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.
### Service

| Eye-anterior segment optical coherence tomography (AS-OCT) |

### Medical Necessity

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
- Determining the proper intraocular lens (IOL) for a patient who has had prior refractive surgery and now requires cataract extraction
- Iris tumor
- Presence of corneal edema or opacity that precludes visualization or study of the anterior chamber
- Calculation of lens power for cataract patients who have undergone prior refractory surgery
- Diagnosis of age-related macular degeneration (AMD)

**Note:** See Related Information below for Limitations

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### 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).

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>CPT</td>
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<tr>
<td>92132</td>
<td>Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>--------------</td>
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<tr>
<td>A18.50–A18.59</td>
<td>Tuberculosis of eye</td>
</tr>
<tr>
<td>H17.00–H17.9</td>
<td>Corneal scars and opacities</td>
</tr>
<tr>
<td>H18.10–H18.239</td>
<td>Corneal edema unspecified - Secondary corneal edema unspecified eye</td>
</tr>
<tr>
<td>H18.50–H18.59</td>
<td>Other hereditary corneal dystrophies</td>
</tr>
<tr>
<td>H21.89</td>
<td>Other specified disorders of iris and ciliary body</td>
</tr>
<tr>
<td>H22</td>
<td>Disorders of iris and ciliary body in diseases classified elsewhere</td>
</tr>
<tr>
<td>H26.041 – H26.499</td>
<td>Anterior subcapsular polar infantile and juvenile cataract/Other secondary cataract</td>
</tr>
<tr>
<td>H26.9</td>
<td>Unspecified cataract</td>
</tr>
<tr>
<td>H35.30</td>
<td>Unspecified macular degeneration</td>
</tr>
<tr>
<td>H35.361</td>
<td>Drusen (degenerative) of macula, right eye</td>
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<tr>
<td>H35.362</td>
<td>Drusen (degenerative) of macula, left eye</td>
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<tr>
<td>H35.363</td>
<td>Drusen (degenerative) of macula, bilateral</td>
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<tr>
<td>H35.369</td>
<td>Drusen (degenerative) of macula, unspecified eye</td>
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<tr>
<td>H40.021–H40.069</td>
<td>Open angle with borderline findings, high risk - Primary angle closure without glaucoma damage</td>
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<tr>
<td>H40.1490</td>
<td>Capsular glaucoma with pseudo exfoliation of lens, unspecified eye, stage</td>
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<tr>
<td>H40.20X0–H40.89</td>
<td>Primary angle-closure glaucoma- Other specified glaucoma</td>
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<tr>
<td>H42</td>
<td>Glaucoma diagnosis elsewhere classified</td>
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<tr>
<td>Q12.0 – Q12.9</td>
<td>Congenital cataract and lens malformation</td>
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</tbody>
</table>

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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 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 was invented in 1991 by the Massachusetts Institute of Technology (MIT). Optical coherence tomography 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.

AS-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

References


History

<table>
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<tr>
<th>Date</th>
<th>Comments</th>
</tr>
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<tbody>
<tr>
<td>09/16/19</td>
<td>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.</td>
</tr>
</tbody>
</table>

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). ©2019 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.
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Email AppealsDepartmentInquiries@Premera.com

Complaint forms are available at
https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:
Office for Civil Rights Complaint Portal, available at
200 Independence Avenue SW, Room 509F, HHH Building
Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

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