

Medical Policy



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Title: Scanning Laser Ophthalmoscopy (SLO) for Glaucoma and Optical Coherence Tomography (OCT) for Retinal Conditions

Professional

Original Effective Date: January 1, 2001

Revision Date(s): April 18, 2001;

April 24, 2001; September 18, 2002;

May 10, 2005; May 19, 2005;

February 1, 2007; March 1, 2007;

April 19, 2007, May 9, 2007

Current Effective Date: November 1, 2007

DESCRIPTION

The scanning laser is a modality used to study the nerve fiber layer. The scanning laser measures changes in the linear polarization of light (retardation). It uses a polarimeter, an optical device to measure linear polarization change, and a scanning laser ophthalmoscope together to measure the thickness of the nerve fiber layer of the retina.

The optical coherence tomography (OCT) is an interferometer that provides real-time, non-contact, cross-sectional imaging and measurement of the optic nerve head, macula, and peripapillary region. The OCT is used to identify structural abnormalities that precede or correspond to functional loss.

POLICY

- A. Scanning Laser Ophthalmoscopy test is allowable for the diagnoses and the monitoring of the optic nerve and glaucoma. Testing may be allowed every year. If the testing is done more frequently than every year, consultant review will be required.
- B. Optical Coherence Tomography (OCT) test is allowed for the diagnoses and the monitoring for retinal conditions.

Repeat testing:

- If exudative age-related macular degeneration (AMD) repeat OCT will significantly help guide the need for retreatment (with photodynamic therapy [PDT] or intravitreal injection treatments) in conjunction with intravenous fluorescein angiography (IVF) / indocyanine green (ICG). Maximum of 8 per year by treating MD/OD linked to intravitreal injections.
- If diabetic macular edema (DME): every 2 or 3 months (maximum of 4 per year by treating MD/OD linked to intravitreal injections / or laser treatment).

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- If retinal detachment (RD): pre-treatment and post-surgical at 2 months (maximum of 2 by treating MD/OD).
- If epiretinal membrane (ERM): pre-treatment and post-surgical at 3 months, 6 months (maximum of 3 by treating MD/OD) if with macular edema.
- Macular hole: pre-treatment and post-treatment at 2 or 3 months (cases of partially closed hole).

OCT is also allowed for diagnosing and monitoring glaucoma, nerve fiber layer, and optic nerve conditions. Testing may be allowed every year. If the testing is done more frequently than every year, consultant review will be required.

CODING

CPT/HCPCS

92135	Scanning computerized ophthalmic diagnostic imaging, posterior segment, (eg, scanning laser) with interpretation and report, unilateral
S0625	Retinal telescreening by digital imaging of multiple different fundus areas to screen for vision threatening conditions, including imaging, interpretation and report

DIAGNOSES

A. These diagnoses are allowed for SLO and are subject to the medical policy as stated above

362.54	Macular cyst, hole, or pseudohole
362.83	Retinal edema
362.85	Retinal nerve fiber bundle defects
364.22	Glaucomatocyclitic crises
364.77	Recession of chamber angle
365.00	Preglaucoma, unspecified
365.01	Open angle with borderline findings
365.02	Anatomical narrow angle
365.03	Steroid responders
365.04	Ocular hypertension
365.10	Open-angle glaucoma, unspecified
365.11	Primary open angle glaucoma
365.12	Low tension glaucoma
365.13	Pigmentary glaucoma
365.14	Glaucoma of childhood
365.15	Residual stage of open angle glaucoma
365.20	Primary angle-closure glaucoma, unspecified
365.21	Intermittent angle-closure glaucoma
365.22	Acute angle-closure glaucoma
365.23	Chronic angle-closure glaucoma
365.24	Residual stage of angle-closure glaucoma
365.31	Glaucomatous stage
365.32	Residual stage
365.41	Glaucoma associated with chamber angle anomalies

- 365.42 Glaucoma associated with anomalies of iris
- 365.43 Glaucoma associated with other anterior segment anomalies
- 365.44 Glaucoma associated with systemic syndromes
- 365.51 Phacolytic glaucoma
- 365.52 Pseudoexfoliation glaucoma
- 365.59 Glaucoma associated with other lens disorders
- 365.81 Hypersecretion glaucoma
- 365.82 Glaucoma with increased episcleral venous pressure
- 365.83 Aqueous misdirection
- 365.89 Other specified glaucoma
- 365.9 Unspecified glaucoma
- 368.41 Scotoma involving central area

B. These diagnoses are allowed for OCT and are subject to medical policy as stated above.

- 115.02 Infection by *Histoplasma capsulatum*; retinitis
- 115.92 Histoplasmosis, unspecified; retinitis
- 190.6 Malignant neoplasm of eye; choroid
- 224.6 Benign neoplasm of eye; choroid
- 360.21 Degenerative disorders of globe; progressive high (degenerative) myopia
- 361.2 Serous retinal detachment
- 361.81 Traction detachment of retina
- 362.02 Proliferative diabetic retinopathy
- 362.05 Moderate nonproliferative diabetic retinopathy
- 362.06 Severe nonproliferative diabetic retinopathy
- 362.07 Diabetic macular edema
- 362.16 Retinal neovascularization NOS
- 362.35 Central retinal vein occlusion
- 362.36 Venous tributary (branch) occlusion
- 362.41 Central serous retinopathy
- 362.52 Exudative senile macular degeneration
- 362.53 Cystoid macular degeneration
- 362.54 Macular cyst, hole, or pseudohole
- 362.56 Macular puckering
- 362.83 Retinal edema
- 362.85 Retinal nerve fiber bundle defects
- 363.00 Focal chorioretinitis, unspecified
- 363.01 Focal choroiditis and chorioretinitis, juxtapapillary
- 363.03 Focal choroiditis and chorioretinitis of other posterior pole
- 363.04 Focal choroiditis and chorioretinitis, peripheral
- 363.05 Focal retinitis and retinochoroiditis, juxtapapillary
- 363.06 Focal retinitis and retinochoroiditis, macular or paramacular
- 363.07 Focal retinitis and retinochoroiditis of other posterior pole
- 363.08 Focal retinitis and retinochoroiditis, peripheral
- 363.10 Disseminated chorioretinitis, unspecified
- 363.11 Disseminated choroiditis and chorioretinitis, posterior pole
- 363.12 Disseminated choroiditis and chorioretinitis, peripheral
- 363.13 Disseminated choroiditis and chorioretinitis, generalized
- 363.14 Disseminated retinitis and retinochoroiditis, metastatic
- 363.15 Disseminated retinitis and retinochoroiditis, pigment epitheliopathy

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363.20	Chorioretinitis, unspecified
363.21	Pars planitis
363.22	Harada's disease
363.40	Choroidal degeneration, unspecified
363.41	Senile atrophy of choroid
363.42	Diffuse secondary atrophy of choroid
363.43	Angioid streaks of choroid
363.63	Choroidal rupture
363.70	Choroidal detachment, unspecified
363.71	Serous choroidal detachment
363.72	Hemorrhagic choroidal detachment
364.22	Glaucomatocyclitic crises
364.77	Recession of chamber angle
365.00	Preglaucoma, unspecified
365.01	Open angle with borderline findings
365.02	Anatomical narrow angle
365.03	Steroid responders
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368.41	Scotoma involving central area

REVISIONS

04-19-2007 effective 07-01-2007	<ul style="list-style-type: none"> Added the indications for OCT use for diagnosing and monitoring glaucoma, nerve fiber, and optic nerve conditions.
05-09-2007 effective 11/01/2007	<ul style="list-style-type: none"> The policy section was updated to split the first bullet under B. to create two bullets, one for age-related macular degeneration and one for diabetic macular edema and to set a maximum number of OCT services per year for each.

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