

## **Final Comments**

### **L34143      Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI)**

#### **Comment**

Many comments were received regarding the utilization guidelines for SCODI and visual field exams, the limitation of one test or the other and the frequency per year. Typically, a common practice for stable patients is the annual analysis for glaucoma which includes a visual field test (functional health of eye) and ophthalmic nerve testing (imaging structural health of optic nerve). Visual field testing tests the function of the eye and SCODI is looking at the anatomy. These tests give you different information. Restricting to one or the other is inappropriate.

#### **Response**

The section in the utilization guidelines was changed to read;

#### **Utilization Guidelines**

##### **Optic Nerve Damage**

CPT code 92133 SCODI will be considered medically necessary usually only for one (1) or two (2) tests per year per patient.

#### **Comment**

One comment was received concerning page 2 the last sentence of the first paragraph states most patients that have abnormally high pressure will never suffer glaucomatous damage to their vision. The commenter did not agree with “most”.

#### **Response**

The statement was removed from the LCD.

#### **Comment**

One request was received to add additional high risk medications particularly estrogen blockers.

#### **Response**

Coverage for estrogen blockers will not be added at this time. No supporting literature was submitted for review.

#### **Comment**

Practitioners should be allowed to perform at least 2 optic nerve head OCT evaluations per year and in more advanced disease, it may be appropriate to perform 3-4 OCTs per year if clinical symptoms/signs of progression are present (e.g. visual loss, field loss, or optic disc cupping changes or disc hemorrhages).

#### **Response**

Under the utilization guidelines for Optic Nerve Damage the LCD states:

“SCODI will be considered medically necessary usually only for one (1) or two (2) tests per year per patient.”

The word usually is used to allow for additional testing in medically necessary situations. Aberrant frequency of testing obtained from data review could result in medical review; multiple entities use WPS LCDs to monitor Medicare billing. In the case of a medical review it would be

the responsibility of the provider to document the medical necessity of the more frequent services.

### **Comment**

There seems some inconsistency in the approval for CPT 92132. On page 4 there's a section about anterior segment disorders that states that SCODI may be used to examine the structures in the anterior segment structures of the eye. It mentions that it is seen as experimental which the commenter thinks is controversial. It goes on to allow testing in the following circumstances: Narrow angle, suspected narrow angle, and mixed narrow and open angle glaucoma. But the glaucoma diagnosis codes (365.11-365.14 range) are not listed on page 7 as being covered for this test. This doesn't seem consistent.

### **Response**

Diagnosis codes 365.11-365.14 were added to the group one table for 92132-anterior segment.

### **Comment**

Regarding OCT technology with Plaquenil use, this is still an evolving area. The newest practice guidelines state that an initial baseline examination is appropriate, then yearly testing beginning at five years duration of use. There are many factors that complicate this such as patients going on and off the medication, and many factors that increase the risk for toxicity. In clinical practice, many doctors are not comfortable with this five year test free window, due to the many extenuating factors that come in to play. I believe that yearly evaluations with visual field and SD-OCT testing are appropriate for patients using Plaquenil and that limiting the testing to only after five years of use may potentially result in harm to some patients.

### **Response**

The recommendation for screening frequency in the LCD is baseline and annual follow-up. The recommendations from the American Academy of Ophthalmology are baseline and after 5 years in patients with no additional risk factors (small stature, liver or kidney disease, concomitant macular disease and possibly advanced age).

We will not limit the testing to once every five years in the LCD to allow for appropriate testing of patients with additional risk factors. No change will be made to the LCD.

### **Comment**

There is a significant problem with the current glaucoma staging system as it relates to the frequency of utilization of certain diagnostic tests. The staging is based only upon the worst eye, when patients very often have asymmetric glaucoma affecting the other eye. For example, a patient with "severe" stage glaucoma in the left eye may only have mild or moderate disease in the fellow eye. The "severe" staging of the glaucoma will preclude the use of OCT technology, when indeed that technology is very necessary and appropriate to use on the fellow eye with less severe disease. This is a concern. Essentially, the staging is based on one eye only, and fails to consider the needs of the fellow eye.

### **Response**

Under the utilization guidelines for Optic Nerve damage the LCD states:

"SCODI would rarely be necessary or beneficial with patients who have advanced optic nerve damage."

The restriction does not say that the stage of the glaucoma in one eye would be the determining factor it means that ongoing testing of an optic nerve with known advanced damage would not be

considered medically necessary. Severe stage glaucoma is listed as a covered diagnosis so in the scenario described the service would be allowed. No change will be made to the LCD.

**Comment**

One commenter thought the statement in the LCD (copied below) that indicated the test was considered experimental/investigational was controversial.

**“Anterior Segment Disorders**

SCODI may be used to examine the structures in the anterior segment structures of the eye. However, it is still seen as experimental/investigational except in the following:”

**Response**

No change will be made to the LCD. The policy defines the conditions that are considered appropriate and considers all other indications experimental/investigational.