

Coverage of any medical intervention discussed in a Prevea360 Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and applicable state and/or federal laws.

Scanning Laser Technologies for Retina and Optic Nerve Imaging

MP9629

Covered Service: Yes

Prior Authorization Required: No

Additional Information: None

Prevea360 Health Plan Medical Policy:

1.0 Scanning laser technologies **does not require** prior authorization and is considered medically necessary for the assessment of retina and optic nerve disease including but not limited to evaluation of **ALL** of the following:

- 1.1 Glaucoma
- 1.2 Age-related macular degeneration
- 1.3 Macular edema
- 1.4 Macular holes
- 1.5 Diabetic retinopathy

2.0 All other indications are considered experimental and investigational, and therefore not medically necessary, including the use of scanning laser technologies as screening devices in the general population.

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