

# Local Coverage Determination (LCD): Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI) (L34380)

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## Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
National Government Services, Inc.	MAC - Part A	06101 - MAC A	J - 06	Illinois
National Government Services, Inc.	MAC - Part B	06102 - MAC B	J - 06	Illinois
National Government Services, Inc.	MAC - Part A	06201 - MAC A	J - 06	Minnesota
National Government Services, Inc.	MAC - Part B	06202 - MAC B	J - 06	Minnesota
National Government Services, Inc.	MAC - Part A	06301 - MAC A	J - 06	Wisconsin
National Government Services, Inc.	MAC - Part B	06302 - MAC B	J - 06	Wisconsin
National Government Services, Inc.	A and B and HHH MAC	13101 - MAC A	J - K	Connecticut
National Government Services, Inc.	A and B and HHH MAC	13102 - MAC B	J - K	Connecticut
National Government Services, Inc.	A and B and HHH MAC	13201 - MAC A	J - K	New York - Entire State
National Government Services, Inc.	A and B and HHH MAC	13202 - MAC B	J - K	New York - Downstate
National Government Services, Inc.	A and B and HHH MAC	13282 - MAC B	J - K	New York - Upstate
National Government Services, Inc.	A and B and HHH MAC	13292 - MAC B	J - K	New York - Queens
National Government Services, Inc.	A and B and HHH MAC	14111 - MAC A	J - K	Maine
National Government Services, Inc.	A and B and HHH MAC	14112 - MAC B	J - K	Maine
National Government Services, Inc.	A and B and HHH MAC	14211 - MAC A	J - K	Massachusetts

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
National Government Services, Inc.	A and B and HHH MAC	14212 - MAC B	J - K	Massachusetts
National Government Services, Inc.	A and B and HHH MAC	14311 - MAC A	J - K	New Hampshire
National Government Services, Inc.	A and B and HHH MAC	14312 - MAC B	J - K	New Hampshire
National Government Services, Inc.	A and B and HHH MAC	14411 - MAC A	J - K	Rhode Island
National Government Services, Inc.	A and B and HHH MAC	14412 - MAC B	J - K	Rhode Island
National Government Services, Inc.	A and B and HHH MAC	14511 - MAC A	J - K	Vermont
National Government Services, Inc.	A and B and HHH MAC	14512 - MAC B	J - K	Vermont

## LCD Information

### Document Information

**LCD ID**

L34380

**Original Effective Date**

For services performed on or after 10/01/2015

**LCD Title**

Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI)

**Revision Effective Date**

For services performed on or after 09/19/2019

**Proposed LCD in Comment Period**

N/A

**Revision Ending Date**

N/A

**Source Proposed LCD**

N/A

**Retirement Date**

N/A

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**Notice Period Start Date**

N/A

**Notice Period End Date**

N/A

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## **CMS National Coverage Policy**

- Title XVIII of the Social Security Act, Section 1862(a)(7) excludes routine physical examination and screening tests performed in the absence of signs or symptoms from coverage.
- Title XVIII of the Social Security Act, Section 1862(a)(1)(A) allows coverage and payment for services considered medically reasonable and necessary.
- Title XVIII of the Social Security Act, Section 1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

## **Coverage Guidance**

### **Coverage Indications, Limitations, and/or Medical Necessity**

Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI) is a non-invasive, non-contact imaging technique. SCODI produces high resolution, cross-sectional tomographic images of ocular structures and is used for the evaluation of anterior segment and posterior segment disease.

Posterior segment SCODI allows for earlier detection of optic nerve and retinal nerve fiber layer pathologic changes before there is visual field loss. When appropriately used in the management of the glaucoma patient or glaucoma suspect, therapy can be initiated before there is irreversible loss of vision. This imaging technology provides the capability to discriminate among patients with normal intraocular pressures who have glaucoma, patients with elevated intraocular pressure who have glaucoma, and patients with elevated intraocular pressure who do not have glaucoma. SCODI also permits high resolution assessment of the retinal and choroidal layers, the presence of

thickening associated with retinal edema, and of macular thickness measurement. Vitreo-retinal and vitreo-papillary relationships are displayed permitting surgical planning and assessment.

Anterior segment SCODI is used in the evaluation and treatment planning of diseases affecting the cornea, iris, and other anterior chamber structures. The procedure also may be used to provide additional information during the planning and follow-up for corneal, iris, and cataract surgeries.

### **INDICATIONS OF COVERAGE:**

#### **Posterior Segment optical coherence tomography (OCT) is considered to be reasonable and necessary to:**

- Diagnose and manage medically and surgically retinal and neuro-ophthalmic diseases which involve changes in the optic nerve, subretinal and intraretinal changes, vitreo-retinal relationships and changes in the nerve fiber layer.
- Diagnose early glaucoma and monitor glaucoma treatment
- Differentiate causes of other optic nerve disorders when a diagnosis is in doubt.
- Diagnose and manage the patient's condition when visual field results are insufficient; or when reliable visual field testing cannot be performed, due to visual, physical, mental, or age constraints.
- Differentiate when a discrepancy exists between the clinical appearance of the optic nerve and the visual fields
- Detect further loss of optic nerve or retinal nerve fiber layer changes in the presence of advanced optic nerve damage and advanced visual field loss
- Follow glaucoma suspects.

#### **Anterior segment OCT is considered to be reasonable and necessary to:**

- Evaluate narrow angle, suspected narrow angle, mixed narrow and open angle glaucoma, and angle recession as all determined by gonioscopy
- Determine the proper intraocular lens for a patient who has had prior refractive surgery and now requires cataract extraction
- Evaluate Iris tumor
- Evaluate corneal edema or opacity that precludes visualization or study of the anterior chamber

- Calculate lens power for cataract patients who have undergone prior refractive surgery. (Reimbursement will only be made for the cataract codes as long as additional documentation is available in the patient record of the prior refractive procedure. Reimbursement will not be made in addition to A-scan or IOL master.)
- Evaluate and plan treatment for patients with diseases affecting the cornea, iris, lens and other anterior segment structures.
- Provide additional information during the planning and follow-up for corneal, iris, cataract, glaucoma and other anterior segment surgeries.

#### **LIMITATIONS OF COVERAGE:**

- Absence of an indication
- Screening

#### **Summary of Evidence**

N/A

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

N/A

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## **General Information**

#### **Associated Information**

N/A

#### **Sources of Information**

This bibliography presents those sources that were obtained during the development of this policy. National Government Services is not responsible for the continuing viability of Web site addresses listed below.

**Bibliography**

N/A

**Revision History Information**

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
09/19/2019	R12	This LCD was converted to the new "no-codes" format. There has been no change in coverage with this LCD revision.	<ul style="list-style-type: none"> <li>Revisions Due To Code Removal</li> </ul>
08/01/2019	R11	Consistent with Change Request 10901, all coding information, National coverage provisions, and Associated Information (Documentation Requirements, Utilization Guidelines) have been removed from the LCD and placed in the related Billing and Coding Article, A56537. There has been no change in coverage with this LCD revision.	<ul style="list-style-type: none"> <li>Provider Education/Guidance</li> </ul>
01/01/2018	R10	Added ICD-10-CM diagnosis code C79.49* to the "ICD-10 Codes that Support Medical Necessity " section-Group 3. The diagnosis code C79.49 should be used only for secondary malignant neoplasm of the choroid, effective for services rendered on or after 01/01/2018.	<ul style="list-style-type: none"> <li>Request for Coverage by a Practitioner (Part B)</li> </ul>
10/01/2017	R9	<p>Due to the annual ICD-10-CM update, the following ICD-10-CM code ranges were added to the ICD-10 Codes that Support Medical Necessity section- Group 3-CPT code 92134: H44.2A1- H44.2A3; H44.2B1- H44.2B3; H44.2C1- H44.2C3; H44.2D1- H44.2D3; H44.2E1- H44.2E3.</p> <p>The following ICD-10-CM codes were added to the ICD-10 Codes that Support Medical Necessity section- Group 2-CPT code 92133: S04.039S; S04.041A, S04.041D, S04.041S, S04.042A, S04.042D, S04.042S, S04.049A, S04.049D, S04.049S.</p> <p>Due to the annual ICD-10-CM update, the following ICD-10 codes were deleted from the ICD-10 Code range (S05.10XA-S06.9x9S) that Supports Medical Necessity</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	REASON(S) FOR CHANGE
		<p>section, Group 2 for CPT code 92133: S06.4X7D, S06.4X7S, S06.4X8D, S06.4X8S, S06.5X7D, S06.5X7S, S06.5X8D, S06.5X8S, S06.6X7D, S06.6X7S, S06.6X8D, and S06.6X8S.</p> <p><i>DATE (10/01/2017): 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.</i></p>	
10/01/2016	R8	<p>Added the following ICD-10 codes to the ICD-10 Codes that Support Medical Necessity section, Group 3, due to the annual ICD-10-CM update, effective for services rendered on or after 10/1/2016: H34.8310, H35.3130, H35.3131, H35.3132, H35.3133, H35.3134, E08.3521, E08.3522, E08.3523, E08.3531, E08.3532, E08.3533, E08.3541, E08.3542, E08.3543, E08.3551, E08.3552, E08.3553, E09.3551, E09.3552, E09.3553, E10.3541, E10.3542, E11.3511, E11.3512, E11.3513, E11.3521, E11.3522, E11.3523, ranges M06.00-M06.9 and M32.0-M32.9.</p> <p>.</p>	<ul style="list-style-type: none"> <li>• Revisions Due To ICD-10-CM Code Changes</li> </ul>
10/01/2016	R7	<p>Added the following ICD-10 code ranges to the ICD-10 Codes that Support Medical Necessity section, Group 2 due to the annual ICD-10-CM update: H40.1120-H40.1124 and H40.1130-H40.1134.</p>	<ul style="list-style-type: none"> <li>• Revisions Due To ICD-10-CM Code Changes</li> </ul>
10/01/2016	R6	<p>Added the following ICD-10 code ranges to the ICD-10 Codes that Support Medical Necessity section, Group 2 due to the annual ICD-10-CM update: H40.1110-H40.1114.</p>	<ul style="list-style-type: none"> <li>• Revisions Due To ICD-10-CM Code Changes</li> </ul>
10/01/2016	R5	<p>Added multiple 2017 ICD-10-CM codes to ICD-10 Codes that Support Medical Necessity section that relates to CPT code 92134 (Group 3)</p>	<ul style="list-style-type: none"> <li>• Revisions Due To ICD-10-CM Code Changes</li> </ul>
10/01/2015	R4	<p>Added the following ICD-10-CM diagnosis codes to the ICD-10 Codes that Support Medical Necessity section that relates specifically to CPT code 92134: H59.031, H59.032, and H59.033</p>	<ul style="list-style-type: none"> <li>• Request for Coverage by a Practitioner (Part B)</li> </ul>
10/01/2015	R3	<p>Bill type codes added</p>	<ul style="list-style-type: none"> <li>• Provider</li> </ul>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
			Education/Guidance
10/01/2015	R2	<p>The following ICD-10-CM diagnosis codes have been added to the ICD-10 Codes that Support Medical Necessity section- Group 1 that relates only to Procedure code 91232: T85.21XD, T85.21XS, T85.22XD, T85.22XS, T85.29XD, T85.29XS, T85.318D, T85.318S, T85.328D, T85.328S, T85.398D, T85.398S, T85.79XD, T85.79XS</p> <p>The following complete ICD-10-CM diagnosis code range has been added to the ICD-10 Codes that Support Medical Necessity section- Group 2- that relates only to Procedure code 91233: S05.10XA through S06.9X9S.</p>	<ul style="list-style-type: none"> <li>Provider Education/Guidance</li> </ul>
10/01/2015	R1	The ICD-10-CM version of the LCD has been updated to incorporate changes in the ICD-9-CM version.	<ul style="list-style-type: none"> <li>Provider Education/Guidance</li> </ul>

## Associated Documents

### Attachments

N/A

### Related Local Coverage Documents

Article(s)

A56537 - Billing and Coding: Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI)

### Related National Coverage Documents

N/A

### Public Version(s)

Updated on 09/11/2019 with effective dates 09/19/2019 - N/A

Updated on 07/25/2019 with effective dates 08/01/2019 - 09/18/2019

Updated on 03/08/2018 with effective dates 01/01/2018 - 07/31/2019

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

## Keywords

- OCT