

Local Coverage Determination (LCD): Fundus Photography (L33670)

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Contractor Information

Contractor Name	Contract Type	Contract Number	Jurisdiction	State(s)
First Coast Service Options, Inc.	A and B MAC	09101 - MAC A	J - N	Florida
First Coast Service Options, Inc.	A and B MAC	09102 - MAC B	J - N	Florida
First Coast Service Options, Inc.	A and B MAC	09201 - MAC A	J - N	Puerto Rico Virgin Islands
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

[Back to Top](#)

LCD Information

Document Information

LCD ID
L33670

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

Original ICD-9 LCD ID
[L31496](#)

Revision Effective Date
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LCD Title
Fundus Photography

Revision Ending Date
N/A

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N/A

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N/A

Notice Period End Date
N/A

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

National Correct Coding Initiative Policy Manual, Chapter 11, Section G, Ophthalmology

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Fundus photography is a procedure involving the use of a retinal camera to photograph the regions of the vitreous, retina, choroid and optic nerve for diagnostic purposes. These photographs are also used for therapeutic assessment of recently performed retinal laser surgery and to aid in the interpretation of fluorescein angiography.

Fundus photography will be covered if accompanied by fluorescein dye angiography when used to evaluate abnormalities or degeneration of the macula, the peripheral retina or the posterior pole. Fundus photography may be covered as a stand-alone procedure, without fluorescein dye angiography, following recently performed non-surgical or surgical treatment for macular pathology.

Preglaucoma, borderline glaucoma, and glaucoma are generally slow disease processes which can be followed by modalities other than fundus photography. Baseline studies will, however, be allowed when performed by the treating physician as part of initial glaucoma eye care. Either of two situations may apply:

- Intraocular pressures are clearly documented in the patient's medical record and are at or above 21mm Hg or there is a difference in cup/disc ratio between the two eyes of 20% or greater.
- Intraocular pressures are less than 22mm Hg and there is clear fundoscopic evidence of glaucomatous optic nerve damage (e.g., abnormal cup size, thinning or notching of the disc rim, progressive change, disc hemorrhage, nerve fiber layer defects).

In either instance, repeat studies by the same physician more than once per year would generally not be expected unless other clinical indications exist to justify the study.

Fundus photos may be of value in the documentation of rapidly evolving diabetic retinopathy. In the absence of prior treatment, studies would not generally be performed for this indication more frequently than every 6 months.

Fundus photography may be indicated to document abnormalities related to a disease process affecting the eye, or to follow the course of such disease.

Limitations

- Fundus photography is considered medically reasonable and necessary when it is furnished by a qualified optometrist or ophthalmologist in the course of the evaluation and management of a retinal disorder or another condition that has affected the retina as outlined above. Therefore, the digital imaging systems for the detection and evaluation of diabetic retinopathy used to acquire retinal images through a dilated pupil with remote interpretation do not meet reasonableness and necessity criteria for fundus photography (CPT codes 92227 and 92228).
- Performing Fundus Photography and SCODI on the Same Day on the Same Eye

Fundus photography (CPT code 92250) and scanning ophthalmic computerized diagnostic imaging (CPT code 92133 or 92134) are generally mutually exclusive of one another in that a provider 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. In these situations, both CPT codes may be reported appending modifier 59-distinct procedural service or HCPCS modifier XU-unusual, non-overlapping service to CPT code 92250 (National Correct Coding Initiative Policy Manual, Chapter 11, Section G, Ophthalmology).

The physician is not precluded from performing fundus photography and posterior segment SCODI on the same eye on the same day under appropriate circumstances (i.e., when each service is necessary to evaluate and treat the patient.

Fundus photography and posterior segment SCODI will be considered medically reasonable and necessary when performed on the same eye on the same day as outlined in the table below.

Fundus photography and posterior segment SCODI are frequently used together for the following diagnoses:

B39.4
C69.30 – C69.32
D18.09
D31.30 – D31.32
E08.311 – E08.359
E09.311 – E09.359
E10.311 – E10.359
E11.311 – E11.359
E13.311 – E13.359
H30.001 – H30.93
H31.001 – H31.129
H31.22
H31.321 – H31.329
H31.401 – H31.429
H32
H33.001 – H33.059
H33.101 – H33.119
H33.191 – H33.199
H33.20 – H33.23
H33.301 – H33.339
H33.40 – H33.42
H33.8
H34.10 – H34.13
H34.231 – H34.239
H34.811 – H34.839
H35.00 – H35.09
H35.20 – H35.23
H35.30 – H35.389
H35.50 – H35.54
H35.60 – H35.63
H35.70 – H35.739
H35.81
H35.89
H36
H44.20 – H44.23
H44.40 – H44.449
H59.031- H59.039
Q14.8

[Back to Top](#)

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.

013x Hospital Outpatient
085x Critical Access Hospital

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.

0510 Clinic - General Classification
0920 Other Diagnostic Services - General Classification

CPT/HCPCS Codes

Group 1 Paragraph: N/A

Group 1 Codes:

92250 FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph: N/A

Group 1 Codes:

ICD-10 Codes

Description

B20	Human immunodeficiency virus [HIV] disease
B39.4	Histoplasmosis capsulati, unspecified
B39.9	Histoplasmosis, unspecified
B58.01	Toxoplasma chorioretinitis
C69.00 - C69.92	Malignant neoplasm of unspecified conjunctiva - Malignant neoplasm of unspecified site of left eye
D09.20 - D09.22	Carcinoma in situ of unspecified eye - Carcinoma in situ of left eye
D18.09	Hemangioma of other sites
D31.20 - D31.22	Benign neoplasm of unspecified retina - Benign neoplasm of left retina
D31.30 - D31.32	Benign neoplasm of unspecified choroid - Benign neoplasm of left choroid
D48.7	Neoplasm of uncertain behavior of other specified sites
D49.81 - D49.89	Neoplasm of unspecified behavior of retina and choroid - Neoplasm of unspecified behavior of other specified sites
D57.00 - D57.219	Hb-SS disease with crisis, unspecified - Sickle-cell/Hb-C disease with crisis, unspecified
D57.80 - D57.819	Other sickle-cell disorders without crisis - Other sickle-cell disorders with crisis, unspecified
E08.311 - E08.359	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema - Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema
E09.311 - E09.359	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy with macular edema - Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema
E10.311 - E10.39	Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema - Type 1 diabetes mellitus with other diabetic ophthalmic complication
E11.311 - E11.39	Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema - Type 2 diabetes mellitus with other diabetic ophthalmic complication

ICD-10 Codes**Description**

E13.311 -	Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema -
E13.39	Other specified diabetes mellitus with other diabetic ophthalmic complication
E70.20 -	Disorder of tyrosine metabolism, unspecified - Other disorders of tyrosine metabolism
E70.29	
E70.30 -	Albinism, unspecified - Other specified albinism
E70.39	
E70.5 - E70.9	Disorders of tryptophan metabolism - Disorder of aromatic amino-acid metabolism, unspecified
G35	Multiple sclerosis
G45.3	Amaurosis fugax
H15.031 -	Posterior scleritis, right eye - Posterior scleritis, unspecified eye
H15.039	
H15.841 -	Scleral ectasia, right eye - Scleral ectasia, unspecified eye
H15.849	
H20.821 -	Vogt-Koyanagi syndrome, right eye - Vogt-Koyanagi syndrome, unspecified eye
H20.829	
H20.9	Unspecified iridocyclitis
H27.10 -	Unspecified dislocation of lens - Subluxation of lens, unspecified eye
H27.119	
H27.131 -	Posterior dislocation of lens, right eye - Posterior dislocation of lens, unspecified eye
H27.139	
H30.001 -	Unspecified focal chorioretinal inflammation, right eye - Unspecified chorioretinal inflammation, bilateral
H30.93	
H31.001 -	Unspecified chorioretinal scars, right eye - Diffuse secondary atrophy of choroid, unspecified eye
H31.129	
H31.22	Choroidal dystrophy (central areolar) (generalized) (peripapillary)
H31.321 -	Choroidal rupture, right eye - Choroidal rupture, unspecified eye
H31.329	
H31.401 -	Unspecified choroidal detachment, right eye - Serous choroidal detachment, unspecified eye
H31.429	
H31.8	Other specified disorders of choroid
H31.9	Unspecified disorder of choroid
H32	Chorioretinal disorders in diseases classified elsewhere
H33.001 -	Unspecified retinal detachment with retinal break, right eye - Cyst of ora serrata, unspecified eye
H33.119	
H33.191 -	Other retinoschisis and retinal cysts, right eye - Other retinoschisis and retinal cysts, unspecified eye
H33.199	
H33.20 -	Serous retinal detachment, unspecified eye - Serous retinal detachment, bilateral
H33.23	
H33.301 -	Unspecified retinal break, right eye - Other retinal detachments
H33.8	
H34.00 -	Transient retinal artery occlusion, unspecified eye - Unspecified retinal vascular occlusion
H34.9	
H35.00 -	Unspecified background retinopathy - Other intraretinal microvascular abnormalities
H35.09	
H35.111 -	Retinopathy of prematurity, stage 0, right eye - Retrolental fibroplasia, unspecified eye
H35.179	
H35.20 -	Other non-diabetic proliferative retinopathy, unspecified eye - Other non-diabetic proliferative retinopathy, bilateral
H35.23	
H35.30 -	Unspecified macular degeneration - Toxic maculopathy, unspecified eye
H35.389	
H35.40 -	Unspecified peripheral retinal degeneration - Secondary vitreoretinal degeneration, unspecified eye
H35.469	
H35.50 -	Unspecified hereditary retinal dystrophy - Dystrophies primarily involving the retinal pigment epithelium
H35.54	
H35.60 -	Retinal hemorrhage, unspecified eye - Retinal hemorrhage, bilateral
H35.63	
H35.70 -	Unspecified separation of retinal layers - Hemorrhagic detachment of retinal pigment epithelium, unspecified eye
H35.739	
H35.81 -	Retinal edema - Other specified retinal disorders
H35.89	
H35.9	Unspecified retinal disorder

ICD-10 Codes**Description**

H36	Retinal disorders in diseases classified elsewhere
H40.001 - H40.1394	Preglaucoma, unspecified, right eye - Pigmentary glaucoma, unspecified eye, indeterminate stage
H40.1410 - H40.1494	Capsular glaucoma with pseudoexfoliation of lens, right eye, stage unspecified - Capsular glaucoma with pseudoexfoliation of lens, unspecified eye, indeterminate stage
H40.151 - H40.159	Residual stage of open-angle glaucoma, right eye - Residual stage of open-angle glaucoma, unspecified eye
H40.20X0 - H40.63X4	Unspecified primary angle-closure glaucoma, stage unspecified - Glaucoma secondary to drugs, bilateral, indeterminate stage
H40.811 - H40.89	Glaucoma with increased episcleral venous pressure, right eye - Other specified glaucoma
H40.9	Unspecified glaucoma
H42	Glaucoma in diseases classified elsewhere
H43.00 - H43.9	Vitreous prolapse, unspecified eye - Unspecified disorder of vitreous body
H44.20 - H44.399	Degenerative myopia, unspecified eye - Other degenerative disorders of globe, unspecified eye
H44.40 - H44.449	Unspecified hypotony of eye - Primary hypotony of unspecified eye
H44.50 - H44.539	Unspecified degenerated conditions of globe - Leucocoria, unspecified eye
H44.601 - H44.699	Unspecified retained (old) intraocular foreign body, magnetic, right eye - Retained (old) intraocular foreign body, magnetic, in other or multiple sites, unspecified eye
H44.701 - H44.799	Unspecified retained (old) intraocular foreign body, nonmagnetic, right eye - Retained (old) intraocular foreign body, nonmagnetic, in other or multiple sites, unspecified eye
H44.811 - H44.819	Hemophthalmos, right eye - Hemophthalmos, unspecified eye
H44.89	Other disorders of globe
H46.00 - H46.9	Optic papillitis, unspecified eye - Unspecified optic neuritis
H47.011 - H47.099	Ischemic optic neuropathy, right eye - Other disorders of optic nerve, not elsewhere classified, unspecified eye
H47.10 - H47.149	Unspecified papilledema - Foster-Kennedy syndrome, unspecified eye
H47.20 - H47.299	Unspecified optic atrophy - Other optic atrophy, unspecified eye
H47.311 - H47.399	Coloboma of optic disc, right eye - Other disorders of optic disc, unspecified eye
H47.41 - H47.49	Disorders of optic chiasm in (due to) inflammatory disorders - Disorders of optic chiasm in (due to) other disorders
H53.50 - H53.59	Unspecified color vision deficiencies - Other color vision deficiencies
H59.031 - H59.039	Cystoid macular edema following cataract surgery, right eye - Cystoid macular edema following cataract surgery, unspecified eye
L93.0 - L93.2	Discoid lupus erythematosus - Other local lupus erythematosus
M05.00	Felty's syndrome, unspecified site
M05.09	Felty's syndrome, multiple sites
M05.10	Rheumatoid lung disease with rheumatoid arthritis of unspecified site
M05.19	Rheumatoid lung disease with rheumatoid arthritis of multiple sites
M05.20	Rheumatoid vasculitis with rheumatoid arthritis of unspecified site
M05.29	Rheumatoid vasculitis with rheumatoid arthritis of multiple sites
M05.40	Rheumatoid myopathy with rheumatoid arthritis of unspecified site
M05.49	Rheumatoid myopathy with rheumatoid arthritis of multiple sites
M05.50	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified site
M05.59	Rheumatoid polyneuropathy with rheumatoid arthritis of multiple sites
M05.60	Rheumatoid arthritis of unspecified site with involvement of other organs and systems
M05.69	Rheumatoid arthritis of multiple sites with involvement of other organs and systems
M05.80	Other rheumatoid arthritis with rheumatoid factor of unspecified site
M05.89	Other rheumatoid arthritis with rheumatoid factor of multiple sites
M05.9	Rheumatoid arthritis with rheumatoid factor, unspecified
M06.00	Rheumatoid arthritis without rheumatoid factor, unspecified site

ICD-10 Codes	Description
M06.09	Rheumatoid arthritis without rheumatoid factor, multiple sites
M06.1	Adult-onset Still's disease
M06.20	Rheumatoid bursitis, unspecified site
M06.29	Rheumatoid bursitis, multiple sites
M06.30	Rheumatoid nodule, unspecified site
M06.39	Rheumatoid nodule, multiple sites
M06.4	Inflammatory polyarthropathy
M06.80	Other specified rheumatoid arthritis, unspecified site
M06.89	Other specified rheumatoid arthritis, multiple sites
M06.9	Rheumatoid arthritis, unspecified
M08.00	Unspecified juvenile rheumatoid arthritis of unspecified site
M08.09	Unspecified juvenile rheumatoid arthritis, multiple sites
M08.20	Juvenile rheumatoid arthritis with systemic onset, unspecified site
M08.29	Juvenile rheumatoid arthritis with systemic onset, multiple sites
M08.3	Juvenile rheumatoid polyarthritits (seronegative)
M08.40	Pauciarticular juvenile rheumatoid arthritis, unspecified site
M08.80	Other juvenile arthritis, unspecified site
M08.89	Other juvenile arthritis, multiple sites
M08.90	Juvenile arthritis, unspecified, unspecified site
M08.99	Juvenile arthritis, unspecified, multiple sites
M12.00	Chronic postrheumatic arthropathy [Jaccoud], unspecified site
M12.09	Chronic postrheumatic arthropathy [Jaccoud], multiple sites
M32.0 - M32.9	Drug-induced systemic lupus erythematosus - Systemic lupus erythematosus, unspecified
P35.0	Congenital rubella syndrome
Q14.0 - Q14.9	Congenital malformation of vitreous humor - Congenital malformation of posterior segment of eye, unspecified
Q15.0	Congenital glaucoma
Q85.1 - Q85.9	Tuberous sclerosis - Phakomatosis, unspecified
Q87.1	Congenital malformation syndromes predominantly associated with short stature
Q87.40	Marfan's syndrome, unspecified
Q87.42	Marfan's syndrome with ocular manifestations
Q87.89	Other specified congenital malformation syndromes, not elsewhere classified
Q89.8	Other specified congenital malformations
Q99.2	Fragile X chromosome
S04.011A - S04.049S	Injury of optic nerve, right eye, initial encounter - Injury of visual cortex, unspecified eye, sequela
S05.50XA - S05.52XS	Penetrating wound with foreign body of unspecified eyeball, initial encounter - Penetrating wound with foreign body of left eyeball, sequela
T37.2X1A - T37.2X4S	Poisoning by antimalarials and drugs acting on other blood protozoa, accidental (unintentional), initial encounter - Poisoning by antimalarials and drugs acting on other blood protozoa, undetermined, sequela

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

[Back to Top](#)

General Information

Associated Information

Documentation Requirements

- Medical record documentation maintained by the performing physician must indicate the medical necessity of the fundus photography and be available upon request. 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, slides, prints, digital photography,

computerized analysis, or stereo photos.

- Medical record documentation must clearly indicate rationale which supports the medical necessity for performing fundus photography and posterior segment SCODI on the same day on the same eye. Documentation should also reflect how the test results were used in the patient's plan of care.

- It would not be considered medically reasonable and necessary to perform fundus photography and posterior segment SCODI on the same day on the same eye to provide additional confirmatory information for a diagnosis or treatment which has already been determined.

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(s) – L29179, L29341

American Academy of Ophthalmology Preferred Practice Patterns for Age-Related Macular Degeneration, Diabetic Retinopathy, and Primary Open-Angle Glaucoma.

Ciardella, A., Borodoker, N., Costa, D., Huang, S., Cunningham, Jr., E., Slakter, J. (2002). Imaging the posterior segment in uveitis. *Ophthalmology Clinics of North America*, 15(3). Retrieved November 7, 2003, from mdconsult database (303398).

Duane's Clinical Ophthalmology

Friedman, D. (2001). Neuro-Ophthalmology. *Ophthalmology Clinics of North America*, 14(1). Retrieved November 3, 2003, from mdconsult database (276461).

[Back to Top](#)

Revision History Information

Please note: Most Revision History entries effective on or before 01/24/2013 display with a Revision History Number of "R1" at the bottom of this table. However, there may be LCDs where these entries will display as a separate and distinct row.

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
		Revision Number: 1 Publication: November 2015 Connection LCR A/B 2015-030	
10/01/2015	R4	Explanation of revision: This LCD was revised to include ICD-10 code range H59.031–H59.039 in the "Indications and Limitations of Coverage and/or Medical Necessity" and "ICD-10 Codes that Support Medical Necessity" sections of the LCD. The effective date of this revision is for claims processed on or after 11/19/2015, for dates of service on or after 10/01/15.	<ul style="list-style-type: none">• Revisions Due To ICD-10-CM Code Changes
10/01/2015	R3	5/29/2015-The language and/or ICD-10-CM diagnoses were updated to be consistent with the current ICD-9-CM LCD's language and coding.	<ul style="list-style-type: none">• Provider Education/Guidance
10/01/2015	R2	04/20/2015 – The language and/or ICD-10-CM diagnoses were updated to be consistent with current LCD language and ICD-9-CM coding.	<ul style="list-style-type: none">• Provider Education/Guidance
10/01/2015	R1	CORRECTED FORMATTING.	<ul style="list-style-type: none">• Other

[Back to Top](#)

Associated Documents

Attachments [coding guidelines effec 10/1/15](#) (PDF - 134 KB)

Related Local Coverage Documents N/A

Related National Coverage Documents N/A

Public Version(s) Updated on 11/13/2015 with effective dates 10/01/2015 - N/A [Updated on 05/29/2015 with effective dates 10/01/2015 - N/A](#) [Updated on 04/20/2015 with effective dates 10/01/2015 - N/A](#) [Updated on 11/05/2014 with effective dates 10/01/2015 - N/A](#) [Updated on 07/01/2014 with effective dates 10/01/2015 - N/A](#) [Updated on 03/24/2014 with effective dates 10/01/2015 - N/A](#) [Back to Top](#)

Keywords

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