



Checklist: Testing Services

Scanning Computerized Ophthalmic Diagnostic Imaging—92134 Retina

Documentation guidelines

- Obtain physician order for retina OCT.
Written or electronic physician order for each test includes:
 - Date of service
 - Medically necessary diagnosis
 - Eye(s) being tested
 - Physician signature
- Indicate RT, LT, OU.
- Indicate medical necessity in chart note.
- Legible documentation must show medical necessity for testing.
- The ordering physician must document the order in the chart, or it should be easily inferred, including the test, the eye and the reason. The interpretation should be documented by the physician and include a signature.
- Medicare states general supervision rules apply. Not all commercial payers follow these supervision rules. For those that don't they generally only allow for direct supervision, where a physician of the practice must be present in the suite. Confirm with your payer's guidelines.

Frequency edits

- One exam every two months is medically appropriate when the primary diagnosis of retinal disease is not undergoing active treatment.
- One exam per month is medically appropriate to manage retinal disease with active treatment management. These diagnoses include: wet AMD, choroidal neovascularization, macular edema, diabetic retinopathy (proliferative and nonproliferative), branch retinal vein occlusion, central retinal vein occlusion and cystoid macular edema.

Novitas and FSCO	With the development of treat and extend protocols for patients with wet AMD treated with antiangiogenic drugs, it is expected that SCODI (unilateral or bilateral) will be used for therapeutic decision making and utilized at maximum of monthly with subsequent less frequency based on the patient treatment protocol and patient response as documented in the medical record.
FSCO	Currently does not allow for 92134 to be submitted less than 31 days as they are denying claims due to frequency.

High risk medication

- When treatment is for CQ and/ or HCQ, the test is medically appropriate for a baseline examination.
 - Novitas states: patients should receive a baseline examination within the first year of treatment and as an annual follow-up after five years of treatment. For higher-risk patients, annual testing may begin immediately (without a 5-year delay).
 - Palmetto states: Current recommendations for monitoring patients taking chloroquine or hydroxychloroquine who are on a dose <5 mg/kg real weight who lack other major risk factors are recommended to undergo screening beginning at the 5th year of exposure and annually thereafter. The presence of major risk factors or a dosage exceeding 5 mg/kg real weight may necessitate earlier and more frequent screening intervals.

- WPS states: Clinical evidence has shown that long-term use of chloroquine (CQ) and/or hydroxychloroquine (HCQ) can lead to irreversible retinal toxicity. Therefore, these two medications are deemed high risk, and scanning optical coherence tomography may be indicated to provide a baseline prior to starting the medication and as an annual follow-up.

Notes

- Clinical evidence has shown that long term use of chloroquine (CQ) and/or hydroxychloroquine (HCO) can lead to irreversible retinal toxicity. Therefore, these two medications are deemed high risk, and as a result some payers will allow payment with Z79.899 Long-term use (current) use of other medications and Z09 Following completed treatment with high risk medication, as covered diagnosis codes.
- Screening for any condition is not medically reasonable and necessary and should not be submitted to the payer. The patient would be responsible and should be notified prior to testing.
- When medically necessary this test is payable during the global postoperative period whether related or unrelated to the surgery.

CCI edits

- Fundus photography and Retina OCT are bundled together in that a physician would use one technique or the other to evaluate fundus disease. However, there are a limited number of clinical conditions where both techniques are medically reasonable and necessary on the ipsilateral eye. In these situations, you may report both codes by appending modifier -59 to CPT code 92250.
- CPT code 92133 Optic nerve OCT and Retina OCT are mutually exclusive of each other. Therefore, only one test can be submitted when performed at the same visit.

Modifier usage

- This code includes a technical component (-TC) and professional component (-26). When the test is ordered by the physician who also provides the interpretation, bill the test as a global. No need to separate out each component to bill. The interpretation should be documented as soon as possible after the test has been performed.

ICD-10 codes

- Use Z03.89 when testing is necessary prior to CQ and HCQ therapy.
 - This code is inherently bilateral; therefore, no eye modifier should be appended.
 - This code includes a technical component (-TC) and professional component (-26). When the test is ordered by the physician who also provides the interpretation, bill the test as a global. No need to separate out each component to bill. The interpretation should be documented as soon as possible after the test has been performed.
- When reporting ICD-10 code Z79.899, the medical record must reflect the medication administered as well as the underlying condition for which it was given.