



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 uses guidance from the Centers for Medicare and Medicaid Services (CMS) for coverage determinations for Medicare Advantage, NaviCare and PACE 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 or manual guidance, Fallon Health Clinical Coverage Criteria are used for coverage determinations.

See Part II. below for covered indications for Anterior Segment Optical Coherence Tomography for Medicare Advantage, NaviCare and PACE plan members

Prior authorization is required.

Part I. Commercial and MassHealth plan members

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.

Part II. Medicare Advantage, NaviCare and PACE plan members

In accordance with National Government Services 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.

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

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

References

1. National Government Services Inc. CMS Local Coverage Determination (LCD): Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI) (L34380) Original effective date October 1, 2015. Revision effective date September 19, 2019.
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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.
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.
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.
6. 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.
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.
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.
9. 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.

10. Fisher D, Collins MJ, Vincent SJ. Anterior segment optical coherence tomography scanning protocols and corneal thickness repeatability. Cont Lens Anterior Eye. 2019 Dec 18. pii: S1367-0484(19)30264-4.

Policy history

Origination date: 02/01/2017
Approval(s): Technology Assessment Committee: 01/25/2017 (new policy),
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references), 01/22/2020 (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. For Medicare and Medicaid members, this policy will apply unless Medicare and Medicaid policies extend coverage beyond this policy.