

EFFECTIVE DATE: 01 | 01 | 2022

POLICY LAST UPDATED: 06 | 22 | 2022

OVERVIEW

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.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Medicare Advantage Plans and Commercial Products

Prior authorization review is not required.

POLICY STATEMENT

Medicare Advantage Plans and Commercial Products

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.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for applicable diagnostic testing and not medically necessary benefits/coverage.

BACKGROUND

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.

CODING

Medicare Advantage Plans and Commercial Products

The following CPT code is medically necessary when filed with one of the ICD-10 diagnosis codes in the attachment below. Other indications are considered not medically necessary.

92133 Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve

Please follow correct coding guidelines regarding filing for the global service, or professional/technical component.

[ICD-10 Diagnosis Codes for 92133](#)

RELATED POLICIES

Measurement of Ocular Blood Flow for Glaucoma

Medicare Advantage Plans National and Local Coverage Determinations Policy

Optical Coherence Tomography of the Anterior Eye Segment

PUBLISHED

Provider Update, August 2022

Provider Update, November 2021

REFERENCES

1. Centers for Medicare and Medicaid Services. Local Coverage Determination (LCD): Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI) (L34380)
2. Centers for Medicare and Medicaid Services. Local Coverage Article: Billing and Coding: Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI) (A56537)

[CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS](#)

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

