



# Geisinger Health Plan Policies and Procedure Manual

**Policy: MP270**

**Section: Medical Benefit Policy**

**Subject: Ocular Photoscreening**

**Applicable line of business:**

<b>Commercial</b>	<b>x</b>	<b>Medicaid</b>	<b>x</b>
<b>Medicare</b>	<b>x</b>	<b>ACA</b>	<b>x</b>
<b>CHIP</b>	<b>x</b>		

**I. Policy:** Ocular Photoscreening

**II. Purpose/Objective:**

To provide a policy of coverage regarding Ocular Photoscreening

**III. Responsibility:**

- A. Medical Directors
- B. Medical Management

**IV. Required Definitions**

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

**Commercial**

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

**Medicare**

Geisinger Gold Medicare Advantage HMO, PPO, and HMO D-SNP plans are offered by Geisinger Health Plan/Geisinger Indemnity Insurance Company, health plans with a Medicare contract. Continued enrollment in Geisinger Gold depends on contract renewal. Geisinger Health Plan/Geisinger Indemnity Insurance Company are part of Geisinger, an integrated health care delivery and coverage organization.

**CHIP**

Geisinger Health Plan Kids (GHP Kids) is a Children’s Health Insurance Program (CHIP) offered by Geisinger Health Plan in conjunction with the Pennsylvania Department of Human Services (DHS). Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

**Medicaid**

Geisinger Health Plan Family (GHP Family) is a Medical Assistance (Medicaid) insurance program offered by Geisinger Health Plan in conjunction with the Pennsylvania Department of Human Services (DHS). Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization

## V. Additional Definitions

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

- a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
- b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
- c. in accordance with current standards of good medical treatment practiced by the general medical community.
- d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
- e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

### Medicaid Business Segment

Medically Necessary — A service, item, procedure, or level of care that is necessary for the proper treatment or management of an illness, injury, or disability is one that:

- Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
- Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.
- Will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age

### DESCRIPTION:

Ocular photoscreening is used to detect risk factors for amblyopia. Ocular photoscreening uses the refractive state of the eye and assesses the pattern of light reflected through the pupil. The images are then 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 patient's fixation pattern and the presence or absence of strabismus.

### INDICATIONS:

Instrument-based vision screening using photoscreening and/or hand-held auto-refraction in the pediatric population with age appropriate, valid methods is considered to be medically necessary when the following criteria are met:

- The child is 6 months to 5 years of age, or
- The child is non-verbal up to age 21, and standard vision charts would be ineffective.

### EXCLUSIONS:

The Plan does **NOT** provide coverage for ocular photoscreening for applications other than those listed under Indications because all other uses are considered **unproven** and **NOT COVERED**. There is insufficient evidence in the peer-reviewed published medical literature to establish the effectiveness of this treatment on health outcomes when compared to established treatments or technologies.

### Medicaid Business Segment:

Any requests for services, that do not meet criteria set in the PARP, may be evaluated on a case by case basis.

Note: A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven is outlined in **MP 15 - Experimental Investigational or Unproven Services or Treatment**.

### CODING ASSOCIATED With Ocular Photoscreening

*The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at [www.cms.gov](http://www.cms.gov) or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements.*

99174 - Ocular photoscreening with interpretation and report bilateral

99177 - Instrument based ocular screening (e.g., photoscreening, automated-refraction), bilateral; with on-site analysis

Current Procedural Terminology (CPT®) © American Medical Association: Chicago, IL

**LINE OF BUSINESS:**

**Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD's and NCD's will supersede this policy. For PA Medicaid Business segment, this policy applies as written.**

**REFERENCES:**

Yanovitch T, Wallace DK, Freedman SF, et al. The accuracy of photoscreening at detecting treatable ocular conditions in children with Down syndrome. J AAPOS. 2010;14(6):472-477.

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American Academy of Pediatrics, Committee on Practice and Ambulatory Medicine and Section on Ophthalmology. Use of photoscreening for children's vision screening. Policy Statement. Pediatrics. 2002;109(3):524-525.

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Salcido AA, Bradley J, Donahue SP. Predictive value of photoscreening and traditional screening of preschool children. J AAPOS. 2005;9(2):114-120.

Matta NS, Singman EL, Silbert DI. Performance of the plusoptix S04 photoscreener for the detection of amblyopia risk factors in children aged 3 to 5. J AAPOS. 2010 Apr;14(2):147-9.

Simons BD, Siatkowski RM, Schiffman JC et al. Pediatric photoscreening for strabismus and refractive errors in a high-risk population. Ophthalmology 1999; 106(6):1073-80.

Miller JM, Lessin HR; American Academy of Pediatrics, Committee on Practice and Ambulatory Medicine, Section on Ophthalmology; American Association of Certified Orthoptists; American Association for Pediatric Ophthalmology and Strabismus; American Academy of Ophthalmology. Instrument-based pediatric vision screening policy statement. Policy Statement. Pediatrics. 2012;130(5):983-986,

Silbert DI, Matta NS. Performance of the Spot vision screener for the detection of amblyopia risk factors in children. J AAPOS. 2014;18(2):169-172

Chou R, Dana T, Bougatsos C. Screening for visual impairment in children ages 1–5 years: Update for the USPSTF. Pediatrics. 2011;127(2):e442– e479

Yanovitch T, Wallace DK, Freedman SF, et al. The accuracy of photoscreening at detecting treatable ocular conditions in children with Down syndrome. J AAPOS. 2010;14(6):472-477

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Neena R, Gopan A, Nasheetha A, Giridhar A. Can photoscreening effectively detect amblyogenic risk factors in children with neurodevelopmental disability? Indian J Ophthalmol. 2022;70(1):228-232

This policy will be revised as necessary and reviewed no less than annually.

**Devised:** 10/12

**Revised:** 10/15 (Added Indications)

**Reviewed:** 10/13, 10/14; 10/16, 10/17, 10/18, 10/19, 10/20, 10/21, 10/22, 10/23, 10/24

**CMS UM Oversight Committee Approval:** 12/23, 12/24

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Coverage for experimental or investigational treatments, services and procedures is specifically excluded under the member's certificate with Geisinger Health Plan. Unproven services outside of an approved clinical trial are also specifically excluded under the member's certificate with Geisinger Health Plan. This policy does not expand coverage to services or items specifically excluded from coverage in the member's certificate with Geisinger Health Plan. Additional information can be found in MP015 Experimental, Investigational or Unproven Services.

Prior authorization and/or pre-certification requirements for services or items may apply. Pre-certification lists may be found in the member's contract specific benefit document. Prior authorization requirements can be found at <https://www.geisinger.org/health-plan/providers/ghp-clinical-policies>

Please be advised that the use of the logos, service marks or names of Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company on a marketing, press releases or any communication piece regarding the contents of this medical policy is strictly prohibited without the prior written consent of Geisinger Health Plan. Additionally, the above medical policy does not confer any endorsement by Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company regarding the medical service, medical device or medical lab test described under this medical policy.