

Local Coverage Determination (LCD): External Ocular Photography (L33819)

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Contractor Information

Contractor Name	Contract Type	Contract Number	Jurisdiction	State(s)
First Coast Service Options, Inc.	A and B MAC	09102 - MAC B	J - N	Florida
First Coast Service Options, Inc.	A and B MAC	09202 - MAC B	J - N	Puerto Rico
First Coast Service Options, Inc.	A and B MAC	09302 - MAC B	J - N	Virgin Islands
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LCD Information

Document Information

LCD ID
L33819

Original Effective Date
For services performed on or after 10/01/2015

Original ICD-9 LCD ID
[L29172](#)

Revision Effective Date
For services performed on or after 10/01/2016

LCD Title
External Ocular Photography

Revision Ending Date
N/A

Proposed LCD in Comment Period
N/A

Retirement Date
N/A

Source Proposed LCD
N/A

Notice Period Start Date
N/A

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Notice Period End Date
N/A

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CMS National Coverage Policy Language quoted from CMS National Coverage Determination (NCDs) and coverage provisions in interpretive manuals are italicized throughout the Local Coverage Determination (LCD). NCDs and coverage provisions in interpretive manuals are not subject to the LCD Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See §1869(f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, *italicized text* represents quotation from one or more of the following CMS sources:

N/A

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

External ocular photography is a non-invasive procedure used to photo-document conditions of the external structures of the eye (e.g., eyelids, lashes, sclera, conjunctiva and cornea). External photography techniques may also be used to document conditions related to structures of the anterior segment of the eye. These would include the anterior chamber, iris, crystalline lens and filtration angle.

External ocular photography is accomplished by using a close-up hand-held camera, a slit-lamp-integrated camera, photography through a gonioscopy lens or with a close-up stereo camera. In any case, the resulting photographs may be prints, slides, videotapes or digitally stored.

This procedure may be indicated when photo-documentation is required to track the progression or lack of progression of an eye condition, or to document the progression of a particular course of treatment. While many conditions of the eye could be photographed, this procedure should not be used to simply document the existence of a condition in order to enhance the medical record.

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Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

999x Not Applicable

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

99999 Not Applicable

Group 1 Codes:

EXTERNAL OCULAR PHOTOGRAPHY WITH INTERPRETATION AND REPORT FOR DOCUMENTATION OF
92285 MEDICAL PROGRESS (EG, CLOSE-UP PHOTOGRAPHY, SLIT LAMP PHOTOGRAPHY, GONIOPHOTOGRAPHY,
STEREO-PHOTOGRAPHY)

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph: N/A

Group 1 Codes:

ICD-10 Codes	Description
A18.52	Tuberculous keratitis
A18.59	Other tuberculosis of eye
B00.50 - B00.52	Herpesviral ocular disease, unspecified - Herpesviral keratitis
B00.59	Other herpesviral disease of eye
B02.30 - B02.39	Zoster ocular disease, unspecified - Other herpes zoster eye disease
B60.12	Conjunctivitis due to Acanthamoeba
B60.13	Keratoconjunctivitis due to Acanthamoeba
C43.10 - C43.12	Malignant melanoma of unspecified eyelid, including canthus - Malignant melanoma of left eyelid, including canthus
C44.101 - C44.199	Unspecified malignant neoplasm of skin of unspecified eyelid, including canthus - Other specified malignant neoplasm of skin of left eyelid, including canthus
C47.0	Malignant neoplasm of peripheral nerves of head, face and neck
C49.0	Malignant neoplasm of connective and soft tissue of head, face and neck
C69.00 - C69.02	Malignant neoplasm of unspecified conjunctiva - Malignant neoplasm of left conjunctiva
C69.10 - C69.12	Malignant neoplasm of unspecified cornea - Malignant neoplasm of left cornea
C69.40 - C69.42	Malignant neoplasm of unspecified ciliary body - Malignant neoplasm of left ciliary body
D03.10 - D03.12	Melanoma in situ of unspecified eyelid, including canthus - Melanoma in situ of left eyelid, including canthus
D04.10 - D04.12	Carcinoma in situ of skin of unspecified eyelid, including canthus - Carcinoma in situ of skin of left eyelid, including canthus
D09.20 - D09.22	Carcinoma in situ of unspecified eye - Carcinoma in situ of left eye
D22.10 - D22.12	Melanocytic nevi of unspecified eyelid, including canthus - Melanocytic nevi of left eyelid, including canthus
D23.10 - D23.12	Other benign neoplasm of skin of unspecified eyelid, including canthus - Other benign neoplasm of skin of left eyelid, including canthus
D31.00 - D31.02	Benign neoplasm of unspecified conjunctiva - Benign neoplasm of left conjunctiva
D31.10 - D31.12	Benign neoplasm of unspecified cornea - Benign neoplasm of left cornea
D31.40 - D31.42	Benign neoplasm of unspecified ciliary body - Benign neoplasm of left ciliary body
D48.5	Neoplasm of uncertain behavior of skin
D48.7	Neoplasm of uncertain behavior of other specified sites
D49.2	Neoplasm of unspecified behavior of bone, soft tissue, and skin
H00.011 - H00.039	Hordeolum externum right upper eyelid - Abscess of eyelid unspecified eye, unspecified eyelid
H02.001 - H02.9	Unspecified entropion of right upper eyelid - Unspecified disorder of eyelid
H05.20	Unspecified exophthalmos
H10.011 - H11.9	Acute follicular conjunctivitis, right eye - Unspecified disorder of conjunctiva
H15.001 - H15.129	Unspecified scleritis, right eye - Nodular episcleritis, unspecified eye
H15.811 - H15.89	Equatorial staphyloma, right eye - Other disorders of sclera
H15.9	Unspecified disorder of sclera
H16.001 - H16.079	Unspecified corneal ulcer, right eye - Perforated corneal ulcer, unspecified eye

ICD-10 Codes	Description
H16.101 - H16.149	Unspecified superficial keratitis, right eye - Punctate keratitis, unspecified eye
H16.211 - H16.239	Exposure keratoconjunctivitis, right eye - Neurotrophic keratoconjunctivitis, unspecified eye
H16.251 - H16.259	Phlyctenular keratoconjunctivitis, right eye - Phlyctenular keratoconjunctivitis, unspecified eye
H16.261 - H16.269	Vernal keratoconjunctivitis, with limbar and corneal involvement, right eye - Vernal keratoconjunctivitis, with limbar and corneal involvement, unspecified eye
H16.301 - H16.339	Unspecified interstitial keratitis, right eye - Sclerosing keratitis, unspecified eye
H16.401 - H16.449	Unspecified corneal neovascularization, right eye - Deep vascularization of cornea, unspecified eye
H16.8	Other keratitis
H17.00 - H17.9	Adherent leukoma, unspecified eye - Unspecified corneal scar and opacity
H18.001 - H18.839	Unspecified corneal deposit, right eye - Recurrent erosion of cornea, unspecified eye
H20.00 - H20.059	Unspecified acute and subacute iridocyclitis - Hypopyon, unspecified eye
H21.00 - H21.1X9	Hyphema, unspecified eye - Other vascular disorders of iris and ciliary body, unspecified eye
H21.211 - H21.29	Degeneration of chamber angle, right eye - Other iris atrophy
H21.301 - H21.329	Idiopathic cysts of iris, ciliary body or anterior chamber, right eye - Implantation cysts of iris, ciliary body or anterior chamber, unspecified eye
H21.341 - H21.359	Primary cyst of pars plana, right eye - Exudative cyst of pars plana, unspecified eye
H21.40 - H21.43	Pupillary membranes, unspecified eye - Pupillary membranes, bilateral
H21.501 - H21.569	Unspecified adhesions of iris, right eye - Pupillary abnormality, unspecified eye
H40.1410 - H40.1494	Capsular glaucoma with pseudoexfoliation of lens, right eye, stage unspecified - Capsular glaucoma with pseudoexfoliation of lens, unspecified eye, indeterminate stage
H40.50X0 - H40.53X4	Glaucoma secondary to other eye disorders, unspecified eye, stage unspecified - Glaucoma secondary to other eye disorders, bilateral, indeterminate stage
H40.89	Other specified glaucoma
H42	Glaucoma in diseases classified elsewhere
L12.1	Cicatricial pemphigoid
Q10.3	Other congenital malformations of eyelid
Q13.0	Coloboma of iris
Q13.2	Other congenital malformations of iris
S01.101A - S01.159S	Unspecified open wound of right eyelid and periocular area, initial encounter - Open bite of unspecified eyelid and periocular area, sequela
S02.30XA - S02.32XS	Fracture of orbital floor, unspecified side, initial encounter for closed fracture - Fracture of orbital floor, left side, sequela
S05.20XA - S05.92XS	Ocular laceration and rupture with prolapse or loss of intraocular tissue, unspecified eye, initial encounter - Unspecified injury of left eye and orbit, sequela
T26.00XA - T26.92XS	Burn of unspecified eyelid and periocular area, initial encounter - Corrosion of left eye and adnexa, part unspecified, sequela

ICD-10 Codes that DO NOT Support Medical Necessity N/A

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General Information

Associated Information

Documentation Requirements

Medical record documentation maintained by the performing physician must indicate the medical necessity of the external ocular photography. Office records/progress notes must document the complaint, symptomatology, or

reason necessitating the test and must include the examination results/findings.

Photo documentation may be one of the following types: reproducible, prints, slides, digital photography, videotapes, or stereo photos.

All of the above may be requested to support the medical necessity of services selected for review.

Utilization Guidelines

It is expected that these services would be performed as indicated by current medical literature and/or standards of practice. When services are performed in excess of established parameters, they may be subject to review for medical necessity.

Sources of Information and Basis for Decision
FCSO reference LCD number – L29340

Cohen, J., Noecker, R., Simmons, S. (2004). Assembling essential evidence. *Ophthalmology Management*, 8(7), 34-35.

Janevicius, Raymond, MD (05/26/2011) What are neoplasms of uncertain behavior? The American Society of Plastic Surgeons Copyright © 2012, Plastic Surgery News, Accessed 6/16/2016
<http://www.psnextra.org/Columns/CPT-Corner-June-2011.html>

Merin, L. (2002). Anterior segment and fundus photography. Article 756. Retrieved July 7, 2004, from <http://www.emedicine.com/oph/topic756.htm>.

Thomas, R., Melton, R. (2004, July). Clinical evaluation of glaucoma. *Review of Optometry*, Article 671623731. Retrieved August 10, 2004, from <http://proquest.umi.com>.

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Revision History Information

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
10/01/2016	R2	Revision Number: 2 Publication: October 2016 Connection LCR B2016-097 Explanation of Revision: Based on CR 9677 (Annual 2017 ICD-10-CM Update) the LCD was revised. Deleted ICD-10-CM diagnosis code range S02.3XXA - S02.3XXS, and replaced with new diagnoses code range S02.30XA-S02.32XS. The effective date of this revision is based on date of service. Revision Number: 1 Publication: June 2016 Connection LCR A/B2016-011	<ul style="list-style-type: none">Revisions Due To ICD-10-CM Code Changes
06/23/2016	R1	Explanation of Revision: Based on a LCD reconsideration request, this LCD was revised to add ICD-10 diagnosis code D49.2 to the "ICD-10 Codes that Support Medical Necessity" section of the LCD for CPT code 92285. In addition, the "Sources of Information and Basis for Decisions" section of the LCD was updated. The effective date of this revision is for claims processed on or after 06/23/2016, for dates of service on or after 10/01/2015.	<ul style="list-style-type: none">Reconsideration Request

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Associated Documents

Attachments [CODE GUIDE 2016](#) (PDF - 132 KB)

Related Local Coverage Documents N/A

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Related National Coverage Documents N/A

Public Version(s) Updated on 10/05/2016 with effective dates 10/01/2016 - N/A [Updated on 06/24/2016 with effective dates 06/23/2016 - 09/30/2016](#) [Updated on 07/01/2014 with effective dates 10/01/2015 - N/A](#) [Updated on 04/02/2014 with effective dates 10/01/2015 - N/A](#) [Back to Top](#)

Keywords

N/A Read the [LCD Disclaimer](#) [Back to Top](#)