

## APPENDIX A

### DOCUMENTATION REQUIREMENTS FOR EXTENDED OPHTHALMOSCOPY

(CPT 92225/ 92226)

1. A detailed sketch must be included in the medical record and available to Medicare upon request. The sketch attached to this policy may be used.
2. The sketch should be a minimum size of 3-4" in diameter.
3. All items noted must be identified (i.e., any findings such as drusen must be drawn and labeled).
4. Drawings in 4-6 standard colors are preferred. However, non-colored drawings are also acceptable.

#### **COLORS AND MEANINGS:**

**RED:** Retinal arteries, retinal hemorrhages, attached retina

**BLUE:** Retinal veins, detached retina

**YELLOW:** Chororetinal exudate, intraretinal exudate, intraretinal edema

**GREEN:** Opacities in media, vitreous hemorrhage

**PURPLE:** Flat neovascularization

**ORANGE:** Elevated neovascularization

**BROWN:** Retinal pigment epithelium or choroidal pigmentation seen through attached retina; vascular occlusion

**BLUE OUTLINE FILLED WITH RED:** Full thickness sensory retinal break

**BLUE OUTLINE CROSS-HATCHED WITH RED:** Partial thickness sensory retinal break

**BLACK OUTLINE FILLED WITH BLACK LATTICE PATTERN:** Lattice degeneration of attached retina

**BLUE OUTLINE FILLED WITH BLUE LATTICE PATTERN:** Lattice degeneration of detached retina

**BLACK OUTLINE CROSS-HATCHED WITH RED:** Paving-stone degeneration of attached retina

**BROWN OUTLINE CROSS-HATCHED WITH RED:** Paving-stone degeneration seen through detached retina

**BLUE LINES (SHORT):** Retinal tufts and meridional folds

**BLACK SCALLOPED LINE OVERLYING ORA SERRATA CIRCLE ON FUNDUS CHART:** Ora serrata with adjacent detached retina

**GREEN OUTLINE FILLED WITH RED:** Red blood in vitreous

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Initial: \_\_\_\_\_

These charts contain three concentric circles. Inner circle represents equator, middle circle represents ora serrata, and outer circle represents region of ciliary processes. Band between middle and outer circles is pars plana of ciliary body. Small circle in center of chart represents disc. These drawings are done so that quick reference may be made and essential information can be conveyed to others. In addition, these drawings will be used for reference in future examinations as well as helping to "think out" what is presently being encountered.

Use the optic nerve as a reference point. Systematically examine the quadrants out to their periphery. Special features to observe include optic nerve color, cupping, and margination; vascular caliber, pulsations, tortuosity, aneurysms, and anomalies; hemorrhages, exudates, edema, and neovascularization; areas of retinitis, perivasculitis, and arteriolar or venular obliteration; pigmentary changes, hyperplasia, sparsity, and bone-spicule formation; tumors, schisis, elevation, or detachment; peripheral retinal abnormalities; and especially a close look at the macular area for holes, cysts, edema, or degeneration. Hemiretinal differences have been revealed through the examination of large numbers of fundi. Lattice degeneration, retinal breaks, pars plana cysts, dialysis of the young, and senile retinoschisis are more common in the temporal periphery. In the nasal periphery, it is relatively more common to find prominent teeth, meridional folds at the ora, granular tissue, and detachment of the pars plana.

