

Medical Coverage Policy



**Blue Cross
Blue Shield**
of Rhode Island

Ocular Photoscreening

Device/Equipment Drug Medical Surgery Test Other

Effective Date:	8/2/2007	Policy Last Updated:	04/03/2012
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Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

Description:

Ocular photoscreening is based on the principle of photorefraction, in which the refractive state of the eye is assessed via the pattern of light reflected through the pupil. The images can then be analyzed based on the position of the corneal light reflex as well as the overall reflection of light from the fundus, which provides information on the child's fixation pattern and the presence or absence of strabismus. Patients are photographed in a darkened room while looking at the camera. The photographs can be sent to a central laboratory for analysis, either by ophthalmologists or specifically trained personnel. Results are typically graded as pass, fail, or repeat photoscreening. Photoscreening is an alternative screening method that can detect risk factors for amblyopia, which include strabismus, high refractive errors, anisometropia, and media opacities.

Several different systems are commercially available. In this country, the majority of published studies have used the Medical Technology Inc. (MTI) Photoscreener (Medical Technology, Inc., Cedar Falls, Iowa).

Note: Ocular photoscreening can be performed in several settings. For example, photoscreening can be performed in a public health setting or as part of school screening programs. In addition, photoscreening may be performed by ophthalmologists as an adjunct to an ophthalmologic exam. This policy only addresses the use of photoscreening in the setting of the primary care physician's office, where it is performed as an adjunct or alternative to the standard visual exam. It is anticipated that the results of photoscreening would be used by the primary care physician to determine whether the patient required referral to a pediatric ophthalmologist for further evaluation.

Medical Criteria:

Not applicable.

Policy Guidelines:

Ocular photoscreening when performed using an MTI Photoscreener in a physician's office is considered **not medically necessary** for all product lines as there is insufficient literature to determine its efficacy.

Medical review not required.

Coverage:

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement, or Benefit Booklet for applicable not medically necessary benefits/coverage.

Coding:

The following code is **not medically necessary**:

99174

Also Known As:

MTI PhotoScreener
Photoscreening, Ocular

Related Topics:

Not applicable.

Published:

Policy Update, September 2002
Policy Update, November 2007
Provider Update, July 2010
Provider Update, July 2011
Provider Update, June 2012

References:

American Academy of Pediatrics. Committee on Practice and Ambulatory Medicine and Section on Ophthalmology. *Use of Photoscreening for Children's Vision Screening*. *Pediatrics*;2002;109:524-525.

Blue Cross Blue Shield Association Medical Policy Reference. Policy 9.03.12 - Ocular Photoscreening in the Primary Care Physician's Office as a Screening Tool to Detect Amblyogenic Factors. Reviewed with literature search/December 2009.

Nelson H, Nygren P, Huffman L, Lieu TA, Homer CJ, Whitener BL. Screening for visual impairment in children younger than age 5 years. Accessed on 4/15/10:
<http://www.ahrq.gov/clinic/3rduspstf/visionscr/vischup.htm>.

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