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MEDICAL POLICY – 9.03.509

Eye-Anterior Segment Optical Coherence Tomography

Ref. Policy: MP-072

Effective Date:	April 1, 2025	RELATED MEDICAL POLICIES:
Last Revised:	March 10, 2025	9.03.507 Fundus Photography
Replaces:	N/A	

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POLICY CRITERIA | CODING | RELATED INFORMATION

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Introduction

Glaucoma is a group of diseases that damage the optic nerve when the pressure in the eye is too high. Glaucoma can cause vision loss and blindness. Anterior segment optical coherence tomography (AS-OCT) is a way to screen for certain eye diseases, including glaucoma. AS-OCT is a non-invasive imaging method that creates high-resolution, cross-section views of the eye. This policy describes when anterior segment optical coherence tomography may be considered medically necessary.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Policy Coverage Criteria

Service	Medical Necessity
Eye-anterior segment optical coherence tomography (AS-OCT)	**Eye-anterior segment optical coherence tomography (AS-OCT) may be considered medically necessary when at least one of the following indications is present:** • Narrow angle, suspected narrow angle and mixed narrow and open-angle glaucoma **OR** • Determining the proper intraocular lens (IOL) for a patient who has had prior refractive surgery and now requires cataract extraction **OR** • Iris tumor **OR** • Presence of corneal edema or opacity that precludes visualization or study of the anterior chamber **OR** • Calculation of lens power for cataract patients who have undergone prior refractory surgery **OR** • Diagnosis of age-related macular degeneration (AMD) **Note:** See Related Information below for **Limitations**

Coding

Note: Payment will only be made for the cataract codes as long as additional documentation is available in the patient record of their prior refractive procedure. Payment will not be made in addition to an amplitude modulation scan (A-scan) or IOL master (a non-contact optical laser device that measures eye length and surface curvature).

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

Code	Description
ICD-10 codes covered if selection criteria are met:	
A18.50-A18.59	Tuberculosis of eye
H17.00-H17.9	Corneal scars and opacities
H18.10-H18.239	Corneal edema unspecified-Secondary corneal edema unspecified eye
H18.50-H18.59	Other hereditary corneal dystrophies
H21.89	Other specified disorders of iris and ciliary body
H22	Disorders of iris and ciliary body in diseases classified elsewhere
H26.041 – H26.499	Anterior subcapsular polar infantile and juvenile cataract/Other secondary cataract
H26.9	Unspecified cataract
H35.30	Unspecified macular degeneration
H35.361	Drusen (degenerative) of macula, right eye
H35.362	Drusen (degenerative) of macula, left eye
H35.363	Drusen (degenerative) of macula, bilateral
H35.369	Drusen (degenerative) of macula, unspecified eye
H40.021-H40.069	Open angle with borderline findings, high risk- Primary angle closure without glaucoma damage
H40.1490	Capsular glaucoma with pseudo exfoliation of lens, unspecified eye, stage
H40.20X0-H40.89	Primary angle-closure glaucoma- Other specified glaucoma
H42	Glaucoma diagnosis elsewhere classified
Q12.0 – Q12.9	Congenital cataract and lens malformation

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Related Information

Limitations

- This technique is not recommended for the general screening of glaucoma or other retinal diseases.
- It is not the preferred study for advanced glaucomatous damage.
- Fluorescein angiography and optical coherence tomography will not be covered on the same day unless the medical record documents the need for both.
- It is expected that only two exams per eye each year would be required to manage the patient who has glaucoma.
- Services should be reported once whether performed unilaterally or bilaterally.

Evidence Review

Background

The American Academy of Ophthalmology (AAO) defines glaucoma as a group of diseases with certain features including an intraocular pressure that is too high for the continued health of the eye. According to the Centers for Medicare and Medicaid Services (CMS), glaucoma is a leading cause of blindness and also is diagnostically challenging. Almost 50% of glaucoma cases remain undetected. Glaucoma commonly causes a spectrum of related eye and vision changes, including erosion of the optic nerve and the associated retinal nerve fibers, and also loss of peripheral vision.

Optical coherence tomography (OCT) was invented in 1991 by the Massachusetts Institute of Technology (MIT). OCT is a non-invasive, non-contact imaging technique. It produces high resolution, cross-sectional tomographic images of ocular structures and is used for the evaluation of retinal disease.

Anterior segment-OCT may be appropriate for use when performed for the evaluation of individuals at high risk for developing glaucoma and for monitoring of patients already diagnosed with mild or moderate glaucoma. Individuals at high risk for developing glaucoma include:

- Family history of glaucoma

- Diabetes
- Caucasians over 65 years old
- African Americans over 40 years old
- Hispanics over the age of 60

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History

Date	Comments
09/16/19	New policy, approved August 13, 2019, effective January 1, 2020. Eye-anterior segment optical coherence tomography (AS-OCT) may be considered medically necessary for the indications as listed in this policy.
08/01/20	Annual Review, approved July 2, 2020. No changes to policy statement.
08/01/21	Annual Review, approved July 9, 2021. No changes to policy statement, references updated.
07/01/22	Annual Review, approved June 27, 2022. No changes to policy statement, references updated.
10/01/22	Interim Review, approved September 12, 2022. No changes to policy statement, reference updated.
11/01/23	Annual Review, approved October 23, 2023. No changes to policy statement, references updated.
04/01/24	Annual Review, approved March 25, 2024. No changes to policy statement, references updated.
04/01/25	Annual Review, approved March 10, 2025. No changes to policy statement, references updated.

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2025 Premera All Rights Reserved.

Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to

the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy only applies to Individual Plans.