

## MEDICAL POLICY – 9.03.509

## Eye-Anterior Segment Optical Coherence Tomography

Ref. Policy: MP-072

Effective Date: April 1, 2024

Last Revised: Mar. 25, 2024


Replaces: N/A

RELATED MEDICAL POLICIES:

9.03.507 Fundus Photography

Select a hyperlink below to be directed to that section.

[POLICY CRITERIA](#) | [CODING](#) | [RELATED INFORMATION](#)  
[EVIDENCE REVIEW](#) | [REFERENCES](#) | [HISTORY](#)

 Clicking this icon returns you to the hyperlinks menu above.

---

## 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.

## Policy Coverage Criteria

---

Service	Medical Necessity
<b>Eye-anterior segment optical coherence tomography (AS-OCT)</b>	<p><b>Eye-anterior segment optical coherence tomography (AS-OCT) may be considered medically necessary when at least one of the following indications is present:</b></p> <ul style="list-style-type: none"> <li>Narrow angle, suspected narrow angle and mixed narrow and open-angle glaucoma</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>Determining the proper intraocular lens (IOL) for a patient who has had prior refractive surgery and now requires cataract extraction</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>Iris tumor</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>Presence of corneal edema or opacity that precludes visualization or study of the anterior chamber</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>Calculation of lens power for cataract patients who have undergone prior refractory surgery</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>Diagnosis of age-related macular degeneration (AMD)</li> </ul> <p><b>Note:</b> See Related Information below for <a href="#">Limitations</a></p>

## 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).

Code	Description
<b>CPT</b>	
92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral



Code	Description
<b>ICD-10 codes covered if selection criteria are met:</b>	
A18.50-A18.59	Tuberculosis of eye
H17.00-H17.9	Corneal scars and opacities
H18.10-H18.239	Corneal edema unspecified-Secondary corneal edema unspecified eye
H18.50-H18.59	Other hereditary corneal dystrophies
H21.89	Other specified disorders of iris and ciliary body
H22	Disorders of iris and ciliary body in diseases classified elsewhere
H26.041 – H26.499	Anterior subcapsular polar infantile and juvenile cataract/Other secondary cataract
H26.9	Unspecified cataract
H35.30	Unspecified macular degeneration
H35.361	Drusen (degenerative) of macula, right eye
H35.362	Drusen (degenerative) of macula, left eye
H35.363	Drusen (degenerative) of macula, bilateral
H35.369	Drusen (degenerative) of macula, unspecified eye
H40.021-H40.069	Open angle with borderline findings, high risk- Primary angle closure without glaucoma damage
H40.1490	Capsular glaucoma with pseudo exfoliation of lens, unspecified eye, stage
H40.20X0-H40.89	Primary angle-closure glaucoma- Other specified glaucoma
H42	Glaucoma diagnosis elsewhere classified
Q12.0 – Q12.9	Congenital cataract and lens malformation

**Note:** CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). HCPCS codes, descriptions and materials are copyrighted by Centers for Medicare Services (CMS).

## Related Information



## 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 the 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 (OCT) was invented in 1991 by the Massachusetts Institute of Technology (MIT). OCT 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.

Anterior segment-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

1. American Academy of Ophthalmology (AAO). Preferred Practice Patterns Committee. Comprehensive adult medical eye evaluation. Nov 2020. <https://www.aao.org/preferred-practice-pattern/comprehensive-adult-medical-eye-evaluation-ppp>. Accessed March 14, 2024.
2. Arevalo, J. F., Lasave, A. F., Arias, J. D., Serrano, M. A., & Arevalo, F. A. (2013). Clinical applications of optical coherence tomography in the posterior pole: the 2011 José Manuel Espino Lecture - Part II. *Clinical ophthalmology (Auckland, N.Z.)*, 7, 2181–2206. doi:10.2147/OPTH.S51158 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3825852/>. Accessed March 14, 2024.
3. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD) No. L35038 - Scanning Computerized Ophthalmic Diagnostic Imaging. Revision Effective Date: 10/31/2019. <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=35038&ver=76&bc=CAAAAAAAAAAAAA>. Accessed March 14, 2024.
4. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD) No. L34760 - Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI). Revision Effective Date: 09/03/2021.09/03/2021. <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=34760&ver=23&bc=0>. Accessed March 14, 2024.
5. Corcoran SL. Medicare Reimbursement for Testing with the Visante OCT. *Ophthalmology Management*. 02/01/2008. <https://www.ophtalmologymanagement.com/issues/2008/february/coding-reimbursement/>. Accessed March 14, 2024
6. Glaucoma Research Foundation. What is glaucoma? <https://glaucoma.org/understanding-glaucoma>. Accessed March 14, 2024.
7. Krema, H, Santiago, RA, Gonzalez, JE, et al. Spectral-domain optical coherence tomography versus ultrasound biomicroscopy for imaging of nonpigmented iris tumors. *Am J Ophthalmology*. 2013 Oct; 156 (4) 806-812.e1. <http://www.ncbi.nlm.nih.gov/pubmed/23876869>. Accessed March 14, 2024.
8. Medina CA, Plesec T, Singh AD. Optical coherence tomography imaging of ocular and periocular tumours. *Br J Ophthalmol*. 2014 Jul;98 Suppl 2:ii40-6. doi: 10.1136/bjophthalmol-2013-304299. Epub 2014 Mar 5. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4208341/pdf/bjophthalmol-2013-304299.pdf>. Accessed March 14, 2024.
9. National Institute of Health (NIH). National Eye Institute (NEI) Age-Related Macular Degeneration (AMD). Last Reviewed: June 22, 2021. <https://www.nei.nih.gov/learn-about-eye-health/eye-conditions-and-diseases/age-related-macular-degeneration>. Accessed March 14, 2024.
10. Optics.org. New growth for optical coherence tomography. Posted: 05/08/2008. <http://optics.org/article/34127>. Accessed March 14, 2024.
11. Radhakrishnan S, Yarovoy D. Development in anterior segment imaging for glaucoma. *Curr Opin Ophthalmol*. 2014 Mar;25(2):98-103. doi: 10.1097/ICU.000000000000026. <http://www.ncbi.nlm.nih.gov/pubmed/24370972>. Accessed March 14, 2024.



12. 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), 1985-1987. <http://www.ncbi.nlm.nih.gov/pubmed/23978623>. Accessed March 14, 2024.

## History

Date	Comments
09/16/19	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.
08/01/20	Annual Review, approved July 2, 2020. No changes to policy statement.
08/01/21	Annual Review, approved July 9, 2021. No changes to policy statement, references updated.
07/01/22	Annual Review, approved June 27, 2022. No changes to policy statement, references updated.
10/01/22	Interim Review, approved September 12, 2022. No changes to policy statement, reference updated.
11/01/23	Annual Review, approved October 23, 2023. No changes to policy statement, references updated.
04/01/24	Annual Review, approved March 25, 2024. No changes to policy statement, references updated.

**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). ©2024 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.





### Discrimination is Against the Law

LifeWise Health Plan of Washington (LifeWise) complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. LifeWise does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. LifeWise provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). LifeWise provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the Civil Rights Coordinator. If you believe that LifeWise has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-6396, Fax: 425-918-5592, TTY: 711, Email [AppealsDepartmentInquiries@LifeWiseHealth.com](mailto:AppealsDepartmentInquiries@LifeWiseHealth.com). 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. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can also file a civil rights complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint Portal available at <https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>, or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at <https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx>.

### Language Assistance

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-817-3056 (TTY: 711).

**注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-817-3056 (TTY: 711)。

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-817-3056 (TTY: 711).

**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-817-3056 (TTY: 711) 번으로 전화해 주십시오.

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-817-3056 (телетайп: 711).

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-817-3056 (TTY: 711).

**УВАГА!** Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки.

Телефонуйте за номером 800-817-3056 (телетайп: 711).

**ប្រយ័ត្ន:** បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល្អ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 800-817-3056 (TTY: 711)។

**注意事項:** 日本語を話される場合、無料の言語支援をご利用いただけます。800-817-3056 (TTY:711) まで、お電話にてご連絡ください。

**ማስታወሻ:** የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 800-817-3056 (መስማት ለተሳናቸው: 711)።

**XIYYEEFFANNAA:** Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 800-817-3056 (TTY: 711).

**ملحوظة:** إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-817-3056 (رقم هاتف الصم والبكم: 711).

**ਧਿਆਨ ਦਿਓ:** ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 800-817-3056 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-817-3056 (TTY: 711).

**ໂປດອຸບ:** ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ຄ່າສ່ຽງຄ່າ, ຄວນມີພ້ອມໃຫ້ທ່ານ. ໂທ 800-817-3056 (TTY: 711).

**ATANSYON:** Si w pale Kreyòl Ayisyen, gen sévis èd pou lang ki disponib gratis pou ou. Rele 800-817-3056 (TTY: 711).

**ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-817-3056 (ATS : 711).

**UWAGA:** Jezeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-817-3056 (TTY: 711).

**ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-817-3056 (TTY: 711).

**ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-817-3056 (TTY: 711).

**توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 800-817-3056 (TTY: 711) تماس بگیرید.