

# LCD - Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI) (L34431)

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## Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
<a href="#">Palmetto GBA</a>	A and B MAC	10111 - MAC A	J - J	Alabama
<a href="#">Palmetto GBA</a>	A and B MAC	10112 - MAC B	J - J	Alabama
<a href="#">Palmetto GBA</a>	A and B MAC	10211 - MAC A	J - J	Georgia
<a href="#">Palmetto GBA</a>	A and B MAC	10212 - MAC B	J - J	Georgia
<a href="#">Palmetto GBA</a>	A and B MAC	10311 - MAC A	J - J	Tennessee
<a href="#">Palmetto GBA</a>	A and B MAC	10312 - MAC B	J - J	Tennessee
<a href="#">Palmetto GBA</a>	A and B and HHH MAC	11201 - MAC A	J - M	South Carolina
<a href="#">Palmetto GBA</a>	A and B and HHH MAC	11202 - MAC B	J - M	South Carolina
<a href="#">Palmetto GBA</a>	A and B and HHH MAC	11301 - MAC A	J - M	Virginia
<a href="#">Palmetto GBA</a>	A and B and HHH MAC	11302 - MAC B	J - M	Virginia
<a href="#">Palmetto GBA</a>	A and B and HHH MAC	11401 - MAC A	J - M	West Virginia
<a href="#">Palmetto GBA</a>	A and B and HHH MAC	11402 - MAC B	J - M	West Virginia
<a href="#">Palmetto GBA</a>	A and B and HHH MAC	11501 - MAC A	J - M	North Carolina
<a href="#">Palmetto GBA</a>	A and B and HHH MAC	11502 - MAC B	J - M	North Carolina

## LCD Information

### Document Information

**LCD ID**

L34431

**LCD Title**

Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI)

**Proposed LCD in Comment Period**

N/A

**Source Proposed LCD**

[DL34431](#)

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**Original Effective Date**

For services performed on or after 10/01/2015

**Revision Effective Date**

For services performed on or after 08/12/2021

**Revision Ending Date**

N/A

**Retirement Date**

N/A

**Notice Period Start Date**

05/11/2017

**Notice Period End Date**

06/25/2017

**CMS National Coverage Policy**

Title XVIII of the Social Security Act, §1862(a)(1)(A) excludes expenses incurred for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

42 CFR §410.32(a) indicates that diagnostic tests may only be ordered by the treating physician (or other treating practitioner acting within the scope of his or her license and Medicare requirements).

CMS Internet-Only Manual, Pub 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Part 1, §80.6 Intraocular Photography and §80.9 Computer Enhanced Perimetry Part 2, §140.5 Laser Procedures

**Coverage Guidance****Coverage Indications, Limitations, and/or Medical Necessity****Background:**

Scanning computerized ophthalmic diagnostic imaging (SCODI) is a noninvasive, noncontact imaging technique that produces high resolution images of ocular structures. These high resolution images are used to provide qualitative and quantitative data about the structural or physiologic properties of structures in the anterior and posterior segment that have been validated as clinically useful in monitoring progression, resolution, or response to treatment of various ocular conditions involving the retina and optic nerve over time.

Scanning computerized ophthalmic diagnostic imaging makes use of 3 distinct technologies to generate quantitative data:

- confocal laser scanning ophthalmoscopy (CSLO)

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- scanning laser polarimetry (SLO)
- optical coherence tomography (OCT)

Examples of CSLO and SLO devices currently in use in clinical practice include the Heidelberg Laser Tomographic Scanner, Heidelberg Retinal Tomography (HRT), the GDx Nerve Fiber Analysis System, and the Retinal Thickness Analyzer (RTA). OCT is available from a number of manufacturers using 1 of 2 basic platforms, time domain (TD-OCT), such as the Visante anterior segment OCT, and the more widely used spectral, or Fourier, domain (SD/FD-OCT), such as the Spectralis, RTVue, Cirrus, and iVue.

Although these techniques are different, their objective is the same. Medicare will consider SCODI medically reasonable and necessary in evaluating disorders of the anterior and posterior segment as documented in this local coverage determination (LCD).

## **Posterior Segment**

Glaucoma is the second leading cause of blindness worldwide, and a disease for which effective treatment to slow or prevent progressive vision loss is available. However, glaucoma is diagnostically challenging and the majority of patients are asymptomatic early in the course of disease when the disease is most amenable to treatment. At the time of diagnosis, approximately 10-39% of patients have irrecoverable vision loss from advanced glaucoma. Elevated intraocular pressure is a clear risk factor for glaucoma, but over 40% of cases have pressures in the normal range, while many other patients with abnormally high pressures do not suffer glaucomatous damage. Structural changes in the optic disc may not appear until a significant functional deficit (visual field loss) has occurred.

There is no single diagnostic test that can be used exclusively to diagnose and monitor glaucoma. Diagnosis of glaucoma is made using an assemblage of data from tests that provide complementary assessments of the functional and structural status of the optic nerve. This often includes a comprehensive history and eye exam including visual acuity measurement, pupillary examination, intraocular pressure measurement, gonioscopy, anterior segment exam, funduscopy, optic disc and retinal nerve fiber layer examination; and often confirmatory diagnostic tests including central corneal thickness measurement, visual field evaluation (preferably using automated perimetry), and quantitative imaging of the optic nerve head and retinal nerve fiber layer with stereoscopic disc photographs and SCODI.

SCODI allows for early detection of glaucomatous damage to the retinal nerve fiber layer or optic disc, and has demonstrated clinical utility in facilitating earlier diagnosis and treatment, as well as monitoring for progression and response to treatment.

SCODI also allows for differentiation and diagnosis of other disorders of the optic nerve, as well as monitoring for progressive optic neuropathy and response to treatment in a number of neuro-ophthalmologic conditions.

Retinal disorders are among the most common causes of severe and permanent vision loss. SCODI is an invaluable tool for the evaluation and treatment of patients with retinal disease, particularly when there is macular involvement. SCODI is able to detail the microscopic anatomy of the retina, subretina, and vitreoretinal interface and provide information that has demonstrated evidence of superiority to other available techniques in a number of clinical studies.

SCODI has demonstrated clinical utility in monitoring patients with retinal diseases for progression, which is critical for judging a response to or need for treatment of a number of retinal conditions.

SCODI has been validated for use in ongoing screening for drug-related ocular toxicity, due to its ability to detect early photoreceptor damage in patients taking certain high-risk drugs. The use of SCODI should be performed according to the most current recommended guidelines. The current recommendations for monitoring patients taking chloroquine or hydroxychloroquine include 1) a baseline exam within the 1st year of commencement which should

include a SD-OCT if any macular abnormalities are present, and, 2) annual screening beginning at the 5th year of exposure in patients who are on a dose <5 mg/kg real weight and who lack other major risk factors. The presence of major risk factors or a dosage exceeding 5 mg/kg real weight may necessitate earlier and more frequent screening intervals.

## **Anterior Segment**

There are numerous reports in the literature detailing the potential applications of anterior segment optical coherence tomography (AS-OCT and SD-OCT with anterior segment imaging capabilities) to image and provide measurements of anterior segment structures in a number of clinical situations. The current literature consists primarily of qualitative and quantitative imaging and detection capabilities, though there remains a lack of consensus on the sensitivity, specificity, and predictive value of AS-OCT in the vast majority of anterior segment applications and no endorsement of its use over gonioscopy or ultrasound biomicroscopy.

The strongest evidence in support of the clinical utility of AS-OCT lies in its ability to image the structures of the anterior chamber angle, particularly in narrow angles. Current recommended practice patterns by the American Academy of Ophthalmology endorse gonioscopy as the preferred means of performing evaluation of the anterior chamber angle. Although there remains insufficient evidence to endorse AS-OCT as a substitute for gonioscopy, AS-OCT is a recommended option in cases where angle closure is suspected, and the angle anatomy is not conducive to gonioscopic assessment.

## **Indications and Limitations:**

### **SCODI – Anterior Segment**

SCODI, anterior segment, with interpretation and report.

AS-OCT is considered reasonable and necessary when ordered for the evaluation of narrow angle, suspected narrow angle, and mixed mechanism glaucoma:

- In patients who are unable to undergo gonioscopy due to cognitive or physical limitations
- When anatomic features, corneal opacity, or corneal edema preclude gonioscopic visualization

Indications other than those stipulated in this LCD are considered investigational and are not covered.

SCODI is not covered for screening.

SCODI is not covered in the absence of an indication.

It is expected that no more than 2 AS-OCT tests per year would be indicated in evaluating patients with a diagnosis of angle closure suspect, narrow angles, angle closure, and mixed mechanism glaucoma without a significant change in clinical status.

It is expected that no more than 1 AS-OCT test per 3 years would be indicated in evaluating patients with all forms of open angle glaucoma including glaucoma suspect, ocular hypertension, secondary glaucoma, and congenital glaucoma.

### **SCODI – Optic Nerve**

SCODI, posterior segment, with interpretation and report, unilateral or bilateral nerve.

SCODI of the optic disc is considered reasonable and necessary when ordered to:

- Aid in the early diagnosis of glaucoma and monitor for progression and response to treatment
- Monitor glaucoma suspect patients for evidence of glaucomatous change
- Detect further loss of optic nerve or retinal nerve fiber layer tissue to aid in monitoring for progression in advanced optic nerve damage and advanced visual field loss
- Differentiate when there is a discrepancy between the clinical appearance of the optic nerve and the visual field
- Provide additional information to facilitate diagnosis and management when visual field results are insufficient or cannot be performed due to visual, mental, physical, or age limitations of the patient
- Differentiate causes of other optic nerve disorders when a diagnosis is in doubt
- Aid in the diagnosis and management of other optic nerve disorders and neuro-ophthalmologic diseases involving changes in the optic nerve head and retinal nerve fiber layer

SCODI is not covered when used for screening.

SCODI is not covered in the absence of an indication.

It is expected that no more than 1 SCODI test per year would be indicated in monitoring patients with glaucoma suspect without a significant change in clinical status.

It is expected that no more than 2 SCODI tests per year would be indicated in monitoring patients with progressive optic neuropathies, including glaucoma (mild, moderate, severe, and indeterminate) without a significant change in clinical status.

Advancements in SCODI technologies have increased the utility of these devices in both the diagnosis of glaucoma and detection of glaucomatous progression. Hardware and software limitations can impact the reliability of these tests in more advanced cases of glaucoma, particularly once the floor effect is reached, whereby the ability to discern and measure thickness of the remaining neural tissue limits the ability to detect progression. The use of SCODI in advanced glaucoma is covered, provided the hardware and software utilized continues to provide clinically meaningful measurements that allow for the detection of progression.

## **SCODI – Retina**

SCODI, posterior segment, with interpretation and report, unilateral or bilateral.

SCODI of the retina is considered reasonable and necessary when ordered to:

- Aid in the diagnosis and management of retinal conditions which involve changes in the subretinal, intraretinal, and vitreoretinal relationships
- Monitor for progression or resolution of conditions in order to determine the need for or response to treatment
- Monitor for evidence of ocular toxicity in patients taking high risk drugs with a known potential for causing toxic retinopathy

SCODI is not covered when used for screening.

SCODI is not covered in the absence of an indication.

SCODI should only be performed at clinically reasonable intervals (i.e., consistent with a noted change in clinical status or after sufficient time has elapsed to assess for progression or response to treatment). It is generally expected that conditions requiring more aggressive treatment and monitoring due to changing clinical status or treatment interventions will generally not require SCODI testing more than 1 per month.

Current recommendations for monitoring patients taking chloroquine or hydroxychloroquine, who are on a dose <5 mg/kg real weight, who lack other major risk factors are recommended to undergo screening beginning at the 5th year of exposure and annually thereafter. The presence of major risk factors or a dosage exceeding 5 mg/kg real weight may necessitate earlier and more frequent screening intervals.

### **Summary of Evidence**

N/A

### **Analysis of Evidence (Rationale for Determination)**

N/A

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## **General Information**

### **Associated Information**

### **Documentation Requirements**

The patient's medical record must contain documentation that fully supports the medical necessity for services included within this LCD. (See **Coverage Indications, Limitations and/or Medical Necessity**). This documentation includes, but is not limited to, relevant medical history and physical examination, along with interpretation and reports of all pertinent diagnostic tests or procedures.

Documentation supporting medical necessity should be legible, maintained in the patient's medical record, and must be made available to the A/B MAC upon request.

### **Sources of Information**

### **Bibliography**

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## Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASONS FOR CHANGE
08/12/2021	R20	<p>Under <b>CMS National Coverage Policy</b> combined the verbiage from the 2 CMS Internet-Only Manual, Pub 100-03 citations from the Medicare National Coverage Determinations Manual, Chapter 1. Acronyms were inserted and defined where appropriate throughout the LCD. Under <b>Bibliography</b> changes were made to citations to reflect AMA citation guidelines. Formatting, punctuation and typographical errors were corrected throughout the LCD.</p>	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> </ul>
10/24/2019	R19	<p>This LCD is being revised in order to adhere to CMS requirements per Chapter 13, Section 13.5.1 of the Program Integrity Manual, to remove all coding from LCDs. There has been no change in coverage with this LCD revision. Title XVIII of the Social Security Act, §1833(e) was removed from the <b>CMS National Coverage Policy</b> section of this LCD and placed in the related Billing and Coding: Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI) A56825 article.</p> <p><i>At this time 21<sup>st</sup> Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> </ul>
09/05/2019	R18	<p>All verbiage regarding billing and coding under the <b>Coverage Indications, Limitations and/or Medical Necessity</b> section has been removed and is included in the related Billing and Coding: Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI) A56825 article. Under <b>Coding Information: Bill Type Codes</b> removed code 021x as it was inadvertently added with Revision 17.</p> <p><i>At this time 21<sup>st</sup> Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> </ul>
08/08/2019	R17	<p>All coding located in the <b>Coding Information</b> section has been moved into the related Billing and Coding: Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI) A56825 article and removed from the LCD. Formatting, punctuation and typographical errors were corrected throughout the LCD. Acronyms were inserted where appropriate throughout the LCD.</p>	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> </ul>



REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASONS FOR CHANGE
05/16/2018	R16	<p>Under <b>Coverage Indications, Limitations and/or Medical Necessity – Posterior Segment</b> added the verbiage "&lt;5 mg/kg real weight and who lack other major risk factors. The presence of major risk factors or a dosage exceeding 5 mg/kg real weight may necessitate earlier and more frequent screening intervals" to the last paragraph and last sentence as this verbiage was inadvertently omitted. Under <b>Indications and Limitations - SCODI – Retina</b> added the verbiage "&lt;5 mg/kg real weight who lack other major risk factors are recommended to undergo screening beginning at the 5th year of exposure and annually thereafter. The presence of major risk factors or a dosage exceeding 5 mg/kg real weight may necessitate earlier and more frequent screening intervals" to the last sentence as this verbiage was inadvertently omitted.</p>	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> </ul>
05/16/2018	R15	<p>Under <b>ICD-10 Codes that Support Medical Necessity Group 4: Paragraph 92133, Group 4: Codes</b> added H40.1424. This revision is due to a reconsideration request. Under <b>Bibliography</b> added two authors "Medeiros FA and Belghith A" to the 6th cited reference to now read "Bowd C, Zangwill LM, Weinreb RN, Medeiros FA and Belghith A. Estimating optical coherence tomography structural measurement floors to improve detection of progression in advanced glaucoma. <i>Am J Ophthalmol.</i> 2017;175:37-44".</p> <p>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p>	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Reconsideration Request</li> </ul>
02/26/2018	R14	<p>The Jurisdiction "J" Part B Contracts for Alabama (10112), Georgia (10212) and Tennessee (10312) are now being serviced by Palmetto GBA. The notice period for this LCD begins on 12/14/17 and ends on 02/25/18. Effective 02/26/18, these three contract numbers are being added to this LCD. No</p>	<ul style="list-style-type: none"> <li>• Change in Affiliated Contract Numbers</li> </ul>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASONS FOR CHANGE
		coverage, coding or other substantive changes (beyond the addition of the 3 Part B contract numbers) have been completed in this revision.	
01/29/2018	R13	The Jurisdiction "J" Part A Contracts for Alabama (10111), Georgia (10211) and Tennessee (10311) are now being serviced by Palmetto GBA. The notice period for this LCD begins on 12/14/17 and ends on 01/28/18. Effective 01/29/18, these three contract numbers are being added to this LCD. No coverage, coding or other substantive changes (beyond the addition of the 3 Part A contract numbers) have been completed in this revision.	<ul style="list-style-type: none"> <li>• Change in Affiliated Contract Numbers</li> </ul>
10/01/2017	R12	<p>Under <b>ICD-10 Codes That Support Medical Necessity Group 3: Codes</b> added ICD-10 codes H44.2A1, H44.2A2, H44.2A3, H44.2B1, H44.2B2, H44.2B3, H44.2C1, H44.2C2, H44.2C3, H44.2D1, H44.2D2, H44.2D3, H44.2E1, H44.2E2 and H44.2E3. This revision is due to the 2017 Annual ICD-10 Updates.</p> <p>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p>	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Revisions Due To ICD-10-CM Code Changes</li> </ul>
06/26/2017	R11	Formatted the references under the <b>Sources of Information and Basis for Decision</b> section.	<ul style="list-style-type: none"> <li>• Other</li> </ul>
06/26/2017	R10	Under <b>Coverage Indications, Limitations and/or Medical Necessity</b> - revised verbiage to remove, erroneous descriptions of mild, moderate, and severe glaucoma. Updated to allow for SCODI coverage in eyes with advanced glaucoma provided the hardware and software utilized continues to provide clinically meaningful measurements that allow for the detection of progression. Updated to allow for same day visual field and SCODI testing when both are indicated. Updated to reflect the need for increased SCODI frequency to up to 1/month for various retinal indications provided there is documentation to support the frequent intervals as clinically reasonable and medically necessary. Updated to include coverage for AS-OCT in order to evaluate the anterior chamber angle in patients who are unable to undergo gonioscopy due to mental or physical	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Revisions Due To ICD-10-CM Code Changes</li> </ul>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASONS FOR CHANGE
		<p>limitations; when anatomic features, corneal opacity, or corneal edema preclude gonioscopic visualization. Under <b>ICD-10 Codes that Support Medical Necessity Group 1 and Group 2: Paragraphs</b>- added "The use of one code from both Group 1 and Group2 should be selected when billing for 92132. In the event the coding does not adequately describe the specific patient circumstances precluding gonioscopic assessment of the anterior chamber angle which necessitate anterior segment OCT, supporting documentation should be clearly documented in the medical record". Under <b>ICD-10 Codes that Support Medical Necessity Group 1: Codes</b> – added codes A18.59, H17.01, H17.02, H17.03, H17.11, H17.12, H17.13, H17.811, H17.812, H17.813, H17.821, H17.822, H17.823, H17.89, H17.9, H18.11, H18.12, H18.13, H18.20, H18.211, H18.212, H18.213, H18.221, H18.222, H18.223, H18.231, H18.232, H18.233. Removed unspecified eye and stage unspecified ICD-10 codes. Under <b>Sources of Information and Basis for Decision</b> – updated the references to include the most up to date information.</p>	
10/03/2016	R9	<p>Under <b>ICD-10 Codes that Support Medical Necessity</b> added ICD-10 codes H35.361, H35.362, H35.363, H44.21, H44.22, H44.23, H53.131, H53.132, H53.133, H59.031, H59.032, H59.033, L93.0, M05.9, M06.9 and Z79.899. This revision is effective on or after 10/1/16.</p>	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Revisions Due To ICD-10-CM Code Changes</li> <li>• Reconsideration Request</li> </ul>
10/03/2016	R8	<p>Under <b>ICD-10 Codes That Support Medical Necessity: Group 1</b> added E08.3211, E08.3212, E08.3213, E08.3291, E08.3292, E08.3293, E08.3311, E08.3312, E08.3313, E08.3391, E08.3392, E08.3393, E08.3411, E08.3412, E08.3413, E08.3491, E08.3492, E08.3493, E08.3511, E08.3512, E08.3513, E08.3521, E08.3522, E08.3523, E08.3531, E08.3532, E08.3533, E08.3541, E08.3542, E08.3543, E08.3551, E08.3552, E08.3553, E08.3591, E08.3592, E08.3593, E08.37X1, E08.37X2, E08.37X3, E09.3211, E09.3212, E09.3213, E09.3291, E09.3292, E09.3293, E09.3311, E09.3312, E09.3313, E09.3391, E09.3392, E09.3393, E09.3411, E09.3412, E09.3413, E09.3491, E09.3492, E09.3493, E09.3511, E09.3512, E09.3513, E09.3521, E09.3522, E09.3523, E09.3531, E09.3532, E09.3533, E09.3541, E09.3542, E09.3543, E09.3551, E09.3552, E09.3553, E09.3591, E09.3592,</p>	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Revisions Due To ICD-10-CM Code Changes</li> </ul>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASONS FOR CHANGE
		<p>E09.3593, E09.37X1, E09.37X2, E09.37X3, E10.3211, E10.3212, E10.3213, E10.3291, E10.3292, E10.3293, E10.3311, E10.3312, E10.3313, E10.3391, E10.3392, E10.3393, E10.3411, E10.3412, E10.3413, E10.3491, E10.3492, E10.3493, E10.3511, E10.3512, E10.3513, E10.3521, E10.3522, E10.3523, E10.3531, E10.3532, E10.3533, E10.3541, E10.3542, E10.3543, E10.3551, E10.3552, E10.3553, E10.3591, E10.3592, E10.3593, E10.37X1, E10.37X2, E10.37X3, E11.3211, E11.3212, E11.3213, E11.3291, E11.3292, E11.3293, E11.3311, E11.3312, E11.3313, E11.3391, E11.3392, E11.3393, E11.3411, E11.3412, E11.3413, E11.3491, E11.3492, E11.3493, E11.3511, E11.3512, E11.3513, E11.3521, E11.3522, E11.3523, E11.3531, E11.3532, E11.3533, E11.3541, E11.3542, E11.3543, E11.3551, E11.3552, E11.3553, E11.3591, E11.3592, E11.3593, E11.37X1, E11.37X2, E11.37X3, E13.3211, E13.3212, E13.3213, E13.3291, E13.3292, E13.3293, E13.3311, E13.3312, E13.3313, E13.3391, E13.3392, E13.3393, E13.3411, E13.3412, E13.3413, E13.3491, E13.3492, E13.3493, E13.3511, E13.3512, E13.3513, E13.3521, E13.3522, E13.3523, E13.3531, E13.3532, E13.3533, E13.3541, E13.3542, E13.3543, E13.3551, E13.3552, E13.3553, E13.3591, E13.3592, E13.3593, E13.37X1, E13.37X2, E13.37X3, H34.8110, H34.8111, H34.8112, H34.8120, H34.8121, H34.8122, H34.8130, H34.8131, H34.8132, H34.8310, H34.8311, H34.8312, H34.8320, H34.8321, H34.8322, H34.8330, H34.8331, H34.8332, H35.3110, H35.3111, H35.3112, H35.3113, H35.3114, H35.3120, H35.3121, H35.3122, H35.3123, H35.3124, H35.3130, H35.3131, H35.3132, H35.3133, H35.3134, H35.3210, H35.3211, H35.3212, H35.3213, H35.3220, H35.3221, H35.3222, H35.3223, H35.3230, H35.3231, H35.3232, H35.3233, H40.1110, H40.1111, H40.1112, H40.1113, H40.1114, H40.1120, H40.1121, H40.1122, H40.1123, H40.1124, H40.1130, H40.1131, H40.1132, H40.1133, and H40.1134. Under <b>ICD-10 Codes That Support Medical Necessity: Group 1</b> deleted E08.321, E08.329, E08.331, E08.339, E08.341, E08.349, E08.351, E08.359, E09.321, E09.329, E09.331, E09.339, E09.341, E09.349, E09.351, E09.359, E10.321, E10.329, E10.331, E10.339, E10.341, E10.349, E10.351, E10.359, E11.321, E11.329, E11.331, E11.339, E11.341, E11.349, E11.351, E11.359, E13.321,</p>	

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASONS FOR CHANGE
		E13.329, E13.331, E13.339, E13.341, E13.349, E13.351, E13.359, H34.811, H34.812, H34.813, H34.831, H34.832, H34.833, H35.31, H35.32, H40.11X1, H40.11X2, H40.11X3, and H40.11X4. This revision is due to the Annual ICD-10 Code Update which becomes effective October 1, 2016.	
10/03/2016	R7	Under <b>Associated Contract Numbers</b> added the contractor numbers for Part B as the Part A LCD was made an A/B MAC LCD.	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Other</li> </ul>
05/12/2016	R6	Under <b>Revision Effective Date</b> the date for revision 5 should be 05/12/2016.	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> </ul>
03/10/2016	R5	Under <b>Coverage Indications, Limitations and/or Medical Necessity – Abstract</b> transferred the second paragraph from <b>Indications and Limitations – Retinal Disorders</b> to first paragraph of <b>Abstract</b> . Redundant second paragraph under <b>Abstract</b> replaced with reworded first paragraph from <b>Retinal Disorders</b> . Under <b>Indications and Limitations – Glaucoma</b> reworded all paragraphs. Under <b>Glaucoma Suspect or Mild Damage – Visual Field</b> defined “VF”. Under <b>Moderate Glaucomatous Damage</b> reworded first paragraph. Under <b>Advanced Glaucomatous Damage</b> reworded first paragraph and the last sentence of this section. Under <b>Sources of Information and Basis for Decision</b> removed “H” from Pinkerton.	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Other</li> </ul>
03/10/2016	R4	Under <b>Bill Type Codes</b> deleted the bill types as per the previous revision history these codes were to be deleted. Under <b>ICD-10 Codes That Support Medical Necessity</b> added ICD-10 codes H43.11, H43.12, H43.13, H43.811, H43.812, and H43.813.	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Reconsideration Request</li> </ul>
10/01/2015	R3	Per CMS Internet-Only Manual, Pub 100-08, Medicare Program Integrity Manual, Chapter 13, §13.1.3 LCDs consist of only “reasonable and necessary” information. All bill type and revenue codes have been removed.	<ul style="list-style-type: none"> <li>• Other (Bill type and/or revenue code removal)</li> </ul>
10/01/2015	R2	Under <b>CMS National Coverage Policy</b> deleted the following reference: CMS Internet-Only Manual, Pub 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Part 4, §220.1 Computed Tomography. Under <b>Coverage Indications, Limitations and/or Medical Necessity –Abstract</b> the last sentence in the second paragraph was reworded for	<ul style="list-style-type: none"> <li>• Provider Education/Guidance</li> <li>• Typographical Error</li> <li>• Other</li> </ul>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASONS FOR CHANGE
		<p>clarification. Under <b>Coverage Indications, Limitations and/or Medical Necessity –Moderate Glaucomatous Damage</b> added “that” to the fourth sentence of the first paragraph and reworded the last sentence of the second paragraph for clarification. Under <b>Associated Information-Documentation Requirements</b> corrected the title of the cited LCD section, added “and” to the last sentence of the first paragraph and deleted “the” from the second paragraph. Under <b>Sources of Information and Basis for Decision</b> author names and the supplement number were added and “et al” was deleted for the following: Bayer A, Harasymowycz P, Henderer JD, Steinmann WG, Spaeth GL. Validity of a new disk grading scale for estimating glaucomatous damage: correlation with visual field damage. <i>Am J Ophthalmol</i>. 2002;133(6):758-763. The volume number cited was a typographical error and was corrected to now read: Mansberger SL, Demirel S. Early detection of glaucomatous visual field loss: why, what, where, and how. <i>Ophthalmol Clin N Am</i>. 2005;18(3):365-373.</p>	
10/01/2015	R1	<p>Under <b>CMS National Coverage Policy</b> the Internet-Only Manual Section Titles were added for Intraocular Photography, Computer Enhanced Perimetry, Laser Procedures and Computer Tomography.</p> <p>Under <b>Coverage Indications, Limitations and/or Medical Necessity</b> made some grammatical corrections.</p> <p>Under <b>Revenue Codes</b> added Revenue code 0450 Emergency Room.</p> <p>Under <b>Associated Information</b> removed the verbiage “results of pertinent diagnostic tests or procedures” and completed the sentence to read “This documentation includes, but is not limited to, relevant medical history and physical examination along with interpretation and reports of all pertinent diagnostic tests or procedures”.</p> <p>Under <b>Sources of information and Basis for Decision</b> made correction to citations to meet AMA criteria.</p>	<ul style="list-style-type: none"> <li>• Public Education/Guidance</li> <li>• Other (Annual validation)</li> </ul>

## Associated Documents

### Attachments

N/A

### Related Local Coverage Documents

### Articles

[A55534 - \(MCD Archive Site\)](#)

[A56825 - Billing and Coding: Scanning Computerized Ophthalmic Diagnostic Imaging \(SCODI\)](#)

### LCDs

[DL34431 - \(MCD Archive Site\)](#)

### Related National Coverage Documents

N/A

### Public Versions

UPDATED ON	EFFECTIVE DATES	STATUS
08/02/2021	08/12/2021 - N/A	Currently in Effect (This Version)
10/14/2019	10/24/2019 - 08/11/2021	Superseded

Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.

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## Keywords

- Scanning Computerized Ophthalmic Diagnostic Imaging
- SCODI
- Ophthalmic