

<b>Policy Name</b>	Clinical Policy – Optical Coherence Tomography (OCT)
<b>Policy Number</b>	1304.00
<b>Department</b>	Clinical Strategy
<b>Subcategory</b>	Medical Management
<b>Original Approval Date</b>	07/10/2017
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<b>Current Effective Date</b>	08/01/2025

**Company Entities Supported (Select All that Apply)**

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☒ Superior Vision Services  
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**ACRONYMS and DEFINITIONS**

AS-OCT	Anterior Segment Optical Coherence Tomography
OCT	Optical Coherence Tomography
OCTA	Optical Coherence Tomography Angiography
SD-OCT	Spectral Domain Optical Coherence Tomography
TD-OCT	Time Domain Optical Coherence Tomography

**PURPOSE**

To provide the clinical criteria to support the indication(s) for Optical Coherence Tomography (OCT). Applicable procedure codes are also defined.

<b>POLICY</b>
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**A. BACKGROUND**

Optical coherence tomography is performed on the anterior or the posterior segment of the eye to identify and quantify structural changes associated with ocular disease, which may not be visible with other forms of ophthalmoscopy.

**B. MEDICALLY NECESSARY**

OCT may be medically necessary when the information garnered from an eye exam, gonioscopy, or routine ophthalmoscopy, is insufficient to assess the patient's disease.

1. Anterior OCT may be medically necessary to evaluate narrow angles and disorders of the cornea, iris, ciliary body and lens, when full visualization is blocked for a gonioscopic assessment, full exam, or ophthalmoscopy.
  - a. Anterior OCT is generally medically necessary 1-2 times per year to evaluate narrow angle status, complex glaucoma, and cataract, as indicated in the medical record.
  - b. Additional anterior OCTs may be medically necessary for a significant change in clinical status.
2. Posterior OCT may be medically necessary to evaluate conditions of glaucoma, macular traction, diabetic retinopathy, macular hole, macular edema, age-related macular degeneration, and other retinal and optic nerve abnormalities.
  - a. No more than two (2) exams per year may be considered medically reasonable and necessary for the patient who has or is suspected of having glaucoma.
  - b. No more than one (1) exam every two (2) months may be considered medically reasonable and necessary to manage the patient whose primary ophthalmological condition is related to a retinal disease that is not undergoing active treatment.
  - c. One (1) exam per month may be considered medically reasonable and necessary to manage retinal conditions undergoing active treatment. These conditions include wet AMD, choroidal neovascularization, macular edema, diabetic retinopathy (proliferative and non-proliferative), branch retinal vein occlusion, central retinal vein occlusion, and cystoid macular edema, and other conditions which risk rapid clinical change.
3. Patients being treated with chloroquine (CQ) and hydroxychloroquine (HCQ) or vigabatrin should receive a baseline imaging within the first year of treatment and annually after five years of treatment. For high risk patients, annual testing may begin

immediately without the 5 year delay.<sup>1 2 3</sup>

- a. Practitioners must use SD-OCT or higher resolution. TD-OCT is not acceptable.
- b. Only one (1) exam per year will be considered medically reasonable and necessary for monitoring patients being treated with CQ, HCQ, or vigabatrin.

### **C. Not Medically Necessary**

OCT may not be medically necessary for the following:

1. To evaluate an eye without signs, symptoms, serious ophthalmic disease, ocular abnormalities, or contributory medical history such as high-risk long-term drug therapy.
2. When performed during the global surgery period of an ophthalmic surgical procedure to verify the expected outcome. For example, OCT after macular pucker surgery, may not be medically necessary to verify success of the procedure.
3. Without a documented medical rationale and indication in the medical record.
4. To confirm a diagnosis that has already been determined, or as a screening procedure, or to document status.
5. When other related ophthalmological tests (e.g., fundus photography, angiography, ultrasound, etc.) have been performed, OCT may not be medically necessary unless it provides additive and not duplicative information.
6. OCT of the optic disc or retina at the same time as a fundus photograph is not medically necessary unless the medical record shows how the test results for each test were required for the patient's plan of care in an additive and non duplicative manner.
7. When posterior OCT and extended ophthalmoscopy (CPT 92201, 92202) are performed concurrently, the retinal drawing must identify severe posterior segment disease not identifiable in the image. Otherwise, the procedures are considered duplicative, and only one of the procedures may be considered medically necessary.
8. When a laser ophthalmoscope is used to capture images of the fundus, defining medical necessity includes other factors, as follows:
  - a. The practitioner must identify which test they will be using for diagnostic and treatment decisions prior to the test being conducted.
  - b. If the imaging produces an image of the retina or optic nerve along with other data and images for quantitative analysis, this is a single service to be reported computerized ophthalmic diagnostic imaging code range (92133-92134).

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<sup>1</sup> AAO Recommendations on screening for chloroquine and hydroxychloroquine retinopathy, 2016.

<sup>2</sup> AAO Drug Induced Maculopathy, 2023.

<sup>3</sup> AAO Recommendations on screening for chloroquine and hydroxychloroquine retinopathy, 2016.

- c. If the only required evaluation is a fundus photograph, without the need to quantify the nerve fiber layer and to analyze the data via a computer, it is not considered imaging, even if the photograph was taken with an imaging laser.
9. OCT-angiography may be medically necessary in disorders of the retina and choroid. For these conditions, the procedure is performed independent of other angiography procedures that involve the use of intravenous dye.

#### **D. DOCUMENTATION**

Medical necessity must be supported by adequate and complete documentation in the patient's medical record that describes the procedure and the medical rationale. Documentation requires the following items, all of which must be available upon request. For any retrospective review, a full procedural report and medical plan of care is needed.

Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, date(s) of service). Services provided/ordered must be authenticated by the physician. The method used shall be handwritten or electronic signature. Stamped signatures are not acceptable.

The medical record must clearly indicate how the diagnostic test supports the clinical decision-making. When multiple diagnostic tests are performed, a separate interpretation and report must be completed for each test. The practitioner must identify which test they will be using for diagnostic and treatment decisions prior to the test being conducted.

All forms of OCT require interpretation and report which must contain the following:

1. Clinical findings of the test results
2. Clinical findings of the examination
3. Interpreted report of the clinical findings
4. Comparative data to previous test results, as applicable.
5. How the test results will affect the clinical management of the condition/disease, including:
  - a. Change/increase/stop medication
  - b. Recommendation for surgery
  - c. Recommendation for further diagnostic testing
  - d. Referral to a specialist/sub-specialist for additional treatment

## E. Procedural Detail

<b>CPT Codes</b>	
92132	Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), anterior segment, with interpretation and report, unilateral or bilateral
92133	Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; optic nerve
92134	Computerized ophthalmic diagnostic imaging (e.g., optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; retina
92137	Computerized ophthalmic diagnostic imaging (e.g., optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; retina, including OCT angiography.

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<b>RELATED POLICIES AND PROCEDURES</b>	
n/a	

<b>DOCUMENT HISTORY</b>		
<b><i>Approval Date</i></b>	<b><i>Revision</i></b>	<b><i>Effective Date</i></b>
07/10/2017	Initial Policy	07/10/2017
01/23/2018	Annual review; no criteria changes	01/23/2018
12/13/2018	Annual review; no criteria changes	12/13/2018
03/13/2019	Annual review; no criteria changes	03/13/2019
12/8/2019	Name change from SCODI	01/01/2020
10/29/2020	Annual review; addition of criteria for baseline and monitoring of long-term drug therapy	03/01/2020
10/06/2021	Added indication of vigabatrin therapy.	04/01/2022
04/06/2022	Annual review; no criteria changes	05/01/2022
04/12/2023	Annual review; no criteria changes	06/01/2023
04/03/2024	Annual review; no criteria changes	06/01/2024
04/09/2025	Clarified anterior OCT frequency and indications of 1-2 per year; for posterior OCT add a frequency of 1 per month for high risk retinal conditions. Add requirement for high resolution SD-OCT or higher.	08/01/2025

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