

# MedStar Health, Inc.

## POLICY AND PROCEDURE MANUAL

Policy Number: MP.072.MH  
Last Review Date: 08/04/2016  
Effective Date: 09/01/2016

### MP.072.MH – Eye-Anterior Segment Optical Coherence Tomography

This policy applies to the following lines of business:

- ✓ MedStar Employee (Select)
- ✓ MedStar MA – DSNP – CSNP
- ✓ MedStar CareFirst PPO

MedStar Health considers **Eye-Anterior Segment Optical Coherence Tomography (AS-OCT)** medically necessary for at least one of the following:

1. Narrow angle, suspected narrow angle and mixed narrow and open-angle glaucoma.
2. Determining the proper intraocular lens (IOL) for a patient who has had prior refractive surgery and now requires cataract extraction.
3. Iris tumor.
4. Presence of corneal edema or opacity that precludes visualization or study of the anterior chamber.
5. Calculation of lens power for cataract patients who have undergone prior refractory surgery.

*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).

#### Limitations

Limitations for AS-OCT include at least one of the following:

1. This technique is not recommended for the general screening of glaucoma or other retinal diseases.
2. It is not the preferred study for advanced glaucomatous damage.
3. Fluorescein angiography and optical coherence tomography on the same day unless the medical record documents the need for both.
4. It is expected that only two exams/eye/year would be required to manage the patient who has glaucoma.
5. Services should be reported once whether performed unilaterally or bilaterally

#### 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 CMS, Glaucoma is a leading cause of

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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 was invented in 1991 by the Massachusetts Institute of Technology. Optical coherence tomography 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.

AS-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

### Codes:

<b>CPT Codes / HCPCS Codes / ICD-10 Codes</b>	
Code	Description
<b>CPT Codes</b>	
92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral
<b>ICD-9 codes covered if selection criteria are met:</b>	
364.89	Other disorders of iris and ciliary body
365.02	Anatomical narrow angle borderline glaucoma
365.05	Open angle glaucoma with borderline findings, high risk
365.06	Primary angle-closure without glaucoma damage
365.20 – 365.89	Primary angle-closure glaucoma unspecified – other specified glaucoma
366.01-366.9	Senile and other specified cataract
371.00 – 371.05	Corneal opacity unspecified – phthisical cornea
371.20 – 371.24	Corneal edema unspecified – corneal edema due to wearing of contact lenses
371.50-371.58	Corneal dystrophy

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743.31-743.39	Congenital cataract and lens anomalies
<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
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

### References

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### Disclaimer:

MedStar Health medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of MedStar Health and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

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