



Anterior Segment Optical Coherence Tomography Clinical Coverage Criteria

Overview

Optical Coherence Tomography (OCT) is a non-invasive procedure which produces high resolution, cross-sectional images of the eye. Anterior Segment OCT is done typically for the evaluation and treatment of diseases of the cornea and iris or in relation to potential cataract surgical procedures.

Policy

This Policy applies to the following Fallon Health products:

- Commercial
- Medicare Advantage
- MassHealth ACO
- NaviCare
- PACE

Fallon Health follows guidance from the Centers for Medicare and Medicaid Services (CMS) for organization (coverage) determinations for Medicare Advantage plan members. National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs) and guidance in the Medicare manuals are the basis for coverage determinations. When there is no NCD, LCD, LCA or manual guidance, Fallon Health Clinical Coverage Criteria are used for coverage determinations.

Medicare does not have an NCD for optical coherence tomography. National Government Services, Inc., the Medicare Administrative Carrier (MAC) with jurisdiction in our service area has an LCD Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI) L34380 and an LCA - Billing and Coding: Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI) A56537 (MCD search 06-15-2021).

For plan members enrolled in NaviCare, Fallon Health follows Medicare guidance for coverage determinations. In the event that there is no Medicare guidance or if the plan member does not meet medical necessity criteria in Medicare guidance, Fallon Health Clinical Coverage Criteria are used for coverage determinations for NaviCare members. Fallon Health's Clinical Coverage Criteria are developed in accordance with the definition of Medical Necessity in 130 CMR 450.204.

See Part II. below for indications for anterior segment optical coherence tomography for Medicare Advantage and NaviCare plan members.

Each PACE plan member is assigned to an Interdisciplinary Team. PACE provides participants with all the care and services covered by Medicare and Medicaid, as authorized by the interdisciplinary team, as well as additional medically necessary care and services not covered by Medicare and Medicaid. With the exception of emergency care and out-of-area urgently needed care, all care and services provided to PACE plan members must be authorized by the interdisciplinary team.

Fallon Health Clinical Coverage Criteria are used to determine medical necessity for anterior segment optical coherence tomography for MassHealth ACO members. Fallon Health Clinical Coverage Criteria are developed in accordance with the definition of Medical Necessity in 130 CMR 450.204.

Prior authorization is required.

Part I. Fallon Health Clinical Coverage Criteria

Fallon Health considers the use of anterior segment OCT experimental/investigational due to a lack of scientific literature supporting its definitive use. Fallon Health will review these requests on a case by case basis, prior authorization is required. Medical records from the providers who have diagnosed or treated the symptoms prompting this request are required.

Part II. Medicare Advantage and NaviCare plan members

Fallon Health follows National Government Services, Inc. LCD Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI) (L34380) and LCA Billing and Coding: Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI) (A56537) for Medicare Advantage and NaviCare plan members. Prior authorization is required for anterior segment SCODI (CPT 92132).

Links to LCD and LCA:

[Scanning Computerized Ophthalmic Diagnostic Imaging \(SCODI\) L34380](#)
[Billing and Coding: Scanning Computerized Ophthalmic Diagnostic Imaging \(SCODI\) A56537](#)

Scanning computerized ophthalmic diagnostic imaging (SCODI) is noninvasive imaging technique that produces high resolution, cross-sectional images of ocular structures that may be useful in monitoring progression, resolution, or response to the treatment of anterior and posterior segment disease.

Posterior segment SCODI allows for earlier detection of optic nerve and retinal nerve fiber layer pathologic changes before there is visual field loss. When appropriately used in the management of the glaucoma patient or glaucoma suspect, therapy can be initiated before there is irreversible loss of vision. This imaging technology provides the capability to discriminate among patients with normal intraocular pressures who have glaucoma, patients with elevated intraocular pressure who have glaucoma, and patients with elevated intraocular pressure who do not have glaucoma. SCODI also permits high resolution assessment of the retinal and choroidal layers, the presence of thickening associated with retinal edema, and of macular thickness measurement. Vitreoretinal and vitreopapillary relationships are displayed permitting surgical planning and assessment.

Anterior segment SCODI is used in the evaluation and treatment planning of diseases affecting the cornea, iris, and other anterior chamber structures. The procedure also may be used to provide additional information during the planning and follow-up for corneal, iris, and cataract surgeries.

SCODI is made up of three technologies. Although the techniques are different, their objective is the same:

- Confocal laser scanning ophthalmoscopy (CSLO)
- Scanning laser polarimetry (SLO)
- Optical coherence tomography (OCT)

In accordance with National Government Services, Inc. LCD Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI) (L34380), Fallon Health will cover anterior segment OCT for the following indications (prior authorization is required):

- Evaluate narrow angle, suspected narrow angle, mixed narrow and open angle glaucoma, and angle recession as all determined by gonioscopy
- Determine the proper intraocular lens for a patient who has had prior refractive surgery and now requires cataract extraction
- Evaluate Iris tumor
- Evaluate corneal edema or opacity that precludes visualization or study of the anterior chamber
- Calculate lens power for cataract patients who have undergone prior refractive surgery. (Reimbursement will only be made for the cataract codes as long as additional documentation is available in the patient record of the prior refractive procedure. Reimbursement will not be made in addition to A-scan or IOL master.)
- Evaluate and plan treatment for patients with diseases affecting the cornea, iris, lens and other anterior segment structures.
- Provide additional information during the planning and follow-up for corneal, iris, cataract, glaucoma and other anterior segment surgeries.

Refer to National Government Services, Inc., Local Coverage Article - Billing and Coding: Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI) (A56537) for ICD-10-CM diagnosis codes that may be used in conjunction with CPT 92132.

Anterior segment OCT is not covered in the absence of an indication listed above.
Anterior segment OCT is not covered for screening.

Exclusions

- Any use of anterior segment optical coherence tomography other than outlined above.
- Anterior segment optical coherence tomography performed in relation to a non-covered eye procedure (e.g. refractive surgery).

Coding

The following codes are included below for informational purposes only; inclusion of a code does not constitute or imply coverage or reimbursement.

Procedure codes may be subject to National Correct Coding Initiative (NCCI) edits and other edits (OPPS, etc.).

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

References

1. National Government Services, Inc. Local Coverage Determination (LCD): Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI) (L34380) Original effective date October 1, 2015. Revision effective date 09/19/2019. Accessed 06/15/2021.
2. National Government Services, Inc. Local Coverage Article – Billing and Coding: Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI) (A56537). Original Effective Date 08/01/2019. Revision Effective Date 10/01/2020. Accessed 06/15/2021.
3. Agarwal A, Ashokkumar D, Jacob S, et al. High-speed optical coherence tomography for imaging anterior chamber inflammatory reaction in uveitis: clinical correlation and grading. *Am J Ophthalmol.* Mar 2009;147(3):413-416.
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7. Maram J, Pan X, Sadda S, Francis B, Marion K, Chopra V. Reproducibility of angle metrics using the time-domain anterior segment optical coherence tomography: intra-observer and inter-observer variability. *Curr Eye Res*. 2015 May;40(5):496-500.
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10. Porporato N, Baskaran M, Aung T. Role of anterior segment optical coherence tomography in angle-closure disease: a review. *Clin Exp Ophthalmol*. 2017 Nov 30.
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13. American Academy of Ophthalmology (AAO), Glaucoma Panel. Primary Angle Closure. Preferred Practice Pattern. San Francisco, CA: AAO; 2015. Last Accessed 05/01/2017 <https://www.aao.org/preferred-practice-pattern/primary-angle-closure-ppp-2015>.
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Policy history

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| Origination date: | 02/01/2017 |
| Approval(s): | Technology Assessment Committee: 01/25/2017 (new policy), 01/24/2018 (updated references), 01/23/2019 (updated references), 01/22/2020 (updated references), 06/22/2021 (annual review, updated references; 06/15/2021 added clarifying language related to Medicare Advantage, NaviCare and PACE under policy section). |

Not all services mentioned in this policy are covered for all products or employer groups. Coverage is based upon the terms of a member's particular benefit plan which may contain its own specific provisions for coverage and exclusions regardless of medical necessity. Please consult the product's Evidence of Coverage for exclusions or other benefit limitations applicable to this service or supply. If there is any discrepancy between this policy and a member's benefit plan, the provisions of the benefit plan will govern. However, applicable state mandates take precedence with respect to fully-insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, federal mandates will apply to all plans.