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QUESTION: What is SCODI of the posterior segment performed with Heidelberg Engineering's [SPECTRALIS®](#)?

ANSWER: SCODI-P is scanning 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.

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QUESTION: Does Medicare cover SCODI of the posterior segment?

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

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.

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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.

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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 (e.g., cloudy due to cataract)
- test findings (i.e., narrow anterior chamber angles)
- comparison with prior tests (if applicable)
- a diagnosis (if possible)
- the impact on treatment and prognosis
- physician's signature

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QUESTION: What CPT codes 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).

June 18, 2024

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FAQs/2024/FAQ_SCODI-P Spectralis Heidelberg_061824

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QUESTION: How much does Medicare allow for these tests?

ANSWER: The 2024 national Medicare Physician Fee Schedule allowable amounts are as follows. These amounts are adjusted in each area by local wage indices. Other payers set their own rates, which may differ significantly from Medicare's.

Code	Global	TC	PC
92133	\$36	\$15	\$21
92134	\$40	\$16	\$24

These codes are defined as “unilateral or bilateral” so are paid once whether one or both eyes are tested

92133 and 91234 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.

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QUESTION: What payment restrictions or bundles exist for 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 the tests. 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 (92201, 92202) unless for unrelated reasons.

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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.

CMS utilization rates for claims paid to ophthalmologists in 2021 show that 92133 was associated with about 11% of all office visits. That is, for every 100 exams for Medicare beneficiaries, Medicare paid for this service eleven times. For 92134, the 2021 utilization was 38%. Optometric utilization was about 9% and 17%, respectively.

Some policies place 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. Too-frequent testing can garner unwanted attention from Medicare and other third-party payers.

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QUESTION: If coverage for SCODI-P is unlikely or uncertain, how should we proceed?

ANSWER: Explain why you feel the test is necessary, and that the payer will likely deny the claim. Get a written financial waiver, such as:

- An [Advance Beneficiary Notice of Noncoverage \(ABN\)](#) is used where Part B Medicare coverage is ambiguous or doubtful, and may be useful where a service is never covered.
- For commercial insurance beneficiaries, a [Notice of Exclusion from Health Plan Benefits \(NEHB\)](#) is an alternative to an ABN.
- For Part C Medicare (Medicare Advantage), determination of benefits is required to identify beneficiary financial responsibility prior to performing noncovered services; MA Plans have their own waiver forms and processes.

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