

## CLINICAL CRITERIA POLICY

CLINICAL CRITERIA POLICY TO ESTABLISH MEDICAL NECESSITY					
BENEFIT	EYE CARE	POLICY SECTION	300 DIAGNOSIT TESTING	POLICY NO	300.02
POLICY TITLE	Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI)				
POLICY DATE	01/01/2020	REVISION DATE	03/28/2022	APPROVAL DATE	08/10/2022
DISCLAIMER LANGUAGE	<ul style="list-style-type: none"> <li>- Policy content and application may have state specific variance and considerations</li> <li>- Health Plan specific 'Indications and Limitations of Coverage' may apply as specified</li> <li>- Line of Business considerations (i.e., Medicaid, Medicare, Commercial) may apply as specified</li> </ul>				
EXCLUSIONS	<ul style="list-style-type: none"> <li>- There are no exclusions to this policy</li> </ul>				

### I. POLICY STATEMENT

Coverage for Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI) will be provided when medically indicated and in accordance with applicable state Medicaid requirements and, as specific to Medicare, national and local coverage determinations. To establish medical necessity for this service, Avēsis aligns its criteria with the evidence and consensus based clinical practice guidelines set forth by the American Academy of Ophthalmology (AAO). The AAO incorporates evidence based best practice and FDA approval and/or recommendations<sup>1</sup>. Avēsis Medical Directors and clinical staff are licensed medical professionals and review criteria and documentation submitted by requesting providers using sound medical judgment.

### II. INDICATIONS AND LIMITATION OF COVERAGE

- 1.0 SCODI is a non-invasive, non-contact imaging technique which produces high resolution, cross-sectional tomographic images of ocular structures and is used for the evaluation of conditions involving the anterior segment, optic nerve, and retina.
- 2.0 SCODI includes the following tests:
  - 2.1 Confocal Laser Scanning Ophthalmoscopy
  - 2.2 Scanning Laser Polarimetry, nerve fiber analyzer
  - 2.3 Optical Coherence Tomography (OCT)
- 3.0 SCODI requires a medical diagnosis to establish medical necessity; the following codes/procedures would generally not be considered necessary to be performed on the same date of service as SCODI, unless documentation justifies and supports:
  - 3.1 92250 – Fundus photography with interpretation and report
    - 3.1.1 Fundus photography cannot be performed on the same date of service as computerized diagnostic testing (e.g., CPT codes 92132, 92133 and 92134) since they are generally mutually exclusive of one another, per CMS guidelines.
  - 3.2 92201 – Ophthalmoscopy, extended with retinal drawing and scleral depression of peripheral retinal disease (e.g., for retinal tear, retinal detachment, retinal tumor) with interpretation and report, unilateral or bilateral.
  - 3.3 99202 – Ophthalmoscopy, extended with drawing of optic nerve or macula (e.g., for glaucoma, macular pathology, tumor) with interpretation and report, unilateral or bilateral.
  - 3.4 76512 – B-scan (with or without superimposed non-quantitative A-scan)
- 4.0 SCODI will be covered at the following frequencies as per condition:
  - 4.1 Glaucoma/glaucoma suspicion
    - 4.1.1 Baseline
    - 4.1.2 Annually

<sup>1</sup>American Academy of Ophthalmology <https://www.aao.org>

- 4.2 Retinal Disorders – (active or inactive disease, without treatment)
  - 4.2.1 Baseline
  - 4.2.2 1 scan per eye every 2 months
- 4.3 Retina Disorders – (active AMD and diabetic retinopathy currently undergoing treatment)
  - 4.3.1 Baseline
  - 4.3.2 One scan per eye, per month (as justified and medically necessary)
- 4.4 Retinal Disorders – (active disease currently undergoing intravitreal injection)
  - 4.4.1 Baseline
  - 4.4.2 One scan per eye, per month (as justified and medically necessary)
- 5.0 It is expected that providers remain informed of current medical literature and/or standards of practice specific to requests for SCODI.
  - 5.1 Requests are monitored, and when services are requested/performed in excess of established parameters, the provider may be subject to retrospective quality review.
    - 5.1.1 In order to determine medical necessity, Avēsis may request clinical records, which must justify the diagnosis listed on claim and the reason(s) procedure(s) were necessary for planning therapy and monitoring the progress of the disease diagnosed.
    - 5.1.2 When the documentation guidelines do not meet the criteria for the service rendered, or the documentation does not establish the medical necessity for the services, such services will be retrospectively denied as not reasonable and necessary.

### **III. MEDICAL NECESSITY REQUIREMENTS for CPT 92132**

- 1.0 To establish medical necessity all criterion points referenced below and applicable diagnosis support as outlined in Table 1 must be clearly & legibly documented in the medical record and made available to Avēsis upon submission of request.
  - 1.1 Areas where ‘white out’ is used are not accepted.
  - 1.2 Areas with ‘black out’ or ‘scribble’ will not be accepted.
    - 1.2.1 A single line through text where the text will remain readable is acceptable with provider initials and date.
- 2.0 SCODI may be considered medically necessary when any of the following are substantiated by medical record submission:
  - 2.1 A documented disorder of the optic nerve or the neurological visual pathway
  - 2.2 Documentation of narrow angles
  - 2.3 Documentation of other condition of the angles (i.e., tumor of the angles)
- 3.0 Physician signature must be present on chart and procedural notes, orders, and testing interpretations
- 4.0 A current, pertinent history, physical examination, appropriate diagnostic testing, and progress notes describing and supporting the covered indication.
  - 4.1 Chart note must clearly order test, specify medical necessity (diagnosis), frequency, and need for monitoring/ongoing therapy
- 5.0 Medical documentation must evidence diagnostic test interpretation, inclusive of the following:
  - 5.1 Date of test
  - 5.2 Date of interpretation
  - 5.3 Findings
  - 5.4 Progression/Stable notation (unless baseline)
  - 5.5 Diagnosis
  - 5.6 Physician Signature
- 6.0 Copy of tests, computer analysis of data, and appropriate storage for future comparison on follow up exam must be maintained in the patient file.

**IV. TABLE 1 - ICD-10 CODES SUPPORTING MEDICAL NECESSITY**

<b>The following ICD-10-CM codes may support medical necessity of CPT 92132</b>	
<b>ICD-10 Code</b>	<b>Description</b>
H18.20 – H18.239	Unspecified corneal edema – Secondary corneal edema
H21.81 – H21.82	Floppy iris syndrome – Plateau iris syndrome (post-iridectomy) (postprocedural)
H21.9	Unspecified disorder of iris and ciliary body
H40.20X0 – H40.839	Unspecified primary angle-closure glaucoma – Aqueous misdirection
H40.9	Unspecified glaucoma