Subject: Scanning computerized ophthalmic diagnostic imaging (SCODI)

Background: All scanning computerized ophthalmic diagnostic imaging (SCODI) is divided into three procedures, each of which is a confocal laser scanning ophthalmoscopy, scanning laser polarimetry, and optical coherence tomography, the third. They all involve shining a narrow beam of light into the eye and using computers to construct cross-sectional tomographic images of structures in the eye, including the optic nerve head, nerve fiber layer, and retina. It can be used to assess the presence and progression of glaucoma and retinal disorders, as well as certain disorders of the anterior eye.

Policy and Coverage Criteria:
Harvard Pilgrim Health Care (HPHC) considers SCODI as medically necessary when ANY of the following indications are met:

1. For any of the following conditions at a maximum frequency of twice per year (per eye):
   - Glaucoma or suspected glaucoma and SCODI has not been performed more than once on a given eye in the past year,
   - Visual field testing is inconclusive or impractical and SCODI has not been performed more than once on a given eye in the past year;
2. For any of the following conditions when a prior scan has not been performed more recently than two months, with each eye being counted separately:
   - Optic nerve disorder with uncertain identification/diagnosis and SCODI has not been performed on a given eye in the past two months;
   - Ophthalmic conditions related to retinal disease, such as histoplasmosis or neoplasm, or malignant neoplasm or tuberculosis of the eye and SCODI has not been performed on a given eye in the past two months;
3. Presence of a discrepancy between clinical appearance of the optic nerve and visual fields;
4. Presence or suspected presence of a magnetic foreign body in the body;
5. Anterior segment disorders of the eye, comprising ANY of the following:
   - Narrow-angle, mixed narrow-angle, suspected narrow angle, and open-angle glaucoma,
   - Corneal edema, ulcer, neoplasm, pterygium, or opacity precluding visualization of the anterior chamber,
   - Need for cataract extraction or lens power calculation with history of prior refractive surgery,
   - Iris tumor or pigmentary degeneration, or
   - Treatment is planned for a disease affecting the cornea, iris, lens, or other anterior segment structure;
6. Treatment that requires monitoring (no more than monthly), specifically bevacizumab, afiblercept, pegaptanib sodium, dexamethasone, or ranibizumab for either diabetic retinopathy or macular degeneration; or
7. For any of the following conditions when a prior scan has not been performed more recently than two months, with each eye being counted separately:
   - Long-term therapy with hydroxychloroquine and chloroquine
Exclusions:
Harvard Pilgrim Health Care (HPHC) considers SCODI experimental/investigational for all other indications, including routine screening without indications. Additionally, HPHC does not cover SCODI in conjunction with the following procedures:
- Fundus photography with interpretation and report;
- Ophthalmoscopy extended with retinal drawings with interpretation and report initial;
- Subsequent ophthalmoscopy; or
- B-scan

Supporting Information:
Glaucoma is an umbrella term referring to disorders that damage the optic nerve. Such damage to the nerve, as well as associated retinal nerve fibers, is frequently sufficient to cause peripheral or full loss of vision. While glaucoma can usually be halted using widely available treatments, detection, diagnosis, and monitoring are difficult. The traditional methods, intraocular pressure, optic disk evaluation, and visual field test, are subjective or observer-dependent, lack sensitivity, and are often only able to detect glaucoma after significant damage. As such, it is estimated that less than half of cases are diagnosed. All adult glaucoma is divided into three categories, one of which is open angle glaucoma (OAG), closed-angle glaucoma another, and secondary glaucoma the third. OAG itself appears in both high pressure (POAG) and normal tension (NTG) variants.
Scanning laser polarimetry (SLP), optical coherence tomography (OCT), and confocal laser scanning ophthalmoscopy (CLSO) all assess for glaucoma by directly imaging the optic nerve head and retinal nerve fiber layer (RNFL). SLP functions by shining polarized light through the eye and measuring how widely the retina splits the beam into two components when it reflects the light back, thereby ascertaining the thickness of the RNFL. OCT relies on low-coherence interferometry create cross-sectional images of internal tissue microstructure by measuring delay times and magnitudes of backscattered light and inferring the reflectivity of each layer of the scan target, using the reflection of a parallel beam of light from a reference mirror to select for depth by reinforcing similarly-timed reflections and disrupting differently times reflections. CLSO creates three-dimensional real-time images by projecting a laser into the eye to reflect back from a certain point in a scanning fashion. As research has yet to differentiate these procedures in terms of effectiveness, they are grouped together in clinical practice. While unable to detect some conditions, such as optic disc hemorrhage and disc pallour, they are at least as capable of diagnosing and tracking glaucoma as traditional examinations performed by glaucoma experts, and so considerably superior in the context of the general ophthalmologists performing most assessments, and is more resilient against conditions in the anterior eye that disrupt traditional methods.

Coding:
Codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. The list may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible.

<table>
<thead>
<tr>
<th>CPT® Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>92132</td>
<td>Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral</td>
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<tr>
<td>92133</td>
<td>Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve</td>
</tr>
<tr>
<td>92134</td>
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List of medically necessary ICD-10 Codes

HPHC Medical Policy

Scanning computerized ophthalmic diagnostic imaging (SCODI)
Reference appropriate member materials (e.g., Benefit Handbook, Certificate of Coverage) for member-specific benefit information.
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Summary of Changes:

<table>
<thead>
<tr>
<th>Date</th>
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<tbody>
<tr>
<td>3/19</td>
<td>Annual Review, no changes</td>
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<tr>
<td>11/18</td>
<td>Coding update. ICD 10 codes updated.</td>
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<tr>
<td>9/18</td>
<td>Coding update. Additional ICD 10 codes added.</td>
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<tr>
<td>4/18</td>
<td>New Policy</td>
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Approved by Medical Policy Committee: 3/12/2019
Approved by Clinical Policy Operational Committee: 4/18, 9/18, 11/18, 3/19
Policy Effective Date: 4/03/2019
Initiated: 12/17

HPHC Medical Policy

Scanning computerized ophthalmic diagnostic imaging (SCODI)

HPHC policies are based on medical science, and written for the majority of people with a given condition.

Coverage described in this policy is standard under most HPHC plans. Specific benefits may vary by product and/or employer group. Please reference appropriate member materials (e.g., Benefit Handbook, Certificate of Coverage) for member-specific benefit information.