

Policy Name	Clinical Policy – Optical Coherence Tomography (OCT)
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Department	Clinical Product & Development
Subcategory	Medical Management
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Company Entities Supported (Select All that Apply)

☒ Superior Vision Benefit Management
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ACRONYMS

OCT	Optical Coherence Tomography
OCT-A	Optical Coherence Tomography Angiography

PURPOSE

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

POLICY
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,

including 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 and ciliary body. It may be necessary in measurements of abnormally thin corneas, visualization of malpositioned IOLs (intraocular lens) or other implants in the anterior segment, assessment of lesions on the anterior segment ocular structures, and measurement of a narrow anterior chamber.
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
3. Posterior OCT may be medically necessary as a baseline study prior to initiation of chloroquine, hydroxychloroquine, or vigabatrin therapy. Patients should be monitored via OCT-P for drug-induced retinopathy within the first year of treatment and annually thereafter starting at year five of use. For high risk patients, annual testing may begin immediately without a 5-year delay¹.

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 in the medical record
4. To confirm a diagnosis that has already been determined
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.

¹ AAO Drug Induced Maculopathy, 2023.

8. When a scanning laser ophthalmoscope is used to capture images of the fundus, defining medical necessity depends on other factors, as follows:
 - a. If the scanner produces an image of the retina or optic nerve along with other data and imaging for quantitative analysis, it is appropriate to report a single service from the appropriate scanning computerized ophthalmic diagnostic imaging code range (92133-92134).
 - b. 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 a scanning laser (92250).
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 of the eye 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 operative report and/or clinical 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.

Full OCT documentation includes:

1. Physician's order for OCT with medical rationale
2. Date performed
3. Reliability of the OCT (Do not bill an OCT of dubious value)
4. Patient cooperation
5. OCT findings including the interpretation and report. Normal findings may not support the medical necessity of the procedure.
6. Comparison (when applicable) of current and prior OCT impressions
7. Evaluation, diagnosis
8. Impact on treatment, prognosis
9. Do not include copies of the digital images; these must be available upon request.

E. Procedural Detail

CPT Codes	
92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral

92133	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral, optic nerve
92134	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral, retina

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RELATED POLICIES AND PROCEDURES

n/a	
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DOCUMENT HISTORY		
Approval Date	Revision	Effective Date
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. Policy opened to all valid, medical ICD-10 codes.	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

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