



MEDICAL MUTUAL OF OHIO  
Your healthcare partner since 1954

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## TECHNICAL ASSESSMENTS . . .

### Ocular Photography and Ophthalmoscopy

(Policy Number: 96017)

**Applicable Codes: 92225, 92226, 92230, 92235, 92250, and 92285**

Ocular photography and ophthalmoscopy procedures are indicated when prolonged time is required for a detailed examination of possible retinal lesions or follow-up of lesions under treatment or surveillance.

92225	Ophthalmoscopy, extended, with retinal drawing (e.g., for retinal detachment, melanoma), with interpretation and report; initial
92226	subsequent
92230	Fluorescein angiography with interpretation and report
92235	Fluorescein angiography (includes multiframe imaging) with interpretation and report
92250	Fundus photography with interpretation and report
92285	External ocular photography with interpretation and report for documentation of medical progress (e.g., close-up photography, slit lamp photography, goniphotography, stereophotography)

MMO has determined that Ocular Photography and Ophthalmoscopy are considered medically necessary and eligible for reimbursement providing that the medical criteria outlined in this policy have been met.

CPT codes 92225 and 92226 are considered eligible for reimbursement in the presence of any of the following clinical conditions which are frequently associated with medically accepted indications for Ocular Photography and Ophthalmoscopy:

- Histoplasmosis
- Chorioretinitis due to toxoplasmosis
- Sarcoidosis
- Benign or malignant neoplasm of the retina or choroid
- Secondary malignant neoplasm of other parts of nervous system
- Hemangioma, any site
- Carcinoma in situ of eye

\* Payment is subject to the patient's eligibility of benefits, pursuant to the terms of the contract. Nothing in this newsletter should be construed as granting benefits or coverage beyond the scope of the patient's benefits as described in applicable contracts, booklets and certificates of coverage.



## Medical Policy Highlights

(Continued from page 1)

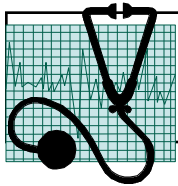
### Did you know?

The criteria found in Medical Policy Highlights can be utilized to make a medical necessity determination. If the criteria outlined in the policy review are met, no pre-determination is needed. If you are uncertain that the criteria are met, then submission of a Predetermination is recommended.

- Diabetes mellitus
- Purulent endophthalmitis
- Endophthalmitis
- Degenerative disorders of the globe
- Retained (old) intraocular foreign body, magnetic or nonmagnetic
- Retinal detachments, defects, and disorders
- Focal chorioretinitis and focal retinochoroiditis
- Disseminated chorioretinitis and disseminated retinochoroiditis
- Chorioretinal scars
- Choroidal degenerations, detachment, hemorrhage, and rupture
- Hereditary choroidal dystrophies
- Iridocyclitis
- Glaucoma
- Subjective visual disturbances
- Visual field defects
- Retained (old) foreign body following penetrating wound of the orbit
- Papilledema
- Optic atrophy
- Disorders of the optic disc
- Optic neuritis
- Disorders of the optic nerve, chiasm, or visual pathway
- Scleritis and episcleritis
- Disorders of the vitreous body
- Intracerebral hemorrhage
- Diffuse diseases of the connective tissue
- Rheumatoid arthritis and other inflammatory polyarthropathies
- Congenital anomalies of the posterior segment
- Open wound of the eyeball

**CPT codes 92230 and 92235** are considered eligible for reimbursement in the presence of any of the following clinical conditions which are frequently associated with medically accepted indications for Ocular Photography and Ophthalmoscopy:

- Histoplasmosis
- Chorioretinitis due to toxoplasmosis
- Malignant neoplasm of the eye, retina, or choroid
- Benign neoplasm of the eyeball, except conjunctiva or cornea
- Benign neoplasm of the retina or choroid
- Hemangioma, any site
- Diabetes mellitus
- Diabetic retinopathy
- Background retinopathy and retinal vascular changes
- Proliferative retinopathy



- Background retinopathy and retinal vascular changes
- Proliferative retinopathy
- Retinal vascular occlusion and disorders
- Separation of the retinal layers
- Degeneration of macula and posterior pole
- Chorioretinitis and retinochoroiditis
- Vascular disorders of the iris and ciliary body
- Glaucoma
- Papilledema
- Optic atrophy
- Optic neuritis
- Disorders of the optic disc or optic nerve
- Contusion of the eyeball

**CPT code 92250** is considered eligible for reimbursement in the presence of the following clinical conditions which are frequently associated with medically accepted indications for Ocular Photography and Ophthalmoscopy:

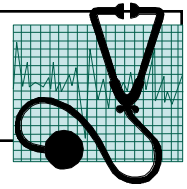
- Histoplasmosis
- Chorioretinitis due to toxoplasmosis
- Malignant neoplasm of the eye, retina, or choroid
- Benign neoplasm of the eyeball, except conjunctiva or cornea
- Benign neoplasm of the retina or choroid
- Hemangioma, any site
- Diabetes mellitus
- Retinal disorders or detachment with retinal defects
- Diabetic retinopathy
- Background retinopathy and retinal vascular changes
- Proliferative retinopathy
- Retinal vascular occlusion
- Separation of the retinal layers
- Degeneration of the macula and posterior pole
- Chorioretinitis and retinochoroiditis
- Glaucoma
- Papilledema
- Optic atrophy
- Optic neuritis
- Disorders of the optic disc or optic nerve
- Poisoning by antimalarials and drugs acting on other blood protozoa

**CPT code 92285** is considered eligible for reimbursement in the presence of the following clinical conditions which are frequently associated with medically accepted indications for Ocular Photography and Ophthalmoscopy:

- Herpes simplex with ophthalmic complications
- Malignant neoplasm of the head, face, and neck
- Malignant melanoma of the eyelid, including canthus
- Malignant neoplasm of the conjunctiva or cornea

### Did you know?

Medical Policy Highlights can be viewed from our corporate web site at [www.mmoh.com](http://www.mmoh.com) under Provider Services. A free copy of Acrobat Reader (required for viewing) has also been made available from this site.



**Did you know?**

Submitting diagnosis and procedure codes that accurately reflect the actual diagnosis and service is critical to the correct processing of benefits.

- Carcinoma in situ of the eyelid and eye
- Neoplasm of unspecified nature of the bone, soft tissue, and skin
- Diabetes mellitus
- Adhesions and disruptions of the iris and ciliary body
- Corneal ulcer
- Hereditary corneal dystrophies
- Keratoconus
- Pterygium
- Entropion and trichiasis of the eyelid
- Ectropion
- Ptosis of eye

If MMO determines that the service is not medically necessary, the participating provider will not be able to bill the subscriber and will be required to write off the charges.

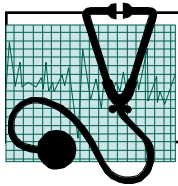
**If medical necessity cannot be determined utilizing the criteria outlined within this policy, then submission of a predetermination is recommended prior to the performance of this procedure.**

**Echocardiography**  
(Policy Number: 95005)

Applicable Codes: 93303, 93304, 93307, 93308, 93312, 93313, 93314, 93315, 93316, 93317, 93320, 93321, 93325, and 93350

Echocardiography is an examination technique that provides images of cardiac and great vessel anatomy and blood flow by ultrasound. Although ultrasound may be applied in different forms and by different techniques, all are encompassed in the term echocardiography.

- |       |  |
|-------|--|
| 93303 | Transthoracic echocardiography for congenital cardiac anomalies; complete  |
| 93304 | follow-up or limited study   |
| 93307 | Echocardiography, transthoracic, real-time with image documentation (2D) with or without M-mode recording; complete  |
| 93308 | follow-up or limited study   |
| 93312 | Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report |
| 93313 | placement of transesophageal probe only  |
| 93314 | image acquisition, interpretation and report only  |
| 93315 | Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report   |
| 93316 | placement of transesophageal probe only  |
| 93317 | image acquisition, interpretation and report only  |



- 93320 Doppler echocardiography, pulsed wave and /or continuous wave with spectral display
- 93321 follow-up or limited study
- 93325 Doppler color flow velocity mapping
- 93350 Echocardiography, transthoracic, real-time with image documentation (2D), with or without M-mode recording, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report

MMO has determined that echocardiography is considered medically necessary and eligible for reimbursement providing that the medical criteria outlined in this policy have been met.

**CPT codes 93303, 93304, 93307, 93308, 93320, 93321, 93325, and 93350** are considered eligible for reimbursement in the presence of any the following clinical conditions which are frequently associated with medically accepted indications for echocardiography:

- Syphilis
- Benign or malignant neoplasm of the heart
- Hodgkin's disease
- Amyloidosis
- Intracranial or intraspinal abscess
- Acute rheumatic endocarditis
- Rheumatic chorea or heart disease
- Chronic rheumatic pericarditis
- Diseases of the mitral or aortic valve
- Diseases of the endocardial structures
- Essential or secondary hypertension
- Hypertensive heart or renal disease
- Acute or old myocardial infarction
- Acute and subacute forms of ischemic heart disease
- Prinzmetal angina
- Chronic ischemic heart disease
- Acute or chronic pulmonary heart disease
- Diseases of the pulmonary circulation
- Acute pericarditis or myocarditis
- Acute and subacute endocarditis
- Diseases of the pericardium or endocardium
- Cardiomyopathy
- Paroxysmal ventricular tachycardia
- Atrial or ventricular fibrillation and flutter
- Cardiac arrest
- Premature beats
- Cardiac dysrhythmias
- Heart failure
- Ill-defined descriptions and complications of heart disease

### We value your opinion . . .

The Care Management Department regularly reviews and revises Corporate Medical Policies. Written comments regarding an existing Corporate Medical Policy may be directed to:  
Medical Mutual of Ohio™  
CC 01-5B-3986  
Attn: Medical Policy Committee  
2060 East Ninth Street  
Cleveland, Ohio 44115-1355



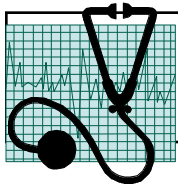
### Did you know?

Not Otherwise Classified (NOC) codes should only be used to identify a service that does not have a valid CPT code. Please remember to use the appropriate CPT code whenever possible to avoid a delay in claim processing.

- Transient cerebral ischemia
- Acute, but ill-defined cerebrovascular disease
- Atherosclerosis
- Aortic aneurysm of unspecified site without mention of rupture
- Acute febrile mucocutaneous lymph node syndrome (MCLS)
- Compensatory emphysema
- Acute edema of lung
- Systemic lupus erythematosus
- Bulbus cordis anomalies and anomalies of the cardiac septal closure
- Congenital anomalies of the heart
- Patent ductus arteriosus
- Coarctation of the aorta
- Anomalies of the aorta, pulmonary artery, or great veins
- Syncope and collapse
- Symptoms involving the cardiovascular system
- Dyspnea and respiratory abnormalities
- Stridor, cough
- Hemoptysis
- Abnormal sputum
- Chest pain
- Abnormal results of cardiovascular function studies
- Injury to the heart and lung
- Contusion of the chest wall
- Complications peculiar to certain specified procedures
- Heart or heart valve transplant
- Organ or tissue transplant
- Eye globe replacement
- Lens replaced by other means
- Artificial blood vessel or heart transplant
- Following chemotherapy
- Suspected cardiovascular disease

**CPT codes 93312, 93313, 93314, 93315, 93316, and 93317** are considered eligible for reimbursement in the presence of the following clinical conditions which are frequently associated with medically accepted indications for echocardiography:

- Benign or malignant neoplasm of heart
- Intracranial or intraspinal abscess
- Mitral stenosis with or without insufficiency
- Rheumatic mitral insufficiency
- Rheumatic aortic stenosis, insufficiency, or stenosis with insufficiency
- Rheumatic aortic disease
- Mitral valve stenosis and aortic valve insufficiency



- Mitral valve insufficiency and aortic valve stenosis
- Mitral valve and aortic valve insufficiency
- Multiple involvement of the mitral and aortic valves
- Mitral and aortic valve diseases
- Diseases of the tricuspid valve
- Rheumatic diseases of the pulmonary valve
- Endocarditis
- Diseases of the endocardium
- Atrial fibrillation and flutter
- Certain sequela of a myocardial infarction
- Basilar or vertebral artery syndrome
- Subclavian steal syndrome
- Vertebrobasilar artery syndrome
- Transient cerebral ischemia
- Acute, but ill-defined, cerebrovascular disease
- Dissecting aneurysm
- Thoracic aneurysm, with or without mention of rupture
- Thoracoabdominal aneurysm, with or without mention of rupture
- Arterial embolism and thrombosis
- Systemic lupus erythematosus
- Ostium secundum type atrial septal defect
- Endocardial cushion defects
- Congenital anomalies of the heart
- Patent ductus arteriosus
- Coarctation of the aorta
- Anomalies of the aorta, pulmonary artery, or great veins
- Injury to the heart and lung
- Injury to the blood vessel of thoracic aorta
- Contusion of the chest wall
- Complications or infection and inflammatory reaction due to internal prosthetic device, implant, or graft

If MMO determines that the service is not medically necessary, the participating provider will not be able to bill the subscriber and will be required to write off the charges.

**If medical necessity cannot be determined utilizing the criteria outlined within this policy, then submission of a predetermination is recommended prior to the performance of this procedure.**

### Did you know?

A case number does not guarantee payment of benefits or approval of services, it is used for tracking purposes only.



## COMING NEXT ISSUE:

- PREVNAR  
(HEPTAVALENT PNEUMOCOCCAL CONJUGATE VACCINE, PCU7)
- DURABLE MEDICAL EQUIPMENT
- AUTONOMIC NERVOUS SYSTEM TESTING