

REIMBURSEMENT POLICY	
Policy Name:	Scanning Computerized Ophthalmic Diagnostic Imaging
Policy Number:	PI-004
Original Effective Date:	02/20/2018
Annual Approval Date:	01/01/2022
Products:	Pennsylvania Medicaid

Disclaimer

Highmark Wholecare medical claims payment and prior-authorization policy is a reference resource regarding payment and coverage for the services described. This policy does not constitute medical advice and is not intended to govern and/or otherwise influence medical necessity decisions.

POLICY SCOPE

This policy applies to claims submitted to Highmark Wholecare under the Pennsylvania Medical Assistance product.

Scanning Computerized Ophthalmic Diagnostic Imaging

The following limits apply to Scanning Computerized Ophthalmic Diagnostic Imaging procedures:

92133 - Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve

- Two visits per year for a diagnosis of glaucoma.
- One visit per year for any diagnosis other than glaucoma.

92134 - Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina

- Two visits per year for a diagnosis of glaucoma.
- One visit per month for a diagnosis of retinal disease.
- One visit per year for any diagnosis other than glaucoma or retinal disease.

POLICY SOURCES

CMS LCD: Scanning Computerized Ophthalmic Diagnostic Imaging (L35038)

<https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=35038&ver=76&bc=0>

Policy History

Date	Activity
02/20/2018	Initial effective date
02/01/2021	Reviewed with no changes
01/01/2022	Policy source link updated