01-92000-17

Original Effective Date: 04/17/00

Reviewed: 07/25/24

Revised: 01/01/25

Subject: Scanning Computerized Ophthalmic Diagnostic Imaging

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

DESCRIPTION:

Glaucoma is characterized by degeneration of the optic nerve (optic disc). Elevated intraocular pressure (IOP has long been thought to be the primary etiology, but the relation between IOP and optic nerve damage varies among those affected, suggesting a multifactorial origin. Several techniques have been developed to measure the thickness of the optic nerve and retinal nerve fiber layer (RNFL) as a method to diagnose and evaluate glaucoma.

Confocal scanning laser ophthalmoscopy (CSLO) is an image acquisition technique intended to improve the quality of the eye examination compared with standard ophthalmologic examination. A laser is scanned across the retina along with a detector system. The Heidelberg Retinal Tomograph is a commonly used technology.

Scanning laser polarimetry (SLP) is the use of polarized light for evaluation of the RNFL.Unlike confocal scanning laser ophthalmoscopy, scanning laser polarimetry can directly measure the thickness of the retinal nerve fiber layer. GDx is a common scanning laser polarimetry device.

Optical coherence tomography (OCT) uses near-infrared light to provide direct cross-sectional measurement of the RNFL. The principles employed are similar to those used in B-mode ultrasound except light, not sound, is used to produce the 2-dimensional images. This system requires dilation of the pupil.

A number of techniques have been developed to assess ocular blood flow. They include laser speckle flowgraphy, color Doppler imaging, Doppler Fourier domain optical coherence tomography, laser Doppler velocimetry, confocal scanning laser Doppler flowmetry, and retinal functional imaging.

POSITION STATEMENT:

Scanning computerized laser ophthalmic imaging, **posterior segment,** using confocal scanning laser ophthalmoscopy (CSLO), scanning laser polarimetry (SLP), or optical coherence tomography (OCT) (CPT codes 92133, 92134) **meets the definition of medical necessity** when used:

- For analysis of the optic nerve and/or retinal nerve fiber layer in individuals with glaucoma and glaucoma suspect, **OR**
- To document the appearance of the optic nerve and retina in individuals with conditions affecting the optic nerve and retina (refer to ICD-10 Diagnosis Codes that Support Medical Necessity table below)

Scanning computerized laser ophthalmic imaging, posterior segment, using confocal scanning laser ophthalmoscopy (CSLO), scanning laser polarimetry (SLP), or optical coherence tomography (OCT) is considered **experimental or investigational** when performed solely as a screening method, for confirmation of a known diagnosis of glaucoma, or other indications not listed, as there is insufficient clinical evidence to support the use of these tests for decision-making for those conditions.

Scanning computerized ophthalmic diagnostic imaging, **anterior segment,** using confocal scanning laser ophthalmoscopy (CSLO), scanning laser polarimetry (SLP), or optical coherence tomography (OCT) (CPT code 92132) is considered **experimental or investigational** for any indication, as the available published clinical evidence does not support clinical value.

The measurement of ocular blood flow, pulsatile ocular blood flow, or blood flow velocity is considered **experimental or investigational** in the diagnosis and follow-up of glaucoma. Data in published medical literature are inadequate to permit scientific conclusions on long-term and net health outcomes.

BILLING/CODING INFORMATION:

CPT Coding:

92132	Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), anterior segment, with interpretation and report, unilateral or bilateral (**investigational**)
92133	Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; optic nerve
92134	Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; retina
92137	Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; retina, including OCT angiography

ICD-10 Diagnosis Codes That Support Medical Necessity:

B39.4	Histoplasmosis capsulate, unspecified
B73.01 – B73.09	Onchocerciasis with eye disease
C69.30 – C69.32	Malignant neoplasm of choroid
C71.0 – C71.9	Malignant neoplasm of brain
D18.09	Hemangioma of other sites
D31.30 – D31.32	Benign neoplasm of choroid
E08.311 – E08.39	Diabetes mellitus due to underlying condition with ophthalmic complications
E09.311 – E09.39	Drug or chemical induced diabetes mellitus with ophthalmic complications
E10.311 – E10.39	Type 1 diabetes mellitus with ophthalmic complications

E11.311 – E11.39	Type 2 diabetes mellitus with ophthalmic complications
E13.311 – E13.39	Other specified diabetes mellitus with ophthalmic complications
G45.3	Amaurosis fugax
H05.00 – H05.9	Disorders of the orbit
H15.041 – H15.043	Scleritis with corneal involvement
H15.811 – H15.859	Staphyloma; scleral ectasia
H21.231 – H21.239	Degeneration of iris (pigmentary)
H21.331 – H21.333	Parasitic cyst of iris, ciliary body or anterior chamber
H21.551 – H21.553	Recession of changer angle
H30.001 – H31.93	Chorioretinal inflammation
H31.001 – H31.8	Other disorders of choroid
H32	Chorioretinal disorders in diseases classified elsewhere
H33.001 – H33.8	Retinal detachment with retinal breaks
H34.00 – H34.9	Retinal vascular occlusions
H35.00 – H35.89	Other retinal disorders
H36.811-H36.819	Nonproliferative sickle-cell retinopathy
H36.821-H36.829	Proliferative sickle-cell retinopathy
H36.89	Other retinal disorders in diseases classified elsewhere
H40.001 – H40.009	Preglaucoma
H40.011 – H40.019	Open angle glaucoma with borderline findings, low risk
H40.021 – H40.029	Open angle glaucoma with borderline findings, high risk
H40.031 – H40.039	Anatomical narrow angle glaucoma
H40.041 – H40.049	Steroid responder
H40.051 – H40.059	Ocular hypertension
H40.061 – H40.069	Primary angle closure without glaucoma damage
H40.10X0 – H40.10X4	Open angle glaucoma
H40.1110 – H40.1194	Primary open-angle glaucoma, staged
H40.1210 – H40.1294	Low-tension glaucoma
H40.1310 – H40.1394	Pigmentary glaucoma
H40.1410 – H40.1494	Capsular glaucoma with pseudoexfoliation of lens
H40.1510 – H40.1594	Residual stage of open-angle glaucoma
H40.20X0 – H40.20X4	Unspecified primary angle-closure glaucoma
H40.2110 – H40.2194	Acute angle-closure glaucoma, attack or crisis
H40.2210 – H40.2294	Chronic angle-closure glaucoma
H40.231 – H40.239	Intermittent angle-closure glaucoma
H40.241 – H40.249	Residual stage of angle-closure glaucoma
H40.30X0 – H40.33X4	Glaucoma secondary to eye trauma
H40.40X0 – H40.43X4	Glaucoma secondary to eye inflammation
H40.50X0 – H40.53X4	Glaucoma secondary to other eye disorders
H40.60X0 – H40.63X4	Glaucoma secondary to drugs
H40.811 – H40.9	Other and unspecified glaucoma
H42	Glaucoma in diseases classified elsewhere
H43.00 – H43.9	Disorders of vitreous body

H44.121 – H44.123	Parasitic endophthalmitis
H44.131 – H44.139	Sympathetic uveitis
H44.20 – H44.23	Degenerative myopia
H44.40 – H44.449	Hypotony of eye
H46.00 – H47.399	Disorders of optic nerve and visual pathways
H47.511 – H47.649	Disorders of other visual pathways and visual cortex
H53.40 – H53.489	Visual field defects
Q14.0 – Q14.9	Congenital malformations of posterior segment of eye
Q15.0	Congenital glaucoma
Q75.2	Hypertelorism
Z09	Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm
Z79.899	Other long term (current) drug therapy

LOINC Codes:

The following information may be required documentation to support medical necessity: physician consultation notes, physician progress notes, ophthalmology testing or studies and treatment plan.

Documentation Table	LOINC Codes	LOINC Time Frame Modifier Code	LOINC Time Frame Modifier Codes Narrative
Ophthalmology evaluation and management note	34808-6	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim
Ophthalmology consultation note	34807-8	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Ophthalmology/optometry studies (set)	28619-5	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim
Treatment plan	18776-5	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Ophthalmology referral note	57150-5	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.

REIMBURSEMENT INFORMATION:

Refer to section entitled **POSITION STATEMENT**.

PROGRAM EXCEPTIONS:

Federal Employee Program (FEP): Follow FEP guidelines.

State Account Organization (SAO): Follow SAO guidelines.

Medicare Advantage Products: The following Local Coverage Determination (LCD) was reviewed on the last guideline reviewed date: Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI) (L33751) located at fcso.com.

If this Medical Coverage Guideline contains a step therapy requirement, in compliance with Florida law 627.42393, members or providers may request a step therapy protocol exemption to this requirement if based on medical necessity. The process for requesting a protocol exemption can be found at Coverage Protocol Exemption Request.

DEFINITIONS:

Glaucoma: a group of eye diseases characterized by an increase in intraocular pressure which causes pathological changes in the optic disk and defects in the field of vision.

Intraocular: within the eye.

RELATED GUIDELINES:

None applicable

OTHER:

None applicable.

REFERENCES:

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2. Agency for Healthcare Research and Quality. National Guideline Clearinghouse. Guidelines Summary NGC-6913. Idiopathic Macular Hole. 05/15/09.
3. Agency for Healthcare Research and Quality. National Guideline Clearinghouse. Guidelines Summary NGC-7151. Age-Related Macular Degeneration. 09/01/09.
4. American Academy of Ophthalmology (AAO) Preferred Practice Pattern: Primary open-angle glaucoma suspect (2015). Accessed at https://www.aao.org/preferred-practice-pattern/primary-open-angle-glaucoma-suspect-ppp-2015.
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11. Blue Cross Blue Shield Association Evidence Positioning System®. 9.03.18 - Optical Coherence Tomography of the Anterior Eye Segment, 04/24.
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COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 07/25/24.

GUIDELINE UPDATE INFORMATION:

04/17/00	New MCG.
10/02/00	Various revisions.

12/31/00	Various revisions.
10/25/01	Reviewed investigational status – no changes.
08/15/02	Guidelines 01-92000-17 and 01-92000-19 combined. Optical Coherence Tomography added.
10/15/03	Annual review; reformatted description section, added additional ICD-9 diagnoses for Medicare & More that support medical necessity, deleted the reimbursement statement for code 92135 and codes (92081, 92082, and 92083), updated references. Added diagnoses 362.50 – 362.57 (Degeneration of macula and posterior pole). 10/16/03: Added statement for optical coherence tomography (OCT) for Medicare & More.
01/15/04	Deleted program exceptions for Medicare & More for 92135. Revised covered ICD-9 CM diagnoses for scanning computerized ophthalmic diagnostic imaging (92135) to be consistent with local Medicare B Medical Policy.
07/15/04	Guideline archived, no longer scheduled for review.
02/15/10	Guideline revised, reformatted and returned to active status. Description section updated, ICD 9 coding revised, and References updated.
09/15/10	Revision: MCG title changed; updated Billing/Coding Information section; updated Definitions section; added Program Exception for Medicare Advantage; revised Reimbursement Information section, and formatting changes.
10/15/10	Revision; related ICD-10 codes added.
01/01/11	Annual HCPCS coding update. Added codes 92132, 92133, and 92134; deleted codes 92135 and 0187T.
04/15/11	Revision; revised description and position statement sections for clarification; updated ICD-9 and ICD-10 coding sections; added formatting changes.
09/15/11	Revision; formatting changes.
10/01/11	Revision; added ICD9 codes 365.05, 365.06, 365.70, 365.71, 365.72 and 365.74.
04/01/12	Revision; updated ICD10 coding with new and revised codes.
12/15/12	Revision; updated ICD10 coding.
02/15/13	Revision; added ICD9 codes 368.46, 368.47, V58.69 and V67.51; added ICD10 code Z09. Updated references.
08/15/13	Revision; added ICD9 codes 250.50, 250.51, 250.52, 250.53.
11/15/13	Revision; updated program exceptions section. Reformatted guideline.
05/11/14	Revision: Program Exceptions section updated.
10/01/15	Revision; updated ICD9 and ICD10 coding sections.
11/01/15	Revision: ICD-9 Codes deleted.
08/15/16	Revision; updated ICD10 coding.
10/01/16	ICD-10 coding update: deleted codes H40.11X0-H40.11X4; added codes H40.1110 – H40.1194.
05/15/19	Scheduled review. Revised description, position statement, program exceptions, and index terms. Updated references.
11/15/20	Scheduled review. Maintained position statement and updated references.

08/15/22	Scheduled review. Revised description. Added coverage statement for measurement of ocular blood flow, pulsatile ocular blood flow, and blood flow velocity. Updated ICD10 coding and references.
05/22/23	Update to Program Exceptions section.
10/01/23	ICD10 coding update: added H36.811, H36.812, H36.813, H36.819, H36.821, H36.822, H36.823, H36.829, H36.89; deleted H36.
08/15/24	Scheduled review. Maintained position statement and updated references.
01/01/25	Annual CPT/HCPCS coding update. Added 92137; revised 92132, 92133, 92134.