



UM-CDG-011 Extended Ophthalmoscopy and Fundus
Photography

Approved By:
Director, Health Services

Effective Date:
11/10/2025

This Policy applies to all SECUR affiliates, associates, and subsidiaries.

Approved by Courtney Gonzales, Director of Health Services on behalf of the Utilization Management Committee.

PURPOSE

This coverage determination guideline serves to address extended ophthalmoscopy and fundus photography. Extended ophthalmoscopy is the detailed examination of a retina with a detailed drawing most frequently performed using an indirect lens. Performed by a physician, when a more detailed examination is needed following a routine ophthalmoscopy, the pupil is usually dilated and always includes a retinal drawing detailed and large enough to be utilized in a follow up examination that is used for decision making. Fundus photography uses a special camera to photograph structure behind the lens of the eye to document and follow disease processes of the eye.

For SECUR Health Plan members, National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) will be applied to requests when applicable. SECUR Health Plan Coverage Determination Guidelines (CDG) will be utilized in the absence of an appropriate NCD and/or LCD.

DEFINITIONS

None

POLICY

Fundus Photography

SECUR Health Plan considers fundus photography used for routine screening as not medically necessary for members. Baseline photos to document a condition that is reasonable expected to be static and/or does not require further treatment is considered not medically necessary.

In general, fundus photography is only considered medically necessary when it would assist in:

- a. Monitoring potential disease progression, or
- b. To provide guidance in evaluation of the need for or response to a specific treatment or intervention.

Repeat fundus photography should only be performed at clinically reasonable intervals. Fundus photography should only be ordered by the practitioner performing the treatment. A diagnosis of diabetes mellitus may make fundus photography medically necessary.

Extended Ophthalmoscopy

SECUR Health Plan may consider the following conditions as medically necessary:

- a. Malignant neoplasm of the retina or choroid
- b. Retained (old) intraocular foreign body, either magnetic or nonmagnetic
- c. Retinal hemorrhage, edema, ischemia, exudates and deposits, hereditary retinal dystrophies or peripheral retinal degeneration
- d. Retinal detachment with or without retinal defect-the patient may complain of light flashes, dark floating specks, and blurred vision that becomes progressively worse. This may be described by the patient as “a curtain came down over my eyes.”
- e. Symptoms suggestive of retinal defect (ex: flashes and/or floaters)
- f. Retinal defects without retinal detachment
- g. Diabetic retinopathy (i.e., background retinopathy or proliferative retinopathy), retinal vascular occlusion, or separation of the retinal layers-this may be evidenced by microaneurysms, cotton wool spots, exudates, hemorrhages, or fibrous proliferation
- h. Sudden visual loss or transient visual loss
- i. Chorioretinitis, chorioretinal scars or choroidal degeneration, dystrophies, hemorrhage and rupture, or detachment
- j. Penetrating wound to the orbit resulting in the retention of a foreign body in the eye
- k. Blunt injury to the eye or adnexa
- l. Disorders of the vitreous body (i.e., vitreous hemorrhage or posterior vitreous detachment)-spots before the eyes (floaters) and flashing lights (photopsia) can be signs/symptoms of these disorders
- m. Posterior scleritis-signs and symptoms may include severe pain and inflammation, proptosis, limited ocular movements, and a loss of a portion of the visual field
- n. Vogt-Koyanagi-Harada syndrome- A condition characterized by bilateral uveitis, dysacusia, meningeal irritation, whitening of patches of hair (poliosis), vitiligo, and retinal detachment. The disease can be initiated by a severe headache, deep orbital pain, vertigo, and nausea
- o. Degenerative disorders of the globe
- p. Retinoschisis and retinal cysts-patients may complain of light flashes and floaters
- q. Signs and symptoms of endophthalmitis, which may include severe pain, redness, photophobia, and profound loss of vision
- r. Glaucoma or is a glaucoma suspect-this may be evidenced by increased intraocular pressure or progressive cupping of the optic nerve
- s. Systemic disorders which may be associated with retinal pathology
- t. High axial length myopia
- u. Retinal edema
- v. Metamorphopsia
- w. High-risk medication for retinopathy or optic neuropathy
- x. Choroidal nevus being evaluated for malignant transformation
- y. Macular degeneration

SECUR Health Plan considers extended ophthalmoscopy of a fellow eye without signs or symptoms or new abnormalities on general ophthalmoscopic exam as not medically necessary. Repeated extended ophthalmoscopy at each visit without change in signs, symptoms, or condition are considered not medically necessary.

References:

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