



of Tennessee

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Updated Ophthalmology Policies (Effective June 15, 2022)

Beginning June 15, 2022, BlueCross BlueShield of Tennessee will implement the following updated code edits policies to make sure appropriate coding guidelines are followed for claims submitted for reimbursement. We'll implement editing for these services, based on the following guidelines.

These edits are based on the Centers for Medicare and Medicaid Services (CMS), Local Coverage Determination (LCD) Policy L34431 entitled: Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI) - Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI).

92132 - Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral

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

This editing will include the following:

- Denial for additional units of 92134 (Scanning computerized ophthalmic diagnostic imaging; retina) when billed more than once per year for any diagnosis other than glaucoma and retinal disease.
- Denial for additional units of 92133 (Scanning computerized ophthalmic diagnostic imaging; optic nerve) or 92134 (Scanning computerized ophthalmic diagnostic imaging; retina) when billed more than two units per year when the diagnosis is glaucoma.
- Denial for additional units of 92134 (Scanning computerized ophthalmic diagnostic imaging, retina) when billed more than once per month when the diagnosis is retinal disease.
- Denial for 92132 (Scanning computerized ophthalmic diagnostic imaging, anterior segment) when billed and an appropriate diagnosis is not present on the claim.
- Denial for 92133 or 92134 (Scanning computerized ophthalmic diagnostic imaging, posterior segment) when billed and an appropriate diagnosis is not present on the claim.
- Denial for additional units of 92133 (Scanning computerized ophthalmic diagnostic imaging; optic nerve) when billed more than one unit per year for any diagnosis other than glaucoma.

The CMS LCD list conditions required for the testing and the frequency testing expected to be performed.

Note: This LCD shows indications other than those included in this policy are considered investigational and are not covered. SCODI is not covered for screenings, or in the absence of a listed indication.

The patients record must contain documentation that fully supports the medical necessity for the services listed within this LCD and should be available upon request.