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Medicare

Comments and Responses Regarding Draft Local Coverage Determination: Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI)

As an important part of Medicare Local Coverage Determination (LCD) development, National Government Services solicits comments from the provider community and from members of the public who may be affected by or interested in our LCDs. The purpose of the advice and comment process is to gain the expertise and experience of those commenting.

We would like to thank those who suggested changes to the draft Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI) LCD. The official notice period for the final LCD begins on November 17, 2008. The policy will become effective on January 1, 2009.

Comment: One commenter was concerned that fundus photography (CPT code 92250) and extended ophthalmoscopy (CPT code 92225) were "bundled" with SCODI and would not be separately paid on the same day when performed on the same eye.

Response: The draft LCD stated:

> The following codes would generally not be necessary with SCODI. When needed the same day, documentation must justify the procedures.
> - 92250 - Fundus photography with interpretation and report
> - 92225 - Ophthalmoscopy, extended with retinal drawing (e.g., for retinal detachment, melanoma) with interpretation and report; initial
> - 92226 - Subsequent ophthalmoscopy
> - 76512 - B-scan (with or without superimposed non-quantitative A-scan)
>
> Scanning computerized ophthalmic diagnostic imaging is not considered medically reasonable and necessary when performed to provide additional confirmatory information regarding a diagnosis or treatment which has already been determined.

The language will remain in the final LCD with the following addition.

> However, the physician is not precluded from performing one of the listed procedures on the same eye of the patient on the same day, when each is necessary to evaluate and treat the patient. The reason for SCODI in addition to one of the above procedures must be clearly stated in the record.

It should be noted that there are National Correct Coding Initiative (NCCI) mutually exclusive edits for CPT codes 92135 and 92250. A modifier is allowed if performed on separate eyes. However, CPT code 92250 has a bilateral indicator of "2' on the Medicare Physician Fee Schedule Database. Therefore, the fee schedule

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amount represents photography of both eyes. Modifier -52 should be appended if only one eye is photographed.

Comment: For "Moderate Glaucomatous Damage," the draft LCD states performance of visual field tests and SCODI "done together, or separated by a short period of time (within three [3] months)" are "not considered medically necessary." Many comments were generated related to this statement. Although one ophthalmologist voiced some support for the statement, there were several dissenters.

Response: The statement will be modified to acknowledge there are clinical instances in which each might be needed to determine the patient's status and thus, treatment. However, the contractor expects use of both tests on the same day or during short intervals to be the exception rather than the rule. Examples in which each test could be medically necessary include situations in which the clinical examination suggests progression of the glaucoma, yet the visual fields do not show new deficits. SCODI could be used to determine whether there is a change in the nerve fiber loss. Similarly, if the clinical examination showed progression and SCODI was unchanged, the visual field testing might be medically necessary to ascertain whether there is a functional change in vision.

Comment: A request was received to add the following ICD-9-CM codes to "ICD-9 Codes that Support Medical Necessity."

ICD-9-CM	Description
377.21	Drusen of optic disc
377.24	Pseudopapilledema
377.30	Optic neuritis, unspecified
377.31	Optic papillitis
377.32	Retrobulbar neuritis (acute)
377.41	Ischemic optic neuropathy

Response: Each condition represented by the above ICD-9-CM codes can cause nerve fiber layer loss which can be quantified with SCODI to provide useful diagnostic information. The codes will be added.

Comment: One commenter stated he agreed with the utilization guideline of one scan per eye per month for wet macular degeneration. However, he felt the limit of four (4) per year for all other retinal problems may be low for many cases. He noted that intravitreal injections of agents to inhibit vascular endothelial growth factor (VEGF) may occur on a monthly basis. Thus monthly scans for those patients may also need to occur.

Another commenter wrote that limiting testing to four times per year may be appropriate for all diagnoses except macular degeneration, evolving macular holes, traction retinal detachment, and diabetic retinopathy. These conditions may undergo rapid clinical changes monthly requiring aggressive therapy and frequent follow-up. Thus, the utilization guidelines should also include diabetic retinopathy, macular hole, traction retinal detachment, as well as macular degeneration as indications for frequent SCODI evaluation up to once monthly for the involved eye.

Response: The draft LCD "Utilization Guidelines" for "Retinal Damage" stated the following.

> It is expected that no more than four (4) tests per year would be appropriate with the exception of patients with macular degeneration.
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> Patients with macular degeneration may require up to one (1) test, per eye, per month. If the condition is other than exudative macular degeneration or diabetic maculopathy, documentation may be requested on services after the second test.

Changes will be made as follows.

> It is expected that no more than four (4) tests per year would be appropriate with the following exceptions. Patients with retinal conditions undergoing active intravitreal drug treatment may be allowed one scan per month per eye. These conditions include age-related macular degeneration (wet), choroidal neovascularization, macular edema, diabetic retinopathy (proliferative and non-proliferative), branch retinal vein occlusion, central retinal vein occlusion, and cystoid macular edema. In addition, other conditions which may undergo rapid clinical changes monthly requiring aggressive therapy and frequent follow-up, such as macular hole and traction retinal detachment, may also require monthly scans.