Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Medical Necessity Guidelines:

Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI)

Effective: May 1, 2026

Prior Authorization Required If REQUIRED, submit supporting clinical documentation (electronically recommended or by fax)	Yes ☐ No ☒
Notification Required	Yes ☐ No ☒

Applies to:

- Harvard Pilgrim Health Care Commercial products
- Tufts Health Plan Commercial products
- Tufts Health Direct
- Tufts Health Together
- Tufts Health RITogether
- Tufts Health One Care

We recommend submitting prior authorization electronically. If you opt to submit prior authorization requests via fax, please refer to this reference chart for the appropriate fax number (varies by product).
For details on all our products, please visit the Our Plans page on our provider website. For additional Prior Authorization and Notification details on other lines of business not listed on our Medical Necessity Guidelines page, please also reference our Prior Authorization Resources page.

Note: While you may not be the provider responsible for obtaining prior authorization or notifying Point32Health, as a condition of payment you will need to ensure that any necessary prior authorization has been obtained and/or Point32Health has received proper notification. If notification is required, providers may additionally be required to provide updated clinical information to qualify for continued service.

Overview

All scanning computerized ophthalmic diagnostic imaging (SCODI) procedures fall into three categories and include the following technologies: confocal laser scanning ophthalmoscopy (also called scanning laser ophthalmoscopy), scanning laser polarimetry, and optical coherence tomography (OCT). All involve shining a narrow beam of light into the eye and using computers to construct cross-sectional tomographic images of structures in the eye, including the optic nerve head, nerve fiber layer, and retina. It can be used to assess the presence and progression of glaucoma and retinal disorders, as well as certain disorders of the anterior eye.

Clinical Guideline Coverage Criteria

The Plan considers scanning computerized ophthalmic diagnostic imaging (SCODI) as reasonable and medically necessary when **ONE** of the following indications are met:

1. For **ONE** of the following conditions at a maximum frequency of twice per year (per eye):
   a. Glaucoma or suspected glaucoma and SCODI has not been performed more than once on a given eye in the past year; **or**
   b. Visual field testing is inconclusive or impractical and SCODI has not been performed more than once on a given eye in the past year;
2. For **ONE** of the following conditions when a prior scan has not been performed more recently than two months, with each eye being counted separately:
   a. Optic nerve disorder with uncertain identification/diagnosis and SCODI has not been performed on a given eye in the past two months; **or**
   b. Ophthalmic conditions related to retinal disease, such as histoplasmosis or neoplasm, or malignant neoplasm or

tuberculosis of the eye and SCODI has not been performed on a given eye in the past two months.

3. Presence of a discrepancy between clinical appearance of the optic nerve and visual fields; **or**
4. Presence or suspected presence of a magnetic foreign body in the body; **or**
5. Anterior segment disorders of the eye, comprising **ONE** of the following:
   a. Narrow-angle, mixed narrow-angle, suspected narrow angle, and open-angle glaucoma; **or**
   b. Corneal edema, ulcer, neoplasm, pterygium, or opacity precluding visualization of the anterior chamber; **or**
   c. Need for cataract extraction or lens power calculation with history of prior refractive surgery; **or**
   d. Iris tumor or pigmentary degeneration; **or**
   e. Treatment is planned for a disease affecting the cornea, iris, lens, or other anterior segment structure.
6. Treatment that requires monitoring (no more than monthly), specifically bevacizumab, aflibercept, pegaptanib sodium, dexamethasone, or ranibizumab for either diabetic retinopathy or macular degeneration**; or**
7. Long-term therapy with hydroxychloroquine and/or chloroquine when a prior scan has not been performed more recently than two months, with each eye being counted separately

Limitations

The Plan considers SCODI experimental/investigational for all other indications, including routine screening without indications.

Codes

The following code(s) are associated with this service

Table 1: CPT/HCPCS Codes

Code	Description
92132	Computerized ophthalmic diagnostic imaging (e.g., optical coherence tomography [OCT]), anterior segment, with interpretation and report, unilateral or bilateral
92133	Computerized ophthalmic diagnostic imaging (e.g., optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; optic nerve
92134	Computerized ophthalmic diagnostic imaging (e.g., optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; retina

List of Medically Necessary ICD-10 Codes

References:

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Approval And Revision History

November 17, 2021: Reviewed by the Integrated Medical Policy Advisory Committee (IMPAC), for effective date April 1, 2022.
Subsequent endorsement date(s) and changes made:

- January 19, 2022: Reviewed at Medical Policy Advisory Committee (MPAC). For effective date April 1, 2022, MNG applicable to Tufts Health Direct, Tufts Health Direct, Tufts Health RITogether, Tufts Health Unify.
- April 19, 2023: Reviewed at MPAC, the following limitations removed: B-scan, fundus photography, ophthalmoscopy extended with retinal drawings, subsequent ophthalmoscopy effective September 1, 2023
- November 2023: Rebranded Unify to One Care effective January 1, 2024
- December 1, 2023: Reviewed and approved by UM Committee effective January 1, 2024
- March 20, 2024: Reviewed by MPAC, renewed without changes, effective May 1, 2024
- June 13, 2024: Reviewed by UM Committee, renewed without changes effective July 1, 2024
- March 19, 2025: Reviewed by MPAC, renewed without changes effective April 11, 2025
- March 12, 2026: Reviewed by MPAC, renewed without changes, references updated, effective May 1, 2026.

- March 12, 2026: Administrative update, template updated effective May 1, 2026

Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern. For Tufts Health Together (Medicaid), coverage may be available beyond these guidelines for pediatric members under age 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits of the plan in accordance with 130 CMR 450.140 and 130 CMR 447.000, and with prior authorization.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.