



Status

Active

Medical and Behavioral Health Policy

Section: Medicine

Policy Number: II-18

Effective Date: 11/27/2013

Blue Cross and Blue Shield of Minnesota medical policies do not imply that members should not receive specific services based on the recommendation of their provider. These policies govern coverage and not clinical practice. Providers are responsible for medical advice and treatment of patients. Members with specific health care needs should consult an appropriate health care professional.

SCANNING LASER TECHNOLOGIES FOR GLAUCOMA TESTING AND MONITORING

Description: Scanning laser technologies provide quantitative information regarding changes in the retinal nerve fiber layer thickness and optic nerve topography. Techniques used for optic nerve head analysis and nerve fiber layer analysis include optic nerve head analyzers (e.g., Rodenstock Optic Nerve Head Analyzer, Glaucoma Scope), scanning laser ophthalmoscopes or laser scanning tomography (e.g., TOPSS), scanning laser polarimetry (e.g., Nerve Fiber Analyzer), confocal laser scanning topography (e.g., Heidelberg Retina Tomograph), and optical coherence tomography (Humphrey OCT). Although the techniques may differ, they are used for the earlier detection of glaucoma before damage to the nerve fiber layer or optic nerve occurs and for the monitoring of patients with early stages of glaucoma. The detection of early structural damage may be used to identify patients at high risk for visual loss who require preventive therapy and to spare patients without damage the costs and morbidity of treatment.

Policy: The use of scanning laser technologies may be considered **MEDICALLY NECESSARY** for the monitoring of patients with a diagnosis of glaucoma, for the evaluation of patients with a diagnosis of diabetes who have ophthalmic manifestations, and for the evaluation of patients who are defined as glaucoma suspect.

Patients who are defined as glaucoma suspect must have at least one of the following documented in their medical record:

- Intraocular pressure of greater than or equal to 22 mm of mercury
- Cup to disc ratio of greater than or equal to 0.4 with family history of glaucoma or risk of low tension glaucoma
- Documented increase of cup to disc ratio greater than or equal to 0.2

- Cup to disc ratio greater than or equal to 0.5
- Focal notch with rim/disc greater than or equal to 0.2
- Disc hemorrhage
- Optic disc abnormality
- Visual field defect

The use of the scanning laser technologies to screen for glaucoma is considered **INVESTIGATIVE**.

Coverage: Up to two tests per eye, per year are covered.

Blue Cross and Blue Shield of Minnesota medical policies apply generally to all Blue Cross and Blue Plus plans and products. Benefit plans vary in coverage and some plans may not provide coverage for certain services addressed in the medical policies.

Medicaid products and some self-insured plans may have additional policies and prior authorization requirements. Receipt of benefits is subject to all terms and conditions of the member's summary plan description (SPD). As applicable, review the provisions relating to a specific coverage determination, including exclusions and limitations. Blue Cross reserves the right to revise, update and/or add to its medical policies at any time without notice.

For Medicare NCD and/or Medicare LCD, please consult CMS or National Government Services websites.

Refer to the Pre-Certification/Pre-Authorization section of the Medical Behavioral Health Policy Manual for the full list of services, procedures, prescription drugs, and medical devices that require Pre-certification/Pre-Authorization. Note that services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial of claims may result if criteria are not met.

Coding: *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:

92133 Scanning computerized ophthalmic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve

Deleted Codes: 92135

Policy History:

Developed December 10, 1997

Most recent history:

Reviewed November 10, 2010
Reviewed November 9, 2011
Reviewed November 14, 2012
Reviewed November 13, 2013

**Cross
Reference:**

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