

Scanning Computerized Ophthalmic Diagnostic Imaging

Subject: Scanning Computerized Ophthalmic Diagnostic Imaging

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Table of Contents

[Overview](#)

[Clinical criteria](#)

[CPT Coding](#)

[Quantity Limits](#)

Overview

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

Clinical Criteria

March Vision has determined the following to be medically necessary for SCODI:

- Anterior SCODI:
 - Diagnosis of suspected glaucoma with one of the following:
 - An optic nerve or nerve fiber layer defect suggestive of glaucoma (enlarged cup-disc ratio, asymmetric cup-disc ratio, notching or narrowing of the neuroretinal rim, a disc hemorrhage, or suspicious alteration in the nerve fiber layer);
 - A visual field abnormality consistent with glaucoma;
 - An elevated intraocular pressure (IOP) greater than 21 mm Hg;
 - Glaucoma evaluation/monitoring for any of the following conditions:
 - Glaucoma associated with anatomical lens anomaly;
 - Glaucoma resulting from pigment dispersion, pseudo exfoliation, angle closure or narrowing, and low tension associated pathology;
 - Glaucoma secondary to drug use;
 - Glaucoma secondary to hypersecretion, or associated with aqueous misdirection or episcleral venous pressure;
 - Corneal ulcer of critical depth or with risk of perforation;
 - Corneal edema, degeneration, or transplant rejection/failure/infection;
 - Iris cyst, atrophy, degeneration, or neoplasm;
 - Iridoschisis, anterior/posterior synechiae, goniosynechiae, iridodialysis, plateau iris syndrome, or angle closure;
- Posterior optic nerve SCODI:
 - Malignant neoplasm of brain, cranial nerves, pituitary and pineal glands, or craniopharyngeal duct;
 - Orbital cellulitis, myositis, cyst, edema or hemorrhage;
 - Exophthalmos or displacement of globe;
 - Orbital atrophy, deformity, enlargement, or exostosis;

- Enophthalmos;
- Diagnosis of suspected glaucoma, one of the following:
 - An optic nerve or nerve fiber layer defect suggestive of glaucoma (enlarged cup-disc ratio, asymmetric cup-disc ratio, notching or narrowing of the neuroretinal rim, a disc hemorrhage, or suspicious alteration in the nerve fiber layer);
 - A visual field abnormality consistent with glaucoma;
 - An elevated IOP greater than 21 mm Hg;
- Glaucoma evaluation/monitoring for any of the following conditions in mild to moderate stages:
 - Primary open angle glaucoma;
 - Glaucoma associated with anatomical lens anomaly;
 - Glaucoma resulting from pigment dispersion, pseudo exfoliation, angle closure or narrowing, and low tension associated pathology;
 - Glaucoma secondary to drug use;
 - Glaucoma secondary to hypersecretion, or associated with aqueous misdirection;
 - Glaucoma secondary to trauma or inflammation;
- Optic nerve evaluation in any of the following conditions:
 - Papilledema, coloboma, drusen, pseudopapilledema, Foster-Kennedy syndrome, optic nerve sheath hemorrhage, or hypoplasia;
- Visual pathway or optic chiasm neoplasm, inflammatory disorders or vascular disorders;
- Visual field defects;
- Ocular injury;
- Diabetic eye disease;
- Orbital cellulitis, myositis, cyst, edema and hemorrhage;
- Posterior retinal SCODI:
 - Choroidal neoplasm (benign or malignant);
 - Ocular histoplasmosis duboisii;
 - Diabetic retinopathy or diabetic eye disease;
 - Hypertensive retinopathy;
 - Orbital cellulitis, osteomyelitis, periostitis, tenonitis, granuloma, myositis, cyst, edema and hemorrhage;
 - Exophthalmos or enophthalmos;
 - Orbital atrophy, cyst, deformity, enlargement or exostosis;
 - Enophthalmos;
 - Staphyloma, or scleral ectasia;
 - Focal chorioretinal inflammation;
 - Macular and choroidal scarring, atrophy, degeneration, or drusen;
 - Choroidal rupture or detachment;
 - Degenerative myopia;
 - Retinal detachment, edema, ischemia, or hemorrhage;
 - Retinal pigment epithelium detachment;
 - Vascular occlusion (central retinal artery, partial retinal artery, retinal artery branch, central retinal vein, tributary retinal vein), changes in vascular appearance, exudative retinopathy, retinal micro-aneurysms, retinal neovascularization, vasculitis, or telangiectasias;
 - Baseline and annual evaluation of patients using chloroquine (CQ) and/or hydroxychloroquine (HCQ), both of the following:
 - Requires Spectral Domain-Optical Coherence Tomography (SD-OCT);
 - In the presence of systemic lupus erythematosus or rheumatoid arthritis.

The following list of codes are for informational purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

<u>92132</u>	<u>Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral</u>
<u>92133</u>	<u>Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve</u>
<u>92134</u>	<u>Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina</u>

Quantity Limits

Scanning computerized ophthalmic diagnostic imaging is payable at a maximum of 2 times per benefit year.