

## MEDICARE REIMBURSEMENT FOR SCODI OF THE POSTERIOR SEGMENT

1

**QUESTION:** What is SCODI of the posterior segment (SCODI-P) performed with the [SPECTRALIS®](#)?

**ANSWER:** SCODI-P is computerized ophthalmic diagnostic imaging of the posterior segment of the eye. It is a diagnostic test that provides digital images of the retinal nerve fiber layer, and topographic measurement of the optic nerve head as well as the surrounding retina.

2

**QUESTION:** What are the indications for SCODI-P?

**ANSWER:** Medicare will reimburse for SCODI-P based on the medical necessity of the service. The list of valid diagnoses includes glaucoma and posterior segment disease such as exudative macular degeneration. Local policies vary so check your own Medicare contractor's website.

3

**QUESTION:** Does Medicare cover SCODI of the posterior segment?

**ANSWER:** Sometimes. Medicare covers scanning computerized ophthalmic diagnostic imaging of the posterior segment (SCODI-P) if the patient presents with a complaint that leads you to perform this test or as an adjunct to management and treatment of a covered indication. If the images are taken as baseline documentation of a healthy eye or as preventative medicine to screen for potential disease, then the test is not covered (even if disease is identified). Also, this test is not covered if performed for an indication that is not cited in the local contractor's coverage policy. Check with your Medicare Administrative Contractor (MAC) for specific coverage limitations.

4

**QUESTION:** What documentation is required in the medical record to support claims for SCODI-P?

**ANSWER:** In addition to the images, a physician's interpretation and report are required. A brief notation such as "abnormal" does not suffice. In addition to the images, the medical record should include:

- order for the test with medical rationale
- date of the test
- the reliability of the test (if compromised)
- test findings (e.g., fluid within the retina)
- comparison with prior tests (if applicable)
- a diagnosis (if possible)
- the impact on treatment and prognosis
- physician's signature

5

**QUESTION:** What CPT code should we use to describe SCODI-P?

**ANSWER:** There are two CPT codes to describe SCODI-P. They are:

- 92133 *Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve*
- 92134 *Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina*

Note the distinction between a test performed on the optic nerve (usually glaucoma) and the retina (retinal or macular diseases such as AMD or diabetic retinopathy).

March 25, 2018

The reader is strongly encouraged to review federal and state laws, regulations, code sets (including ICD-10), and official instructions promulgated by Medicare and other payers. This document is *not an official source* nor is it a complete guide on reimbursement. The reader is reminded that this information, including references and hyperlinks, changes over time, and may be incorrect at any time following publication.

© 2018 Corcoran Consulting Group. All rights reserved. No part of this publication may be reproduced or distributed in any form or by any means, or stored in a retrieval system, without the written permission of the publisher. CPT is a registered trademark of the American Medical Association.

Corcoran Consulting Group (800) 399-6565 [www.corcoranccg.com](http://www.corcoranccg.com)

S:\Monographs\_FAQ\FAQ\_SCODI-P Heidelberg\_032518.docx

Provided Courtesy of Heidelberg Engineering  
(800) 931-2230 [www.heidelbergengineering.com/us/](http://www.heidelbergengineering.com/us/)

303033-003 US.AE18

# MEDICARE REIMBURSEMENT FOR SCODI OF THE POSTERIOR SEGMENT

**6**

**QUESTION:** Is the physician's presence required while SCODI-P is being performed?

**ANSWER:** Under Medicare program standards, this test requires *general supervision*. General supervision means the procedure is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure.

**7**

**QUESTION:** How much does Medicare allow for these tests?

**ANSWER:** The 2018 Medicare Physician Fee Schedule allowable amounts are:

<u>Code</u>	<u>Technical Component</u>	<u>Professional Component</u>	<u>Global</u>
92133	\$15.48	\$23.04	\$38.52
92134	\$15.84	\$26.64	\$42.48

Since Medicare defines the test as bilateral, these amounts apply whether one or both eyes are tested. Actual payments are adjusted in each area by local indices. Other payers set their own rates, which may differ significantly from Medicare fees.

92133 and 92134 are subject to [Medicare's Multiple Procedure Payment Reduction \(MPPR\)](#). This reduces the allowable for the technical component of the lesser-valued test when more than one test is performed on the same day.

**8**

**QUESTION:** How frequently is SCODI-P performed?

**ANSWER:** CMS utilization rates for claims paid to ophthalmologists in 2016 show that 92133 was associated with about 9% of all office visits. That is, for every 100 exams for Medicare beneficiaries, Medicare paid for this service nine times. For 92134, the 2016 utilization was 28%. Optometric utilization was about 7% for each test.

**9**

**QUESTION:** What payment restrictions or bundles exist with SCODI-P and other ophthalmic services?

**ANSWER:** Medicare's National Correct Coding Initiative (NCCI) treats fundus photography (92250) as mutually exclusive with SCODI-P. The E/M service 99211 is bundled with this test. CPT also notes that 92133 and 92134 may not be reported at the same patient encounter and Medicare has imposed the same edit, even when performed for different diagnoses.

Several Medicare administrative contractors (MACs) have published local policies that impose additional restrictions when performing SCODI-P with B-scans (76512) and extended ophthalmoscopy (92225, 92226) unless for unrelated reasons. Some MACs and other third party payers have also questioned the need for visual fields and SCODI-P on the same day. Check your local coverage policies.

**10**

**QUESTION:** How often may SCODI-P be repeated?

**ANSWER:** In general, diagnostic tests are reimbursed when medically indicated. Clear documentation of the reason for testing is always required. Most often, the justification is an indication of progression of a chronic disease.

Some MACs publish policies that provide upper limits on the number of tests that will be reimbursed in a year. Commonly, the policies state 1 or 2 times per year for glaucoma (92133), and more often for some retinal diseases (92134). Check your MAC's website for specific policies in your area. Too-frequent testing can garner unwanted attention from Medicare and other third party payers.

**March 25, 2018**

The reader is strongly encouraged to review federal and state laws, regulations, code sets (including ICD-10), and official instructions promulgated by Medicare and other payers. This document is *not an official source* nor is it a complete guide on reimbursement. The reader is reminded that this information, including references and hyperlinks, changes over time, and may be incorrect at any time following publication.