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The American Academy of Ophthalmology would like to thank you for the opportunity to comment on the proposed policy regarding SCODI. This policy was reviewed by the Health Policy Committee of the American Academy of Ophthalmology (Academy). The Academy is the largest association of eye physicians and surgeons in the United States. A nationwide community of nearly 20,000 medical doctors, we protect sight and empower lives by setting the standards for ophthalmic education and advocating for our patients and the public.

CPT 92133

The Academy disagrees with the newly proposed non-coverage for the use of SCODI for advanced glaucoma (92133). It is confusing for a Medicare contractor to develop local definitions of mild, moderate, and advanced glaucoma, when such guidance is available from CPT and the specialty society affected. Coding guidance for use of the granular coding ICD-10CM is available in the American Academy of Ophthalmology's current 2015 POAG Preferred Practice Pattern (PPP) guideline (page 50) with specific definitions along with a guidance document prepared by AAO and the American Glaucoma Society.

The severity of glaucoma damage can be estimated according to the following categories:

- Mild: definite optic disc or RNFL abnormalities consistent with glaucoma as detailed above and abnormal visual field as tested with standard automated perimetry (SAP)
- Moderate: definite optic disc or RNFL abnormalities consistent with glaucoma as detailed above, and visual field abnormalities in one hemifield that are not within 5 degrees of fixation as tested with SAP
- Severe: definite optic disc or RNFL abnormalities consistent with glaucoma as detailed above, and visual field abnormalities in both hemifields and/or loss within 5 degrees of fixation in at least one hemifield as tested with SAP
- Indeterminate: definite optic disc or RNFL abnormalities consistent with glaucoma as detailed above, inability of patient to perform visual field testing, unreliable/uninterpretable visual field test results, or visual fields not performed yet

These ophthalmic community definitions published a few years ago differ from the Novitas' proposed LCD as well as several others in states such as OH and KY. Having a Medicare carrier define glaucoma with separate and differing staging causes confusion and inaccurate coding at time when we are capturing outcomes data and population health measures based on these code definitions.

Within the severe or advanced category of glaucomatous disease, eyes may have a wide spectrum of optic nerve damage and there can be large parts of the visual field and retinal nerve fiber layer/ganglion cell layer that are still preserved. These can be monitored with SCODI to aid in the detection of progression to blindness that comes with advanced glaucoma.

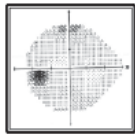


GLAUCOMA STAGE DEFINITIONS

Mild or Early Stage Glaucoma

ICD-10 7th digit "1"

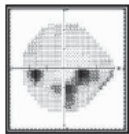
- Optic Nerve abnormalities consistent with glaucoma
- but NO visual field abnormalities on any visual field test
- OR abnormalities present only on short-wave-length automated perimetry or frequency doubling perimetry



Moderate Stage Glaucoma

ICD-10 7th digit "2"

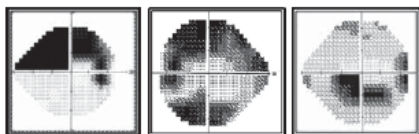
- Optic nerve abnormalities consistent with glaucoma
- AND glaucomatous visual field abnormalities in ONE hemifield and
- NOT within 5 degrees of fixation (note: 5 degrees = involvement of spots nearest fixation)



Advanced, Late, Severe Stage

ICD-10 7th digit "3"

- Optic nerve abnormalities consistent with glaucoma
- AND glaucomatous visual field abnormalities in BOTH hemifields
- AND/OR loss within 5 degrees of fixation in at least one hemifield.



Indeterminate Stage

ICD-10 7th digit "4"

- visual fields not performed yet,
- patient incapable of visual field testing,
- unreliable/uninterpretable visual field testing

Unspecified

ICD-10 7th digit "0"

- Stage not recorded in chart
- Remember to document stage in record!

ICD-10

For ICD10, not all glaucoma diagnoses require the use of Staging at the 7th digit.

These are the Codes in ICD10 that **do not have a laterality digit: Code the Stage for the most severely affected eye, if required in the 7th digit.**

1. Unspecified open-angle glaucoma **H40.10-** (Requires Stage digit for most severely affected eye)
2. Unspecified primary angle-closure glaucoma **H40.20-** (Requires Stage digit for most severely affected eye)
3. Other specified glaucoma **H40.89** (Stage is not used)
4. Unspecified glaucoma **H40.9** (Stage is not used)

Advanced glaucoma represents about 20% of all eyes considered to have glaucoma. These eyes are the closest to blindness from the disease and should be afforded the best care possible. The references used for the 2015 POAG PPP suggesting limited use of SCODI for such patients are dated and used older technology from 2001 to 2006. More recent literature from 2016 by [Belghith et al. IOVS 2016;57:OCT511-OCT518](#)) shows the usefulness of OCT in eyes even with advanced glaucoma.

Furthermore, it is very important to ensure that if one eye is severe and the other is mild or moderate, that the treating ophthalmologist should still do an OCT for the less damaged eye to monitor for progression. This is even more important in that patient has a higher risk of vision loss in the remaining "good" eye.

CPT 92132

We also disagree with a blanket non-coverage policy for CPT 92132. There is important patient benefit for the use of anterior segment OCT and this test should be considered medically necessary within defined patient populations. These include clinical situations such as patients with corneal opacity limiting slit lamp evaluation.

Examples:

- Assess endothelial keratoplasty graft attachment status when stromal edema precludes slit lamp visualization
- Post-traumatic glass corneal foreign body localization to determine if the foreign body has perforated the cornea into the anterior chamber.
- Used to assess depth of corneal involvement to plan surgical approach in corneal dystrophies, degenerations and tumors when slit lamp exam is indeterminate.
- Surgical planning for placement of a phakic intraocular lens.
- Preoperative detection of iridocorneal adhesions.

For glaucoma, anterior segment OCT has predictive value in patients at high risk for angle closure glaucoma, especially in patients of Asian heritage. The test has value to monitor angle closure glaucoma suspects, especially in patients being evaluated for glaucoma who cannot cooperate with gonioscopy (CPT 92020).

CPT 92134

The Academy also believes that the proposed policy for retinal OCT clearly shows a lack of understanding of the importance of this testing for retinal disease. One important medically necessary modification is needed to protect patient's vision with chronic eye diseases including age-related macular degeneration, diabetic retinopathy, macula edema, and vein occlusion. It is important that Medicare allow the more frequent use of retina OCT if there has been a significant change in vision for any patient. Not allowing the use of this important diagnostic and

visualization technology beyond the proposed limits for patients with these diseases that have experienced significant changes in vision could cause substantial harm.

It is expected that no more than four (4) tests per eye per year would be appropriate for the typical patient with the following exceptions: patients with more common retinal conditions, including age-related macular degeneration (wet), choroidal neovascularization from other causes such as pathologic myopia, uveitis and ocular histoplasmosis, macular edema, diabetic retinopathy (proliferative and non-proliferative), branch retinal vein occlusion, central retinal vein occlusion, and cystoid macular edema. Patients receiving intravitreal drug treatment (67028) may be allowed one scan per month per eye. In addition, other conditions which may undergo rapid clinical changes requiring aggressive therapy and more frequent OCTs than 4/year such as macular hole, vitreomacular traction syndrome (VMT), uveitis with cystoid macular edema, hypotony maculopathy, recent ocular trauma with macular edema, other causes of macular edema, central serous chorioretinopathy, acute retinal necrosis, viral retinitis, serous retinal detachment and traction retinal detachment.

Additionally, there are other infrequent conditions that the carrier should include for coverage. Those include cystoid macular edema and epiretinal membrane formation. **This is not an inclusive list and it would be difficult to create such a list because there are many retinal diseases and conditions regardless of how rare for which 92134 is a key diagnostic and/or therapeutic test.**

Finally, there is no mention of the use of retina OCT for several important surgical treatments that OCT is required either to diagnose prior to the surgery or to monitor following surgery. Those include but are not limited to patients with retinal detachments, retinal photocoagulation treatments, detecting and repairing a macular hole, vitreomacular traction and vitrectomy.

Sincerely,



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David Glasser, M.D.
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