UM-CDG-012 Scanning Computerized Ophthalmic Diagnostic Imaging	Approved By: Director, Health Services	Effective Date: 11/10/2025

This Policy applies to all SECUR affiliates, associates, and subsidiaries.

Approved by Courtney Gonzales, Director of Health Services on behalf of the Utilization Management Committee.

PURPOSE

This coverage determination guideline serves to address scanning computerized ophthalmic diagnostic imaging (SCODI). SCODI includes confocal laser scanning ophthalmoscopy (topography), scanning laser polarimetry (nerve fiber analyzer), and optical coherence tomography (OCT).

For SECUR Health Plan members, National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) will be applied to requests when applicable. SECUR Health Plan Coverage Determination Guidelines (CDG) will be utilized in the absence of an appropriate NCD and/or LCD.

DEFINITIONS

None

POLICY

SECUR Health Plan considers the following indications as medically necessary:

Glaucoma
Glaucoma is a leading cause of blindness, and a disease for which treatment methods clearly are available and in common use. Glaucoma also is diagnostically challenging. Almost 50% of glaucoma cases remain undetected. Elevated intraocular pressure (IOP) is a clear risk factor for glaucoma, but over 30% of those suffering from the disease have pressures in the normal range.

Glaucoma commonly causes a spectrum of related eye and vision changes including erosion of the optic nerve and the associated retinal nerve fibers, and loss of peripheral vision. A diagnosis of glaucoma is not made on the basis of a single clinical observation, but instead relies upon analysis of an assemblage of clinical data including optic nerve, retinal nerve fiber, and anterior chamber structures, as well as looking for hemorrhages of the optic nerve, pigment in the anterior chamber, and especially visual field loss. Each of these methods has its own strengths and limitations, thus the dependence upon multiple observations. Careful reliance upon all available clinical data can allow early treatment and can prevent unnecessary end-stage therapies.

SCODI allows earlier detection of those patients with normal tension glaucoma and more sophisticated analysis for ongoing management. Because SCODI detects glaucomatous damage to the nerve fiber layer or optic nerve of the eye, it can distinguish patients with glaucomatous damage irrespective of the status of IOP. It may separate patients with elevated IOP and early glaucoma damage from those without glaucoma.

Technological improvements have rendered SCODI as a valuable diagnostic tool in the diagnosis and treatment of

glaucoma. These improvements enable discernment of changes of the optic nerve and nerve fiber layer, even in advanced cases of glaucoma.

It is expected that only two (2) SCODI exams/eye/year would be required to manage the patient who has glaucoma or is suspected of having glaucoma.

Retinal Disorders
Retinal disorders are the most common causes of severe and permanent vision loss. SCODI is a valuable tool for the evaluation and treatment of patients with retinal disease, especially macular abnormalities. SCODI can detail the microscopic anatomy of the retina and the vitreoretinal interface. SCODI is useful to measure the effectiveness of therapy, and in determining the need for ongoing therapy, or the safety of cessation of that therapy.

Retinal thickness analysis is a non-invasive and non-contact imaging technique that takes direct cross-sectional images of the retina. These high-resolution images capture ocular structures and provide data to create thickness maps of the retina. Retinal thickness is directly correlated to ocular disease, including retinal disorders and glaucoma. In contrast, Scanning Laser Polarimetry is not an appropriate diagnostic technique for the management of retinal disorders.

Long Term Use of Chloroquine and or Hydroxychloroquine
Clinical evidence has shown that long-term use of chloroquine (CQ) and/or hydroxychloroquine (HCQ) can lead to irreversible retinal toxicity. Therefore, these two medications are deemed high risk, and scanning optical coherence tomography may be indicated to provide a baseline prior to starting the medication and as an annual follow-up. Clinical evidence shows that the resolution of time domain OCT instruments is not sufficient to detect early toxic retinal changes. Because of that, spectral domain-optical coherence tomography (SD-OCT) is expected to be used to detect retinal changes that are due to the use of CQ or HCQ.

Anterior Segment Disorders
SCODI may be used to examine the structures in the anterior segment structures of the eye. However, it is still seen as experimental/investigational except in the following:

1. Narrow angle, suspected narrow angle, and mixed narrow and open angle glaucoma
2. Determining the proper intraocular lens 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 refractive surgery. Payment will only be made for the cataract codes if additional documentation is available in the patient record of their prior refractive procedure. Payment will not be made in addition to A-scan or IOL master.

The following procedures are considered as not medically necessary with SCODI:

1. Fundus photography with interpretation and report
2. Ophthalmoscopy extended with retinal drawing
3. Subsequent ophthalmology
4. B-scan, with or without superimposed non-quantitative A-scan

SCODI will be considered medically necessary for a maximum of two (2) tests per year per member.

It is expected that no more than one (1) exam per eye every two (2) months would be required to manage the member whose primary ophthalmological condition is related to retinal disease.

Additionally, conditions which may undergo rapid changes requiring aggressive therapy and frequent follow up may also require monthly scans.

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