DRAFT Medical Coverage Policy | Measurement of Ocular Blood Flow for Glaucoma

EFFECTIVE DATE: 01|01|2022
POLICY LAST UPDATED: 10|08|2021

OVERVIEW
Measurement of ocular blood flow is being evaluated as a diagnostic tool for glaucoma.

MEDICAL CRITERIA
Not applicable

PRIOR AUTHORIZATION
Not applicable

POLICY STATEMENT
Medicare Advantage Plans
The measurement of ocular blood flow, pulsatile ocular blood flow, or blood flow velocity is not covered in the diagnosis and follow-up of patients with glaucoma as the evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

Commercial Products
The measurement of ocular blood flow, pulsatile ocular blood flow, or blood flow velocity is considered not medically necessary in the diagnosis and follow-up of patients with glaucoma as the evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

COVERAGE
Benefits may vary between groups/contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for applicable diagnostic testing and not medically necessary benefits/coverage.

BACKGROUND
Diagnosis and Management
A comprehensive ophthalmologic exam is required for the diagnosis of glaucoma, but no single test is adequate for establishing the diagnosis. A comprehensive ophthalmologic examination includes assessment of the optic nerve, evaluation of visual fields, and measurement of ocular pressure. The presence of characteristic changes in the optic nerve or abnormalities in visual field, together with increased IOP, is sufficient for a definitive diagnosis. However, some patients will show ophthalmologic evidence of glaucoma with normal IOPs. These cases of normal tension glaucoma (NTG) are considered to be a type of primary open-angle glaucoma (POAG). Angle-closure glaucoma is another type of glaucoma associated with an increase in IOP. The increased IOP in angle-closure glaucoma arises from a reduction in aqueous outflow from the eye due to a closed angle in the anterior chamber.

Conventional management of patients with glaucoma principally involves drug therapy to control elevated IOPs, and serial evaluation of the optic nerve to follow disease progression. Standard methods of evaluation include careful direct examination of the optic nerve using ophthalmoscopy or stereo photography, or evaluation of visual fields. There is interest in developing more objective, reproducible techniques both to document optic nerve damage and to detect early changes in the optic nerve and RNFL before the development of permanent visual field deficits. Specifically, evaluating changes in the thickness of the RNFL

has been investigated as a technique to diagnose and monitor glaucoma. However, IOP reduction is not effective in decreasing disease progression in a significant number of patients, and in patients with NTG, there is never an increase in IOP. It has been proposed that vascular dysregulation is a significant cause of damage to the RNFL, and there is interest in measuring ocular blood flow as both a diagnostic and a management tool for glaucoma. Changes in blood flow to the retina and choroid may be particularly relevant for diagnosis and treatment of NTG.

Techniques to Measure Ocular Blood Flow
A number of techniques have been developed to assess ocular blood flow. They include laser speckle flowgraphy, color Doppler imaging, Doppler Fourier domain OCT, laser Doppler velocimetry, confocal scanning laser Doppler flowmetry, and retinal functional imaging.

Laser Speckle Flowgraphy
Laser speckle is detected when a coherent light source such as laser light is dispersed from a diffusing surface such as retinal and choroidal vessels and the circulation of the optic nerve head. The varying patterns of light can be used to determine red blood cell velocity and retinal blood flow. However, due to differences in the tissue structure in different eyes, flux values cannot be used for comparisons between eyes. This limitation may be overcome by subtracting background choroidal blood flow results from the overall blood flow results in the region of interest.

Color Doppler Imaging
Color Doppler imaging has also been investigated as a technique to measure the blood flow velocity in the retinal and choroidal arteries. This technique delivers ultrasound in pulsed Doppler mode with a transducer set on closed eyelids. The examination takes 30 to 40 minutes and is most effective for the mean velocity of large ophthalmic vessels such as the ophthalmic artery, the central retinal artery, and the short posterior ciliary arteries. However, total blood flow cannot be determined with this technique, and imaging is highly dependent on probe placement.

Doppler Fourier Domain OCT
Doppler Fourier domain OCT is a noncontact imaging technique that detects the intensity of the light scattered back from erythrocytes as they move in the vessels of the ocular tissue. This induces a frequency shift that represents the velocity of the blood in the ocular tissue.

Laser Doppler Velocimetry
Laser Doppler velocimetry compares the frequency of reflected laser light from a moving particle to stationary tissue.

Confocal Scanning Laser Doppler Flowmetry
Confocal scanning laser Doppler flowmetry combines laser Doppler flowmetry with confocal scanning laser tomography. Infrared laser light is used to scan the retina, and the frequency and amplitude of Doppler shifts are determined from the reflected light. Determinations of blood velocity and blood volume are used to compute the total blood flow and create a physical map of retinal flow values.

For individuals who have glaucoma or suspected glaucoma who receive evaluation of ocular blood flow, the evidence includes association studies. Relevant outcomes are test accuracy, symptoms, morbid events, functional outcomes, and medication use. Techniques to measure ocular blood flow or ocular blood velocity are used to determine appropriate glaucoma treatment options. The data for these techniques remain limited. Literature reviews have not identified studies addressing whether these technologies improve diagnostic accuracy or whether they improve health outcomes in patients with glaucoma. Some have suggested that these parameters may inform understanding of the variability in visual field changes in patients with glaucoma (ie, they may help explain why patients with similar levels of intraocular pressure develop markedly different visual impairments). However, data on use of ocular blood flow, pulsatile ocular blood flow, and/or blood

flow velocity are currently lacking. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

CODING

Medicare Advantage Plans and Commercial Products

The following CPT code is medically necessary when filed with one of the ICD-10 diagnosis codes below, and not covered for Medicare Advantage Plans and not medically necessary for Commercial Products when filed with any other diagnosis code:

0198T Measurement of ocular blood flow by repetitive pressure sampling, with interpretation and report

ICD-10 Diagnosis Code Range: H40 - H42

RELATED POLICIES

Medicare Advantage Plans National and Local Coverage Determinations
Optical Coherence Tomography of the Anterior Eye Segment
Scanning Computerized Ophthalmic Diagnostic Imaging

PUBLISHED

Provider Update, November 2021
Provider Update, June 2021
Provider Update, June 2020
Provider Update, September 2019
Provider Update, November/December 2018

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