GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

DESCRIPTION
Amblyopia or “lazy eye” occurs in children who have worse vision in 1 of their 2 eyes or who have double vision due to strabismus, a condition in which the eyes do not align properly to simultaneously view a specific point or object. Over time, the developing brain of the child inactivates 1 of the 2 eyes to prevent confusion of visual images, causing partial or complete blindness in the inactivated eye. Although the child can still see normally with the unaffected eye, amblyopia affects 3% to 5% of children and it is responsible for more childhood vision loss than all other causes combined. In some children, amblyopia can only be detected by vision testing. Since treatment is more effective if begun earlier in life, prekindergarten vision screening is strongly recommended by the American Academy of Pediatrics and other medical organizations.

One potential screening method is photoscreening, which involves capturing images of the eyes in a darkened room with a flash to the left or right of the eyes and with a flash above or below the eyes. The child is asked to look directly at the camera or the gaze is directed at the camera with blinking lights or a squeaky toy. Since no response is needed from the child other than looking at the camera, photoscreening can be performed quickly and the children screened can be preverbal or disabled. Visual disorders are detected primarily based on observations of reflected light in the photographs. For instance, if the eye is significantly misshaped causing hyperopia (farsightedness) or myopia (nearsightedness), light reflected from the surface of the eye will cause a 2- to 3-millimeter (mm) long crescent of light to be visible above or below or to the left or right of the eye. The photographs are also analyzed to determine whether astigmatism, strabismus, or media opacity is present. Any one of these visual disorders can be a risk factor for amblyopia if sufficiently severe.

Children who appear to have significantly impaired vision based on screening are referred to an optometrist or ophthalmologist for a comprehensive assessment of vision, to determine the type and severity of the disorder and what treatments may be necessary. Eyeglasses or contact lenses are used to correct refractive disorders such as hyperopia or myopia and surgery may be needed to remove cataracts or media opacities or to adjust the eye alignment in children who have strabismus. To force the brain to recognize and use the eye that was being inactivated, a patch can be worn over the unaffected eye or the unaffected eye can be treated with eye drops that blur vision.

POLICY
Ocular Photoscreening (99174, 99177) does not require prior authorization.

HMO, PPO, Individual Marketplace, Elite, Advantage
Paramount considers ocular photoscreening medically necessary for screening children:

- Twice per year for children ages 0-12 months
- Once per year for children 1-3 years old
- Once per year for children 4-5 years of age who are unable to cooperate with routine acuity screening (e.g., mental retardation, developmental delay, and severe behavioral disorders).

Ocular photoscreening (99174, 99177) is a separately reimbursable service, but cannot be filed on the same day as visual acuity testing.

CODING/BILLING INFORMATION
The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

<table>
<thead>
<tr>
<th>CPT CODES</th>
<th>Description</th>
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<tbody>
<tr>
<td>99174</td>
<td>Instrument-based ocular screening (e.g., photoscreening, automated-refraction), bilateral; with remote analysis and report</td>
</tr>
<tr>
<td>99177</td>
<td>Instrument based ocular screening (e.g., photoscreening, automated-refraction), bilateral; with on-site analysis</td>
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</tbody>
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REVISION HISTORY EXPLANATION
02/10/15: Policy created to reflect most current clinical evidence per Medical Policy Steering Committee.
01/12/16: Added effective 1/1/16 new code 99177. Updated effective 1/1/16 revised code 99174. Policy created to reflect most current clinical evidence per Medical Policy Steering Committee.

REFERENCES/RESOURCES
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid http://jfs.ohio.gov/
American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
Industry Standard Review
Hayes, Inc.