

Medical Coverage Policy



**Blue Cross
Blue Shield**
of Rhode Island

Anterior Eye Segment Optical Imaging

Device/Equipment Drug Medical Surgery Test Other

Effective Date:	2/17/2009	Policy Last Updated:	7/2/2013
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Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

Description:

This policy relates only to the anterior eye segment and not the posterior segment which is a covered service.

Optical coherence tomography (OCT) is a high resolution method of imaging the ocular structures. OCT for the anterior eye segment is being evaluated as a non-invasive diagnostic and screening tool for the detection of angle closure glaucoma, to assess corneal thickness and opacity, evaluate pre-surgical and postsurgical anterior chamber anatomy, calculate intraocular lens power, guide laser-assisted cataract surgery, assess complications following surgical procedures, and to image intracorneal ring segments. It is also being studied in relation to pathologic processes such as dry eye syndrome, tumors, uveitis, and infections.

Evaluation of the clinical utility of anterior segment OCT depends on demonstration of an improvement in clinical outcomes. For example, outcomes will be improved if OCT detects additional cases of primary angle closure glaucoma, which represent true cases of glaucoma and not false-positives, and if these cases are successfully treated for glaucoma. It is not currently possible to determine the frequency of false-positive results with OCT, therefore it cannot be determined whether health outcomes are improved. For other potential indications (e.g., cataract surgery, endothelial keratoplasty, anterior uveitis) evidence is currently limited. Since the impact on health outcomes of anterior segment OCT for angle closure glaucoma, as well as for other disorders of the anterior chamber, is not known, this procedure is considered investigational.

Medicare considers anterior segment OCT to be reasonable and necessary for the following:

- 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.

Medical Criteria:

None

Policy:

Anterior segment optical coherence tomography is medically necessary for BlueCHiP for Medicare and not medically necessary for all other BCBSRI products as there is inadequate peer reviewed data to support its use.

NOTE: Medicare policy is developed separately from BCBSRI policy. Medicare policy incorporates consideration of governmental regulations from CMS (Centers for Medicare and Medicaid Services), such as national coverage determinations or local coverage determinations. In addition to benefit differences, CMS may reach different conclusions regarding the scientific evidence than does BCBSRI. Medicare and BCBSRI policies may differ. However, BlueCHiP for Medicare members must be offered, at least, the same services as Medicare offers.

Coverage:

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for applicable "Services Not Medically Necessary."

Coding:

The following code is **medically necessary for BlueCHiP for Medicare and not medically necessary for all BCBSRI products.**

92132

The following ICD-9-CM diagnoses codes are required for Medicare members and should be used in conjunction with

CPT code 92132:

190.0	190.3	190.4	190.6	190.8	224.0	224.3
224.4	224.6	224.8	360.51	360.61	364.51	364.52
364.53	364.54	364.55	364.56	364.57	364.59	364.60
364.61	364.62	364.63	364.64	364.70	364.71	364.72
364.73	364.74	364.75	364.76	364.77	364.81	364.82
364.89	365.02	365.20	365.21	365.22	365.23	365.24
365.31	365.32	365.41	365.42	365.43	365.44	365.51
365.52	365.59	365.60	365.61	365.62	365.63	365.64
365.65	365.70	365.71	365.72	365.73	365.74	365.81
365.82	365.83	365.89	366.16	370.00	370.01	370.02
370.03	370.04	370.05	370.06	370.07	371.00	371.01
371.02	371.03	371.20	371.21	371.22	371.23	371.24
371.50	371.57	371.71	371.72	371.73	372.40	372.41
372.42	372.43	372.44	372.45	379.31	379.32	379.33
379.39	996.51	996.53	996.69			

ICD-10

E10.10	E10.11	E10.11	E10.21	E10.311	E10.40
E10.51	E10.610	E10.65	E10.69	E10.8	E10.9
E11.00	E11.01	E11.21	E11.311	E11.40	E11.51
E11.610	E11.641	E11.65	E11.65	E13.10	E13.9

Also Known As:

Optical Coherence Tomography (OCT)

Related Topics:

None

Published:

Provider Update, August 2013

Provider Update, April 2012

Provider Update, May 2011

Provider Update, May 2010

Provider Update, April 2009

References:

Centers for Medicare and Medicaid Services. Local Coverage Determination (LCD) for Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI) (L30266).

Blue Cross Blue Shield Association. Medical Policy Reference Manual 9.03.18 Optical Coherence Tomography (OCT) of the Anterior Eye Segment

Review History:

07/02/2013: Annual review.

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