



ND

Medical Policies

 Print

Policy Number:	Z-5		
Policy Name:	Photography		
Policy Type:	Medical	Policy Subtype:	Miscellaneous
Effective Date:	09-15-2025	End Date:	11-02-2025

Description

This policy is not intended for services or procedures that include the taking of photographs; rather, it is intended for services or procedures that are primarily photographic in nature.

This policy is designed to address medical guidelines that are appropriate for the majority of individuals with a particular disease, illness, or condition. Each person's unique clinical circumstances may warrant individual consideration, based on review of applicable medical records.

Policy Application

All claims submitted for this policy will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date.

Criteria

Coverage is subject to the specific terms of the member's benefit plan.

The taking of photographs is not a distinct eligible service. Therefore, any photography services, e.g., photography of pigmented lesions, whole body integumentary photography, external eye, etc., are not covered.

Procedure Codes

Professional Statements and Societal Positions Guidelines

Not Applicable

Diagnosis Codes

Not Applicable

CURRENT CODING

CPT:

92285	XTRNL OCULAR PHOTOG W/I&R DOCMT MED PROGRESS	Medicaid Expansion
96904	WHOLE BODY INTEGUMENTARY PHOTOGRAPHY	Medicaid Expansion
92285	XTRNL OCULAR PHOTOG W/I&R DOCMT MED PROGRESS	Commercial
96904	WHOLE BODY INTEGUMENTARY PHOTOGRAPHY	Commercial

ND Committee Review

Internal Medical Policy Committee 3-17-2021 Annual Review - No changes to criteria *Effective May 3, 2021*

Internal Medical Policy Committee 3-23-2022 Annual Review - No changes to criteria *Effective May 2, 2022*

Internal Medical Policy Committee 3-23-2023 Annual Review - No changes to criteria *Effective May 1, 2023*

Internal Medical Policy Committee 5-14-2024 Annual Review - No changes to criteria *Effective July 01, 2024*

- *Added* Policy Application

Disclaimer

Current medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information. Likewise, medical policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and the Company reserves the right to review and update medical policy periodically.