irritation, whitening of patches of hair (poliosis), vitiligo, and retinal detachment.

Note: Extended ophthalmoscopy with a detailed retinal drawing for evaluation of the posterior portion of the eye is considered not medically necessary when initial routine ophthalmoscopy showed normal clinical findings.

Aetna considers repeat extended ophthalmoscopy medically necessary when there is a change in signs, symptoms or condition for indications (listed in the aforementioned policy section) that may progress.

Aetna considers extended ophthalmoscopy with a detailed retinal drawing experimental and investigational for the following indications because its effectiveness for these indications has not been established (not an all-inclusive list):

- Congenital hypertrophy of the retinal pigment epithelium
- Monitoring of fingolimod (Gilenya) therapy
- Monitoring methotrexate or tamoxifen therapy
- Neurodegenerative disorders/diseases (e.g., Alzheimer's disease, amyotrophic lateral sclerosis, Friedreich's ataxia, Huntington's disease, Lewy body disease, multiple-system atrophy, Parkinson's disease, and spinal muscular atrophy)
- Noonan's syndrome
- Ophthalmic artery aneurysm
- Optic neuritis
- Pseudotumor cerebri (orbital pseudotumor)
- Retinal angioma
- Screening for retinoblastoma
- Sickle cell disease.

**Background**

Periodic comprehensive medical eye examinations are recommended in adults without known ocular conditions or risk factors in an effort to detect ocular disease and provide early treatment, thereby preserving visual function. They are also performed periodically to evaluate new symptoms and monitor patients with previously identified eye conditions or risk factors. A comprehensive ophthalmologic evaluation may also be useful in the initial diagnosis of a number of systemic diseases such as hypertension, diabetes mellitus, and infectious diseases. A comprehensive medical eye evaluation includes history, examination, diagnosis, and initiation of management. Routine ophthalmoscopy is part of general and special ophthalmologic services when indicated and is useful for viewing the vitreous humor, retina, optic nerve, retinal veins and arteries, and associated structures.
Extended ophthalmoscopy is a method of examining the posterior portion of the eye when the level of examination requires a complete view of the back of the eye and documentation is greater than that required during routine ophthalmoscopy. Extended ophthalmoscopy may be indicated for a wide range of posterior segment pathology. This inspection permits visualization of the optic disk, arteries, veins, retina, choroid, and media. It is usually performed with the pupil dilated, to ensure optimal examination of the retina, utilizing indirect ophthalmoscopy. It may also be performed using contact lens biomicroscopy and may use scleral depression.

In all instances extended ophthalmoscopy must be medically necessary. A serious retinal condition must exist, or be suspected, based on routine ophthalmoscopy and require further detailed study. Extended ophthalmoscopy must add information not available from the standard evaluation services and/or information that will demonstrably affect the treatment plan. It is not necessary, for example, to confirm information already available by other means. When other ophthalmological tests (e.g., fundus photography, fluorescein angiography, ultrasound, optical coherence tomography, etc.) have been performed, extended ophthalmoscopy is not necessary unless there is a reasonable medical expectation that the multiple imaging services might provide additive (non-duplicative) information.

The frequency for providing extended ophthalmoscopy depends upon the medical necessity in each patient and this, of course, relates to the diagnosis. A single drawing is necessary if it documents clinically significant details that can not be adequately or succinctly communicated in writing alone. Sequential drawings may be necessary when they describe a condition within the eye that is subject to change in extent, appearance, or size, and where that change would directly affect the management. Repeated extended ophthalmoscopy at each visit without change in signs, symptoms or condition may be considered not medically necessary.

Appendix

Documentation Requirements: Extended ophthalmoscopy includes a detailed retinal drawing, (disc, macula or periphery) accompanied by an interpretation and plan. The drawing should be anatomically specific to the patient and clearly labeled, and be of sufficient size, usually no less than 2.5 inches in diameter. The extensive scaled drawing should accurately represent normal, abnormal and common findings such as lattice degeneration, hypertensive vascular changes, proliferative diabetic retinopathy, retinal detachments, holes, tears, or tumors. Where extended ophthalmoscopy is used in defining optic nerve changes, ancillary drawings of cup to disc data elements (size, depth, rim, vessels, coloration) are required to fulfill obligations for documentation.

A standard approach to documenting retinal disease is to use a color-coded scheme; however, such color coding is not a requirement. Where color coding is not used, a description of the anatomy and pathology of the fundus and periphery is required. There is more than one professionally accepted color scheme. An example of one such color scheme includes the color red for hemorrhage, flat retina and retinal hole; blue for detached retina, retinal veins and outline of retinal tear; green for vitreous pathology; brown for choroidal findings; black for changes to the retinal pigment epithelium and blood vessels; yellow for retinal exudates; and black outline filled with black lattice pattern for lattice degeneration of attached retina.
## CPT Codes / HCPCS Codes / ICD-9 Codes

### CPT codes covered if selection criteria are met:

- **92225**
- **92226**

### ICD-9 codes covered if selection criteria are met:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>190.5</td>
<td>Malignant neoplasm of retina</td>
</tr>
<tr>
<td>190.6</td>
<td>Malignant neoplasm of choroid</td>
</tr>
<tr>
<td>224.6</td>
<td>Benign neoplasm of choroid [evaluation of choroidal nevus for malignant transformation]</td>
</tr>
<tr>
<td>250.50</td>
<td>Diabetes with ophthalmic manifestations, type I [juvenile type], type II or unspecified type, not stated as controlled</td>
</tr>
<tr>
<td>364.22</td>
<td>Glaucomatocyclitic crises</td>
</tr>
<tr>
<td>366.41</td>
<td>Diabetic cataract</td>
</tr>
<tr>
<td>377.14</td>
<td>Glaucomatous atrophy (cupping) of optic disc</td>
</tr>
<tr>
<td>360.00</td>
<td>Disorders of the globe</td>
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<tr>
<td>360.44</td>
<td></td>
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<tr>
<td>360.50</td>
<td>Retained (old) intraocular foreign body, magnetic</td>
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<tr>
<td>360.59</td>
<td></td>
</tr>
<tr>
<td>360.60</td>
<td>Retained (old) intraocular foreign body, nonmagnetic</td>
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<tr>
<td>360.69</td>
<td></td>
</tr>
<tr>
<td>361.00</td>
<td>Retinal detachments and defects</td>
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<td>361.9</td>
<td></td>
</tr>
<tr>
<td>362.01</td>
<td>Other retinal disorders</td>
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<tr>
<td>362.89</td>
<td></td>
</tr>
<tr>
<td>363.00</td>
<td>Chorioretinal inflammations, scars, and other disorders of choroid</td>
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<td>363.9</td>
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<tr>
<td>364.24</td>
<td>Vogt-Koyanagi syndrome</td>
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<tr>
<td>365.00</td>
<td>Borderline glaucoma [glaucoma suspect]</td>
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<tr>
<td>365.04</td>
<td></td>
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<tr>
<td>365.10</td>
<td>Glaucoma [uncontrolled glaucoma]</td>
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<tr>
<td>365.9</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
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<td>-----------------------------------------------------------------------------</td>
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<tr>
<td>368.11</td>
<td>Sudden visual loss</td>
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<tr>
<td>368.12</td>
<td>Transient visual loss</td>
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<tr>
<td>368.14</td>
<td>Visual distortions of shape and size [metamorphopsia]</td>
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<tr>
<td>376.6</td>
<td>Retained (old) foreign body following penetrating wound of orbit</td>
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<tr>
<td>379.07</td>
<td>Posterior scleritis</td>
</tr>
<tr>
<td>379.21</td>
<td>Disorders of vitreous body</td>
</tr>
<tr>
<td>379.29</td>
<td></td>
</tr>
<tr>
<td>871.5</td>
<td>Penetration of eyeball with magnetic foreign body</td>
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<tr>
<td>871.6</td>
<td>Penetration of eyeball with (nonmagnetic) foreign body</td>
</tr>
<tr>
<td>921.0 - 921.3</td>
<td>Contusion of eye and adnexa</td>
</tr>
</tbody>
</table>

**ICD-9 codes not covered for indications listed in the CPB:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>228.03</td>
<td>Hemangioma of retina</td>
</tr>
<tr>
<td>282.60</td>
<td>Sickle-cell disease</td>
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<td>282.69</td>
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<tr>
<td>331.0</td>
<td>Alzheimer’s disease</td>
</tr>
<tr>
<td>331.82</td>
<td>Dementia with Lewy bodies</td>
</tr>
<tr>
<td>332.0</td>
<td>Parkinson's disease</td>
</tr>
<tr>
<td>333.0</td>
<td>Other degenerative diseases of the basal ganglia</td>
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<tr>
<td>333.4</td>
<td>Huntington's chorea</td>
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<tr>
<td>334.0</td>
<td>Friedreich's ataxia</td>
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<td>335.10</td>
<td>Spinal muscular atrophy</td>
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<td>335.19</td>
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<td>335.20</td>
<td>Amyotrophic lateral sclerosis</td>
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<tr>
<td>348.2</td>
<td>Benign intracranial hypertension</td>
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<tr>
<td>377.30</td>
<td>Optic neuritis</td>
</tr>
<tr>
<td>377.39</td>
<td></td>
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<tr>
<td>442.89</td>
<td>Aneurysm of other specified site [ophthalmic]</td>
</tr>
<tr>
<td>759.89</td>
<td>Other specified anomalies [Noonan's syndrome]</td>
</tr>
<tr>
<td>V58.83</td>
<td>Encounter for therapeutic drug monitoring [for monitoring of fingolimod (Gilenya) therapy]</td>
</tr>
</tbody>
</table>
V80.2 Screening for other eye conditions [retinoblastoma]

**Other ICD-9 codes related to the CPB:**

115.02 Retinitis due to histoplasma capsulatum
115.92 Ocular histoplasmosis
130.2 Chorioretinitis due to toxoplasmosis
190.0 Malignant neoplasm of eyeball, except conjunctiva, cornea, retina, and choroid
198.4 Secondary malignant neoplasm of other parts of nervous system [retina, choroid]
224.5 Benign neoplasm, retina
225.1 Benign neoplasm of cranial nerves
234.0 Carcinoma in situ of eye [retina, choroid]
237.70 - 237.79 Neurofibromatosis
250.00 - 250.53 Diabetes mellitus
360.81 - 360.9 Other and unspecified disorders of globe
364.00 - 364.23, 364.3 - 364.9 Disorders of the iris and ciliary body
368.10 Subjective visual disturbance, unspecified
368.13 Visual discomfort [photophobia, as evidence of suspected endophthalmitis]
368.15 Other visual distortions and entoptic phenomena
368.16 Psychophysical visual disturbances
368.40 - Visual field defects
368.47

368.60 - 368.69 Night blindness
368.8 - 368.9 Other and unspecified visual disturbance
369.00 - 369.08 Profound impairment, both eyes [as evidence of suspected endophthalmitis]
369.60 - Profound impairment, one eye [as evidence of suspected endophthalmitis]
374.53  Hypopigmentation of eyelid
376.40 -  Deformity of orbit
376.47
376.50 -  Enophthalmos
376.52
377.00 -  Papilledema
377.04
377.10 -  Optic atrophy [covered if associated with a progressive and
377.13,  potentially reversible cause (i.e., glaucoma)]
377.15 -
377.16
377.21 -  Other disorders of optic disc
377.24
377.41 -  Other disorders of optic nerve
377.49
377.51 -  Disorders of optic chiasm
377.54
379.32  Subluxation of lens
379.34  Posterior dislocation of lens
379.91  Pain in or around eye [severe, as evidence of suspected
379.92  endophthalmitis]
379.93  Redness or discharge of eye [as evidence of suspected
379.94  endophthalmitis]
388.40  Abnormal auditory perception, unspecified [dysacusia]
704.0   Variations in hair color [poliosis]
709.01  Vitiligo
714.0   Rheumatoid arthritis
714.30 -  Juvenile chronic polyarthritis
714.33
743.51 -  Congenital anomalies of posterior segment
743.59
759.5   Tuberous sclerosis
759.6   Other hamartoses, not elsewhere classified
759.82  Marfan syndrome
854.00 - Intracranial injury of other and unspecified nature [meningeal irritation]
854.09
870.0 Laceration of eyelid and periocular area
870.1 Laceration of eyelid, full-thickness, not involving lacrimal passages
870.2 Laceration of eyelid involving lacrimal passages
870.3 Penetrating wound of orbit, without mention of foreign body
870.4 Penetrating wound of orbit with foreign body
870.8 Other specified open wounds of ocular adnexa
871.0 Ocular laceration without prolapse of intraocular tissue
871.1 Ocular laceration with prolapse or exposure of intraocular tissue
871.7 Unspecified ocular penetration
871.9 Unspecified open wound of eyeball
918.0 - 918.9 Superficial injury of eye and adnexa
958.1 Fat embolism as an early complication of trauma
995.50 - Child maltreatment syndrome
995.59
V58.69 Long-term (current) use of other medications [not covered for individuals on methotrexate or tamoxifen therapy]
V67.51 Follow-up examination; completed treatment with high-risk medication, not elsewhere classified
The above policy is based on the following references:


