

Clinical Policy: Anterior Segment Photography with Fluorescein Angiography

Reference Number: CP.VP.67
Last Review Date: 12/2020

[Coding Implications](#)
[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

Anterior segment photography with fluorescein angiography is performed to examine the iris. This procedure includes fluorescein angiography; which is for detection of abnormalities of retinal blood vessels. This policy describes the medical necessity requirements for anterior segment photography with fluorescein angiography.

Policy/Criteria

- I. It is the policy of health plans affiliated with Centene Corporation® (Centene) that anterior segment imaging with fluorescein angiography is **medically necessary** for the following indications:
 - A. Rubeosis iridis
 - B. Neovascular glaucoma
 - C. Diabetic retinopathy
 - D. Retinal vein occlusion
 - E. Uveitis
 - F. Iris cyst
 - G. Iris neoplasm
 - H. Anterior segment ischemia
 - I. Iris trauma or injury, including damage secondary to surgery

Background

Fluorescein angiography reveals information about the type, and thereby about the probable malignancy of iris tumors. In cases of iris cysts, angiography allows the differential diagnosis between congenital cysts and epithelial downgrowth cysts, in which a surgical treatment for the latter is absolutely necessary. Further indications for fluorescein angiography of the iris are neovascularization of the iris (rubeosis iridis), degenerative diseases, and anomalies of iris vessel formation. In these cases fluorescein angiography permits the diagnosis or differential diagnosis as well as follow-up. Neovascularization of the iris and angle may occur in response to retinal ischemia, uveitis, trauma, and radiation. Of these conditions, retinal ischemia due to diabetic retinopathy is the most common cause of neovascular glaucoma.

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2018, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage.

CLINICAL POLICY

Anterior Segment Photography with Fluorescein Angiography

Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT® Codes	Description
92287	Anterior segment imaging with interpretation and report; with fluorescein angiography

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

+ Indicates a code requiring an additional character

ICD-10-CM Code	Description
A18.54	Tuberculous iridocyclitis
C69.41	Malignant neoplasm of right ciliary body
C69.42	Malignant neoplasm of left ciliary body
E10.3211	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E10.3212	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E10.3213	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E10.3291	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye
E10.3292	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye
E10.3293	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral
E10.3311	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E10.3312	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E10.3313	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E10.3391	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye
E10.3392	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye
E10.3393	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
E10.3411	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E10.3412	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye

Anterior Segment Photography with Fluorescein Angiography

ICD-10-CM Code	Description
E10.3413	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E10.3491	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye
E10.3492	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye
E10.3493	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral
E10.3521	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E10.3522	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E10.3523	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E10.3531	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E10.3532	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E10.3533	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E10.3541	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E10.3542	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
E10.3543	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E10.3551	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, right eye
E10.3552	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, left eye
E10.3553	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
E10.3591	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E10.3592	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E10.3593	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E10.39	Type 1 diabetes mellitus with other diabetic ophthalmic complication

Anterior Segment Photography with Fluorescein Angiography

ICD-10-CM Code	Description
E11.3211	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E11.3212	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E11.3213	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E11.3291	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye
E11.3292	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye
E11.3293	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral
E11.3311	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E11.3312	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E11.3313	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E11.3391	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye
E11.3392	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye
E11.3393	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
E11.3411	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E11.3412	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E11.3413	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E11.3491	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye
E11.3492	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye
E11.3493	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral
E11.3511	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E11.3512	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E11.3513	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E11.3521	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye

Anterior Segment Photography with Fluorescein Angiography

ICD-10-CM Code	Description
E11.3522	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E11.3523	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E11.3531	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E11.3532	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E11.3533	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E11.3541	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E11.3542	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
E11.3543	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E11.3551	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, right eye
E11.3552	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, left eye
E11.3553	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
E11.3591	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E11.3592	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E11.3593	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E11.39	Type 2 diabetes mellitus with other diabetic ophthalmic complication
H20.011	Primary iridocyclitis right eye
H20.012	Primary iridocyclitis left eye
H20.013	Primary iridocyclitis bilateral
H20.021	Recurrent acute iridocyclitis right eye
H20.022	Recurrent acute iridocyclitis left eye
H20.023	Recurrent acute iridocyclitis bilateral
H20.031	Secondary infectious iridocyclitis right eye
H20.032	Secondary infectious iridocyclitis left eye
H20.033	Secondary infectious iridocyclitis bilateral
H20.041	Secondary noninfectious iridocyclitis right eye

CLINICAL POLICY

Anterior Segment Photography with Fluorescein Angiography

ICD-10-CM Code	Description
H20.042	Secondary noninfectious iridocyclitis left eye
H20.043	Secondary noninfectious iridocyclitis bilateral
H20.051	Hypopyon right eye
H20.052	Hypopyon left eye
H20.053	Hypopyon bilateral
H20.11	Chronic iridocyclitis right eye
H20.12	Chronic iridocyclitis left eye
H20.13	Chronic iridocyclitis bilateral
H20.21	Lens-induced iridocyclitis right eye
H20.22	Lens-induced iridocyclitis left eye
H20.23	Lens-induced iridocyclitis bilateral
H20.811	Fuchs' heterochromic cyclitis right eye
H20.812	Fuchs' heterochromic cyclitis left eye
H20.813	Fuchs' heterochromic cyclitis bilateral
H20.821	Vogt-Koyanagi syndrome right eye
H20.822	Vogt-Koyanagi syndrome left eye
H20.823	Vogt-Koyanagi syndrome bilateral
H21.01	Hyphema right eye
H21.02	Hyphema left eye
H21.03	Hyphema bilateral
H21.1X1	Other vascular disorders of iris and ciliary body right eye
H21.1X2	Other vascular disorders of iris and ciliary body left eye
H21.1X3	Other vascular disorders of iris and ciliary body bilateral
H21.211	Degeneration of chamber angle right eye
H21.212	Degeneration of chamber angle left eye
H21.213	Degeneration of chamber angle bilateral
H21.221	Degeneration of ciliary body right eye
H21.222	Degeneration of ciliary body left eye
H21.223	Degeneration of ciliary body bilateral
H21.231	Degeneration of iris (pigmentary) right eye
H21.232	Degeneration of iris (pigmentary) left eye
H21.233	Degeneration of iris (pigmentary) bilateral
H21.241	Degeneration of pupillary margin right eye
H21.242	Degeneration of pupillary margin left eye
H21.243	Degeneration of pupillary margin bilateral
H21.251	Iridoschisis right eye
H21.252	Iridoschisis left eye

Anterior Segment Photography with Fluorescein Angiography

ICD-10-CM Code	Description
H21.253	Iridoschisis bilateral
H21.261	Iris atrophy (essential) (progressive) right eye
H21.262	Iris atrophy (essential) (progressive) left eye
H21.263	Iris atrophy (essential) (progressive) bilateral
H21.271	Miotic pupillary cyst right eye
H21.272	Miotic pupillary cyst left eye
H21.273	Miotic pupillary cyst bilateral
H21.301	Idiopathic cysts of iris, ciliary body or anterior chamber right eye
H21.302	Idiopathic cysts of iris, ciliary body or anterior chamber left eye
H21.303	Idiopathic cysts of iris, ciliary body or anterior chamber bilateral
H21.311	Exudative cysts of iris or anterior chamber right eye
H21.312	Exudative cysts of iris or anterior chamber left eye
H21.313	Exudative cysts of iris or anterior chamber bilateral
H21.321	Implantation cysts of iris, ciliary body or anterior chamber right eye
H21.322	Implantation cysts of iris, ciliary body or anterior chamber left eye
H21.323	Implantation cysts of iris ciliary body or anterior chamber bilateral
H21.331	Parasitic cyst of iris, ciliary body or anterior chamber right eye
H21.332	Parasitic cyst of iris, ciliary body or anterior chamber left eye
H21.333	Parasitic cyst of iris, ciliary body or anterior chamber bilateral
H21.341	Primary cyst of pars plana right eye
H21.342	Primary cyst of pars plana left eye
H21.343	Primary cyst of pars plana bilateral
H21.351	Exudative cyst of pars plana right eye
H21.352	Exudative cyst of pars plana left eye
H21.353	Exudative cyst of pars plana bilateral
H21.41	Pupillary membranes right eye
H21.42	Pupillary membranes left eye
H21.43	Pupillary membranes bilateral
H21.511	Anterior synechiae (iris) right eye
H21.512	Anterior synechiae (iris) left eye
H21.513	Anterior synechiae (iris) bilateral
H21.521	Goniosynechiae right eye
H21.522	Goniosynechiae left eye
H21.523	Goniosynechiae bilateral
H21.531	Iridodialysis right eye
H21.532	Iridodialysis left eye
H21.533	Iridodialysis bilateral
H21.541	Posterior synechiae (iris) right eye

Anterior Segment Photography with Fluorescein Angiography

ICD-10-CM Code	Description
H21.542	Posterior synechiae (iris) left eye
H21.543	Posterior synechiae (iris) bilateral
H21.551	Recession of chamber angle right eye
H21.552	Recession of chamber angle left eye
H21.553	Recession of chamber angle bilateral
H21.561	Pupillary abnormality right eye
H21.562	Pupillary abnormality left eye
H21.563	Pupillary abnormality bilateral
H21.81	Floppy iris syndrome
H21.82	Plateau iris syndrome (post-iridectomy) (post-procedural)
H34.8110	Central retinal vein occlusion, right eye, with macular edema
H34.8111	Central retinal vein occlusion, right eye, with retinal neovascularization
H34.8112	Central retinal vein occlusion, right eye, stable
H34.8120	Central retinal vein occlusion, left eye, with macular edema
H34.8121	Central retinal vein occlusion, left eye with retinal neovascularization
H34.8122	Central retinal vein occlusion, left eye, stable
H34.8130	Central retinal vein occlusion, bilateral, with macular edema
H34.8131	Central retinal vein occlusion, bilateral, with retinal neovascularization
H34.8132	Central retinal vein occlusion, bilateral, stable
H34.8310	Tributary (branch) retinal vein occlusion, right eye, with macular edema
H34.8311	Tributary (branch) retinal vein occlusion, right eye, with retinal neovascularization
H34.8312	Tributary (branch) retinal vein occlusion, right eye, stable
H34.8320	Tributary (branch) retinal vein occlusion, left eye, with macular edema
H34.8321	Tributary (branch) retinal vein occlusion, left eye, with retinal neovascularization
H34.8322	Tributary (branch) retinal vein occlusion, left eye, stable
H34.8330	Tributary (branch) retinal vein occlusion, bilateral, with macular edema
H34.8331	Tributary (branch) retinal vein occlusion, bilateral, with retinal neovascularization
H34.8332	Tributary (branch) retinal vein occlusion, bilateral, stable
H35.011	Changes in retinal vascular appearance, right eye
H35.012	Changes in retinal vascular appearance, left eye
H35.013	Changes in retinal vascular appearance, bilateral
H35.021	Exudative retinopathy, right eye
H35.022	Exudative retinopathy, left eye
H35.023	Exudative retinopathy, bilateral
H40.1411	Capsular glaucoma with pseudoexfoliation of lens, right eye, mild stage
H40.1412	Capsular glaucoma with pseudoexfoliation of lens, right eye, moderate stage
H40.1413	Capsular glaucoma with pseudoexfoliation of lens, right eye, severe stage

CLINICAL POLICY

Anterior Segment Photography with Fluorescein Angiography

ICD-10-CM Code	Description
H40.1421	Capsular glaucoma with pseudoexfoliation of lens, left eye, mild stage
H40.1422	Capsular glaucoma with pseudoexfoliation of lens, left eye, moderate stage
H40.1423	Capsular glaucoma with pseudoexfoliation of lens, left eye, severe stage
H40.1431	Capsular glaucoma with pseudoexfoliation of lens, bilateral, mild stage
H40.1432	Capsular glaucoma with pseudoexfoliation of lens, bilateral, moderate stage
H40.1433	Capsular glaucoma with pseudoexfoliation of lens, bilateral, severe stage
H40.51X1	Glaucoma secondary to other eye disorders, right eye, mild stage
H40.51X2	Glaucoma secondary to other eye disorders, right eye, moderate stage
H40.51X3	Glaucoma secondary to other eye disorders, right eye, severe stage
H40.52X1	Glaucoma secondary to other eye disorders, left eye, mild stage
H40.52X2	Glaucoma secondary to other eye disorders, left eye, moderate stage
H40.52X3	Glaucoma secondary to other eye disorders, left eye, severe stage
H40.53X1	Glaucoma secondary to other eye disorders, bilateral, mild stage
H40.53X2	Glaucoma secondary to other eye disorders, bilateral, moderate stage
H40.53X3	Glaucoma secondary to other eye disorders, bilateral, severe stage
H40.811	Glaucoma with increased episcleral venous pressure, right eye
H40.812	Glaucoma with increased episcleral venous pressure, left eye
H40.813	Glaucoma with increased episcleral venous pressure, bilateral
Q11.0	Cystic eyeball
Q11.2	Microphthalmos
Q12.0	Congenital cataract
Q12.1	Congenital displaced lens
Q12.3	Congenital aphakia
Q12.4	Spherophakia
Q13.0	Coloboma of iris
Q13.1	Absence of iris
Q13.2	Other congenital malformations of iris
Q13.3	Congenital corneal opacity
Q13.5	Blue sclera
Q13.81	Rieger's anomaly
Q15.0	Congenital glaucoma
S05.11XA	Contusion of eyeball and orbital tissues, right eye, initial encounter
S05.11XD	Contusion of eyeball and orbital tissues, right eye, subsequent encounter
S05.11XS	Contusion of eyeball and orbital tissues, right eye, sequela
S05.12XA	Contusion of eyeball and orbital tissues, left eye, initial encounter
S05.12XD	Contusion of eyeball and orbital tissues, left eye, subsequent encounter

CLINICAL POLICY

Anterior Segment Photography with Fluorescein Angiography

ICD-10-CM Code	Description
S05.12XS	Contusion of eyeball and orbital tissues, sequela
S05.51XA	Penetrating wound with foreign body of right eyeball initial encounter
S05.51XD	Penetrating wound with foreign body of right eyeball subsequent encounter
S05.51XS	Penetrating wound with foreign body of right eyeball sequela
S05.52XA	Penetrating wound with foreign body of left eyeball initial encounter
S05.52XD	Penetrating wound with foreign body of left eyeball subsequent encounter
S05.52XS	Penetrating wound with foreign body of left eyeball sequela
S05.61XA	Penetrating wound without foreign body of right eye initial encounter
S05.61XD	Penetrating wound without foreign body of right eye subsequent encounter
S05.61XS	Penetrating wound without foreign body of right eye sequela
S05.62XA	Penetrating wound without foreign body of left eye initial encounter
S05.62XD	Penetrating wound without foreign body of left eye subsequent encounter
S05.62XS	Penetrating wound without foreign body of left eye sequela

Reviews, Revisions, and Approvals	Date	Approval Date
Original approval date	12/2019	12/2019
Converted to new template	07/2020	10/2020
Annual Review	12/2020	01/2021

References

1. Sohan Singh Hayreh, MD, PhD, FRCS; William E. Scott, MD. Fluorescein Iris Angiography: Normal Pattern. *Arch Ophthalmol.* 1978;96(8):1383-1389
2. Ulrich Demeler, Franz Diekstatt, Wilhelm Kröncke. Iris Angiography of the Anterior Segment. *Journal of Ophthalmic Photography*, Volume 9, Number 2, December 1986
3. Fluorescein angiography of the iris. *Br J Ophthalmol.* 1979 Mar; 63(3): 143–144.
4. R Brancato, F Bandello, R Lattanzio. Iris fluorescein angiography in clinical practice. *Surv Ophthalmol.* Jul-Aug 1997;42(1):41-70.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health

CLINICAL POLICY

Anterior Segment Photography with Fluorescein Angiography

plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

CLINICAL POLICY**Anterior Segment Photography with Fluorescein Angiography**

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