Scanning Computerized Ophthalmic Diagnostic Imaging

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Approved By:	Highmark Wholecare – Market Leadership
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Products:	Pennsylvania Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1 of 5

Disclaimer

Highmark Wholecare medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY STATEMENT

This policy provides information regarding the coverage of, as determined by applicable federal and/or state legislation.

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

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Pennsylvania Department of Health (DHS) and all applicable state and federal regulations.

DEFINITIONS

Highmark Wholecare – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Wholecare members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Wholecare currently services Pennsylvania Medicaid: PA HealthChoices.

Confocal Scanning Laser Opthamalmoscopy (CSLO) – A laser-based image acquisition technique, which is intended to improve the quality of the examination compared to standard ophthalmologic examination. A laser is scanned across the retina along with a detector system. Only a single spot on the retina is illuminated at any time, resulting in a high-contrast image of great reproducibility that can be used to estimate the thickness of the RNFL. In addition, this technique does not require maximal mydriasis, which may be a problem in patients with glaucoma. The Heidelberg Retinal Tomograph is probably the most common example of this technology.

Optical Coherence Tomography (OCT) – A noninvasive, noncontact imaging system that uses near-infrared light to provide direct cross-sectional measurement of the retinal nerve fiber layer. The principles employed are similar to those used in B-mode ultrasound, except light, not sound, is used to produce the 3-dimensional images. The light source can be directed into the eye through a conventional slit-lamp biomicroscope and focused onto the retina through a typical 78-diopter lens. This system requires dilation of the patient's pupil.

Scanning Laser Polarimetry (SLP) – The retinal nerve fiber layer (RNFL) is birefringent, causing a change in the state of polarization of a laser beam as it passes. A 780-nm diode laser is used to illuminate the optic nerve. The polarization state of the light emerging from the eye is then evaluated and correlated with RNFL thickness. Unlike CSLO, SLP can directly measure the thickness of the RNFL. GDx® is a common example of a scanning laser polarimeter. GDx® contains a normative database and statistical software package to allow comparison to age-matched normal subjects of the same ethnic origin. The advantages of this system are that images can be obtained without pupil dilation and evaluation can be done in about 10 minutes. Current instruments have added enhanced and variable corneal compensation technology to account for corneal polarization.

PROCEDURES

Prior Authorization may be required. Please validate codes on the Prior Authorization Lookup Tool https://providers.highmark.com/wholecare/provider-resources/prior-authorization-code-lookup

Anterior segment SCODI will be considered medically reasonable and necessary for evaluation of specified forms of glaucoma (narrow angle, suspected narrow angle, mixed and open angle) and certain disorders of the cornea (corneal edema or opacity), iris, and ciliary body.

Posterior segment SCODI will be considered medically reasonable and necessary under the following circumstances:

- For the diagnosis and management of a patient who has mild, moderate, severe, or indeterminate stage glaucoma or who is suspected of having glaucoma.
- Monitoring patients being treated with chloroquine (CQ) and/or hydroxychloroquine (HCQ) for the development of retinopathy.
- The evaluation and treatment of patients with conditions affecting the optic nerve (e.g., optic neuropathy) or retinal disease (e.g., macular degeneration, diabetic retinopathy) and in the evaluation and treatment of certain macular abnormalities (e.g., macular edema, atrophy associated with degenerative retinal diseases).

The following are considered not reasonable and necessary, and therefore will be denied:

- SCODI is usually not medically reasonable and necessary when performed to provide additional confirmatory information regarding a diagnosis which has already been determined. Documentation should support that the SCODI test result was used for establishing a diagnosis, establishing a baseline prior to treatment, or for monitoring purposes.
- Fundus photography and posterior segment SCODI performed on the same eye on the same day are generally mutually exclusive of one another (National Correct Coding Initiative [NCCI] Policy Manual). The provider is not precluded from performing both on the same eye on the same day when each service is necessary to evaluate and treat the patient. The medical record should clearly document the medical necessity of each service.
- Screening (patient without signs or symptoms) for any condition is not medically reasonable and necessary.

- Note: This medical policy imposes frequency limitations as well as diagnosis limitations that support diagnosis to procedure code automated denials. However, services performed for any given diagnosis must meet all of the indications and limitations stated in this policy.

Documentation Requirements

All documentation must be maintained in the patient's medical record and made available to the contractor upon request.

- Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, dates of service[s]). The documentation must include the legible signature of the physician or nonphysician practitioner responsible for and providing the care to the patient.

- The submitted medical record must support the use of the selected ICD-10-CM code(s). The submitted CPT/HCPCS code must describe the service performed.

- The medical record documentation must support the medical necessity of the services as stated in this policy.

- Medical record must include the test results, comparison with prior tests when applicable, computer analysis of the data, and appropriate data storage for future comparison in follow-up exams.

- If applicable, medical record documentation must clearly indicate the rationale which supports the medical necessity for performing the fundus photography and posterior segment SCODI on the same day on the same eye. Documentation should also reflect how the test results were used in the patient’s plan of care.

- If bilateral studies are performed, the documentation maintained by the provider must demonstrate medical need for the performance of the test for each eye.

- When reporting ICD-10 code Z79.899, the medical record must reflect the medication administered as well as the underlying condition for which it was given.

Place of Service: Outpatient

CODING REQUIREMENTS

CPT code	Description
92132	computerized ophthalmic diagnostic imaging (eg, optical coherence tomography, anterior segment with interpretation and report, unilateral or bilateral.
92133	computerized ophthalmic diagnostic imaging (eg, optical coherence tomography, posterior segment with interpretation and report, unilateral or bilateral; optic nerve

92134	computerized ophthalmic diagnostic imaging (eg, optical coherence tomography, posterior segment with interpretation and report, unilateral or bilateral.retina including oct angiography

Utilization Guidelines

CPT code 92132: No more than two (2) exams per year will be considered medically reasonable and necessary for covered indications.

CPT code 92133: No more than two (2) exams per year will be considered medically reasonable and necessary for the patient who has or is suspected of having glaucoma.

CPT code 92134: No more than one (1) exam every two (2) months will be considered medically reasonable and necessary to manage the patient whose primary ophthalmological condition is related to a retinal disease that is not undergoing active treatment. *

* Note: Please see next paragraph if undergoing active treatment.

- No more than one (1) exam per month will be considered medically reasonable and necessary to manage the patient with retinal conditions undergoing active treatment. These conditions include wet AMD, choroidal neovascularization, macular edema, diabetic retinopathy (proliferative and nonproliferative), branch retinal vein occlusion, central retinal vein occlusion, and cystoid macular edema. With the development of treat and extend protocols for patients with wet AMD treated with antiangiogenic drugs, it is expected that SCODI (unilateral or bilateral) will be used for therapeutic decision making and utilized at maximum of monthly with subsequent less frequency based on the patient treatment protocol and patient response as documented in the medical record.

- In addition, other conditions which may undergo rapid clinical changes monthly requiring aggressive therapy and frequent follow-up (e.g., macular hole and traction retinal detachment) may also require monthly scans.

- No more than one (1) exam per year will be considered medically reasonable and necessary for patients being treated with CQ and/or HCQ. These patients should receive a baseline examination within the first year of treatment and as an annual follow-up after five years of treatment. For higher-risk patients, annual testing may begin immediately (without a 5-year delay).

Post-payment Audit Statement

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Health Options at any time pursuant to the terms of your provider agreement.

REIMBURSEMENT

Participating facilities will be reimbursed per their Highmark Wholecare contract.

Reference

Centers for Medicaid and Medicare. (2024). LCD: Scanning Computerized Ophthalmic Diagnostic Imaging. Retrieved from LCD - Scanning Computerized Ophthalmic Diagnostic Imaging (L35038) (cms.gov)