



Anterior Segment Optical Coherence Tomography Clinical Coverage Criteria

Overview

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

Policy

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 also required.

In accordance with Medicare regulations Fallon Health will cover Anterior Segment OCT for the following conditions for any member with a Medicare enrollment (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.

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)

Codes

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

1. National Government Services Inc. CMS Local Coverage Determination (LCD): Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI) (L34380) Originally effective October 1, 2015, last revised January 1, 2018
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3. Cauduro RS, Ferraz Cdo A, Morales MS, et al. Application of anterior segment optical coherence tomography in pediatric ophthalmology. *J Ophthalmol.* 2012;2012:313120. PMID 22934156
4. Smith SD, Singh K, Lin SC, et al. Evaluation of the anterior chamber angle in glaucoma: a report by the american academy of ophthalmology. *Ophthalmology.* 2013 Oct;120(10):1985-97. doi: 10.1016/j.ophtha.2013.05.034. Epub 2013 Aug 23.
5. Narayanaswamy A, Sakata LM, He MG, et al. Diagnostic performance of anterior chamber angle measurements for detecting eyes with narrow angles: an anterior segment OCT study. *Arch Ophthalmol.* Oct 2010;128(10):1321-1327. PMID 20938002
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7. Medina CA, Plesec T, Singh AD. Optical coherence tomography imaging of ocular and periocular tumours. *Br J Ophthalmol.* Jul 2014;98 Suppl 2:ii40-46. PMID 24599420
8. Neri A, Ruggeri M, Protti A, et al. Dynamic imaging of accommodation by swept-source anterior segment optical coherence tomography. *J Cataract Refract Surg.* 2015 Mar;41(3):501-10. doi: 10.1016/j.jcrs.2014.09.034. Epub 2015 Feb 20.
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Policy History

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)

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. For Medicare and Medicaid members, this policy will apply unless Medicare and Medicaid policies extend coverage beyond this policy.