

LCD - Ocular Photography - External (L34393)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
CGS Administrators, LLC	MAC - Part A	15101 - MAC A	J - 15	Kentucky
CGS Administrators, LLC	MAC - Part B	15102 - MAC B	J - 15	Kentucky
CGS Administrators, LLC	MAC - Part A	15201 - MAC A	J - 15	Ohio
CGS Administrators, LLC	MAC - Part B	15202 - MAC B	J - 15	Ohio

LCD Information

Document Information

LCD ID

L34393

LCD Title

Ocular Photography - External

Proposed LCD in Comment Period

N/A

Source Proposed LCD

N/A

Original Effective Date

For services performed on or after 10/01/2015

Revision Effective Date

For services performed on or after 04/27/2023

Revision Ending Date

N/A

Retirement Date

N/A

Notice Period Start Date

N/A

Notice Period End Date**AMA CPT / ADA CDT / AHA NUBC Copyright Statement**

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N/A

Issue

Issue Description

Annual review performed no changes were made.

CMS National Coverage Policy

Language quoted from Centers for Medicare and Medicaid Services (CMS). National Coverage Determinations (NCDs) and coverage provisions in interpretive manuals is italicized throughout the policy. NCDs and coverage provisions in interpretive manuals are not subject to the Local Coverage Determination (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 Section 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:

Title XVIII of the Social Security Act (SSA):

Section 1862(a)(1)(A) excludes expenses incurred for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Section 1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

Code of Federal Regulations:

42 CFR Section 410.32, indicates that diagnostic tests may only be ordered by the treating physician (or other treating practitioner acting within the scope of his or her license and Medicare requirements).

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Abstract:

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 slit-lamp-integrated camera, photography through a gonioscopy lens or with a close-up stereo camera. Photographs may be prints, slides, videotapes or digitally stored.

Indications:

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.

External ocular photography is covered when a special camera is used to obtain magnified photographs of lesions (e.g., the cornea, iris or lids) for the purpose of following the patient's condition. Medical quality images may be digital, Polaroid Macro 3 SLF or equivalent.

Limitations:

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.

Photographs for the purpose of documentation for medical legal purposes or preauthorization (e.g., gross trauma, amount of ptosis or redundant lid tissue for blepharoplasty) are not separately reportable or reimbursable.

Photography may be reported only once per session, even though multiple views may be taken.

In addition to the photograph(s), an interpretation and report specific to the photograph(s) must be contained in the patient's medical record and be available to the contractor upon request.

External ocular photography without accompanying patient identification and date permanently affixed to the photograph will be considered not to be reasonable or necessary and will be denied.

Summary of Evidence

N/A

Analysis of Evidence (Rationale for Determination)

N/A

General Information

Associated Information

N/A

Sources of Information

This bibliography presents those sources that were obtained during the development of this policy. CGS Administrators, LLC is not responsible for the continuing viability of Web site addresses listed below.

American Academy of Ophthalmic Executives Coding Bulletin, September 2005. Special Testing Services – 92285 External Ocular Photography. Accessed at www.aao.org/aaoc on 01/17/2008.

Carrier Advisory Committee

CGS Administrators, LLC and other Medicare contractors' local coverage determinations.

Saine PJ. Tutorial: External Ocular Photography. *The Journal of Ophthalmic Photography* 2006;28(1);8-10.

Bibliography

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASONS FOR CHANGE
04/27/2023	R14	R14 Revision Effective: 04/27/2023 Revision Explanation: Annual review, no changes were made.	<ul style="list-style-type: none"> Other (Annual Review)
04/14/2022	R13	Revision Effective: 04/14/2022 Revision Explanation: Annual review, no changes were made.	<ul style="list-style-type: none"> Other (Annual Review)
04/29/2021	R12	R12 Revision Effective: N/A Revision Explanation: Annual review, no changes were made. <i>04/19/2021: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i>	<ul style="list-style-type: none"> Other (Annual Review)
10/31/2019	R11	R11 Revision Effective: n/a Revision Explanation: Annual review, no changes. <i>4-30-2020:At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i>	<ul style="list-style-type: none"> Other (Annual Review)
10/31/2019	R10	R10 Revision Effective: 10/31/2019	<ul style="list-style-type: none"> Revisions Due To Code Removal

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASONS FOR CHANGE
		<p>Revision Explanation: Moved the information in the associated information section to the related billing and coding article as well as the other comments section from the coverage and indications section.</p> <p>10/24/2019: <i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	
09/19/2019	R9	<p>R9</p> <p>Revision Effective: 09/19/2019 Revision Explanation: Converted new policy template that no longer includes coding section based on CR 10901.</p> <p>09/12/2019: <i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> • Revisions Due To Code Removal
09/19/2019	R8	<p>R8</p> <p>Revision Effective: 09/19/2019 Revision Explanation: Converted policy into new policy template that no longer includes coding section based on CR 10901. Also, retired A52394 - Ocular Photography – External –Supplemental Instructions Article.</p> <p>09/12/2019: <i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> • Revisions Due To Code Removal
10/01/2018	R7	<p>Revision#:R7</p> <p>Revision Effective date: N/A</p> <p>Revision Explanation: Annual Review, no changes made. Added 21 Century Cures Act</p> <p>04/15/2019 At this time 21st Century Cures Act will apply to</p>	<ul style="list-style-type: none"> • Other (Added 21 Century Cures Act)

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASONS FOR CHANGE
		<p>new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p>	
10/01/2018	R6	<p>R6 Revision Effective: N/A Revision Explanation: Annual review no changes made.</p> <p>04/10/2019-At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p>	<ul style="list-style-type: none"> Other (Annual review, no changes made.)
10/01/2018	R5	<p>R5 Revision Effective: 10/01/2018 Revision Explanation: During annual ICD-10 update codes C43.11, C43.12, C44.102, C44.109, C44.112, C44.119, C44.122, C44.129, C44.192, C44.199, D03.11, D03.12, D04.11, D04.12, D22.11, D22.12, D23.11, and D23.12 were deleted and replaced with the following: C43.111, C43.112, C43.121, C43.122, C44.1121, C44.1122, C44.1191, C44.1192, C44.1221, C44.1222, C44.1291, C44.1292, C44.1921, C44.1191, C44.1922, C44.1991, C44.1992, D03.111, D03.112, D03.121, D03.122, D04.111, D04.112, D04.121, D04.122, D22.111, D22.112, D22.121, D22.122, D23.111, D23.112, D23.121, and D23.122. New codes from annual were also added: H01.00A, H01.00B, H01.01A, H01.01B, H01.02A, H01.02B, H02.151, H02.152, H02.153, H02.154, H02.155, H02.156, H02.881, H02.882, H02.884, H02.885, H02.88A, H02.88B, H10.821, H10.822, and H10.823.</p> <p>09/24/2018-At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p>	<ul style="list-style-type: none"> Revisions Due To ICD-10-CM Code Changes
10/01/2015	R4	<p>R4 Revision Effective: N/A Revision Explanation: Annual review no changes made.</p>	<ul style="list-style-type: none"> Other (Annual Review)

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASONS FOR CHANGE
10/01/2015	R3	R3 Revision Effective: 10/01/2016 Revision Explanation: Annual ICd-10 update codes S02.3XXA, S02.3XXB, S02.8XXA, and S02.8XXB were deleted and replaced with the following effective 10/01/2016: S02.31XA, S02.31XB, S02.32XA, S02.32XB, S02.81XA, S02.81XB, S02.82XA, S02.82XB	<ul style="list-style-type: none"> Revisions Due To ICD-10-CM Code Changes
10/01/2015	R2	R2 Revision Effective: N/A Revision Explanation: Annual review no changes made.	<ul style="list-style-type: none"> Other (Annual review)
10/01/2015	R1	R1 Revision Effective: 10/01/2015 Revision Explanation: Accepted revenue code description changes.	<ul style="list-style-type: none"> Other (revenue code description)

Associated Documents

Attachments

N/A

Related Local Coverage Documents

Articles

[A57068 - Billing and Coding: Ocular Photography - External](#)

Related National Coverage Documents

N/A

Public Versions

UPDATED ON	EFFECTIVE DATES	STATUS
04/19/2023	04/27/2023 - N/A	Currently in Effect (This Version)
04/08/2022	04/14/2022 - 04/26/2023	Superseded

Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.

Keywords

N/A