

# Clinical Practice Guideline: Dilation during Examination of the Eye

Reference Number: OC.UM.CPG.0024

Last Review Date: 11/2022

[Coding Implications](#)

[Revision Log](#)

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

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## Description

Evaluation of structures situated posterior to the iris is best performed through a dilated pupil. This document outlines clinical practice guidelines for dilation during examination of the eye.

## Policy/Criteria

- I. Dilation during examination of the eye is recommended for the following indications:
  - A. Preventative and comprehensive eye examinations should include routine dilation
    1. All fundus-related procedures should be done through a maximally dilated pupil, unless the use of mydriatics is contraindicated.
  - B. Pediatric refractions should include cycloplegia for patients under 13 to counter high accommodative ability
  - C. Diabetes Mellitus: Exams for diabetic patients are recommended in accordance with clinical practice guideline *OC.UM.CPG.0022 Examination of Diabetic Patients*.
    1. Examination of the iris for neovascularization should be done prior to dilation, since it may be missed when the pupil is dilated.
  - D. Retinal Tears: The preferred method to rule out symptoms of and/or to diagnose retinal breaks is prompt examination with a binocular indirect ophthalmoscope through dilated pupils.
  - E. Age-Related Macular Degeneration: Pupillary dilation is recommended to achieve maximum stereoscopic visualization of the macula and surrounding retina. Examination of the macula may involve the use of the direct, Hruby, or binocular indirect ophthalmoscopes.
  - F. Glaucoma & Glaucoma Suspect: The preferred technique for examining the optic nerve head involves magnified stereoscopic visualization through a dilated pupil whenever feasible. For patients being evaluated for angle-closure glaucoma who are not in the midst of an acute attack, pupillary dilation may be deferred until after any iridotomies or iridectomies are performed.
  - G. Amblyopia: A patient's refractive condition should be evaluated under both non-cycloplegic and cycloplegic conditions to determine whether the amblyopia has a refractive etiology.
  - H. Other Systemic Diseases: Pupillary dilation may be required if the patient has a history of systemic diseases that may affect the posterior segment of the eye.
  - I. Ocular Trauma/Post-Surgical: Pupillary dilation is usually required to visually inspect the internal integrity of the lens, media, retina, and optic nerve head.

## Background

Dilation of the pupil is generally required for thorough evaluation of the ocular media and posterior segment. The results of the initial examination may indicate the appropriate timing for subsequent pupillary dilation. The health of the anterior structure of the eye and the intra-ocular

**CLINICAL PRACTICE GUIDELINE**  
**Dilation during Examination of the Eye**



pressure level are typically assessed prior to pupillary dilation. However, dilation may facilitate an examination of anterior segment structures when certain conditions are present or suspected.

Reviews, Revisions, and Approvals	Date	Approval Date
Annual Review	12/2019	12/2019
Converted to new template; Renamed to CPG.VP.24 Clinical Practice Guidelines for Dilation Protocol during Examination of the Eye; Changed medical necessity statement to reflect that the content is a recommendation	05/2020	06/2020
Annual Review; Updated References	12/2020	12/2020
Annual Review; Revised Policy Description; Updated References	12/2021	12/2021
Annual Review	11/2022	11/2022

**References**

1. American Academy of Ophthalmology Preferred Practice Patterns Committee, Comprehensive Adult Medical Eye Evaluation, American Academy of Ophthalmology, 2020. <https://www.aao.org/preferred-practice-pattern/comprehensive-adult-medical-eye-evaluation-ppp>
2. American Optometric Association (AOA) Evidence-Based Optometry Guidelines Development Group, Comprehensive Adult Eye and Vision Examination, St. Louis, MO, American Optometric Association, September 2015, <https://www.aoa.org/AOA/Documents/Practice%20Management/Clinical%20Guidelines/EBO%20Guidelines/Comprehensive%20Adult%20Eye%20and%20Vision%20Exam.pdf>
3. American Academy of Ophthalmology Preferred Practice Patterns Committee, Pediatric Eye Evaluations – PPP 2017, American Academy of Ophthalmology, November 2017. <https://www.aao.org/preferred-practice-pattern/pediatric-eye-evaluations-ppp-2017>
4. American Optometric Association (AOA) Evidence-Based Optometry Guidelines Development Group, Comprehensive Pediatric Eye and Vision Examination, St. Louis, MO, American Optometric Association, February 2017, <https://www.aoa.org/AOA/Documents/Practice%20Management/Clinical%20Guidelines/EBO%20Guidelines/Comprehensive%20Pediatric%20Eye%20and%20Vision%20Exam.pdf>

**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 plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Envolve Vision, Inc., or any of such health plan’s affiliates, as applicable.

## CLINICAL PRACTICE GUIDELINE

### Dilation during Examination of the Eye



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 PRACTICE GUIDELINE**  
**Dilation during Examination of the Eye**

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