Medica Central Coverage Policy

Policy Name:	**Scanning Laser Technologies for Retina and Optic Nerve Imaging MP9629**
Effective Date:	**09/01/2024**

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

Coverage Policy

Note: This policy is no longer scheduled for routine review of the scientific literature.

Scanning laser technologies are **COVERED** for the assessment of retina and optic nerve disease including but not limited to evaluating glaucoma, age-related macular degeneration, macular edema, macular holes, and diabetic retinopathy.

All other indications are investigative and therefore **NOT COVERED**, including the use of scanning laser technologies as screening devices in the general population. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes.

Description

Scanning laser technologies include three modalities for detecting and monitoring glaucoma and other diseases affecting the optic nerve and retina. These modalities are: scanning laser tomography, also known as confocal scanning laser ophthalmoscopy (CSLO), scanning laser polarimetry (SLP), and optical coherence tomography (OCT). CSLO is for examination of the posterior segment of the eye, and is of particular importance in diagnosing and monitoring the optic disc in glaucoma. CSLO produces a topographical image of the optic disc and peripapillary retina, while also providing information regarding the retinal nerve fiber layer (RNFL). SLP quantifies the thickness of the RNFL. And OCT provides a 3D view of all ten layers of the retina. Each of these modalities uses a laser light source and computerized algorithms to quantitatively assess the appearance of the optic nerve head or RNFL. Changes in the appearance of the optic nerve head and RNFL thickness are associated with glaucoma. It is theorized that these devices can detect glaucomatous changes in the eye before changes are noted by a standard eye exam. A standard eye exam may include retinal photography, intraocular pressure and visual field measurement.

Confocal scanning lasers and SLP are also used to evaluate macular holes and to assess macular edema. OCT creates a highly accurate cross-sectional representation of retinal anatomy allowing for precise diagnosis and monitoring of conditions that cause changes in retinal structure such as macular holes, macular edema, age-related macular degeneration and diabetic retinopathy. The cross-sectional representation allows for measurement of retinal thickness as well as assessment of damage to structures within the retina. Measurement of the degree of retinal thickening and choroidal neovascularization are used in evaluation of age-related macular degeneration, macular edema and diabetic retinopathy. -

FDA Approval

Several scanning laser ophthalmic devices have received FDA 510 (k) clearance for marketing including but not limited to:

- The GDxPRO™ (Carl Zeiss Meditec Inc.).
- Spectralis HRA+Oct, Spectralis FA_Oct, Spectralis ICGA+ Oct, Spectralis HRA, Spectralis FA (Heidelberg Engineering, Washington, D.C.).
- The Heidelberg Retinal Tomograph® (Heidelberg Engineering, Heidelberg, Germany).
- The Humphrey OCT® (Zeiss Humphrey Systems, Dublin CA).
- Cirrus HD-OCT, Models 4000 and 400 (Carl Zeiss Meditec Inc.).
- Cirrus HD-OCT with Retinal Nerve Fiber Layer and Macular Normative Databases, Model 4000 (Carl Zeiss Meditec).

Prior Authorization

Prior authorization is not required. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

Coding Considerations

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes:

- **92133** - Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve
- **92134** - Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina
- **92201** - Ophthalmoscopy, extended; with retinal drawing and scleral depression of peripheral retinal disease (eg, for retinal tear, retinal detachment, retinal tumor) with interpretation and report, unilateral or bilateral
- **92202** - Ophthalmoscopy, extended; with drawing of optic nerve or macula (eg, for glaucoma, macular pathology, tumor) with interpretation and report, unilateral or bilateral
- **0604T** – Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; initial device provision, set-up and patient education on use of equipment

- **0605T** – Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; remote surveillance center technical support, data analyses and reports, with a minimum of 8 daily recordings, each 30 days
- **0606T** – Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center unilateral or bilateral; review, interpretation and report by the prescribing physician or other qualified health care professional of remote surveillance center data analyses, each 30 days

	Committee/Source	Date(s)
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