

1 **QUESTION:** What is optical coherence tomography angiography (OCTA)?

ANSWER: [SPECTRALIS® OCTA Module](#) with SHIFT technology (85kHz and 125 kHz) from Heidelberg Engineering is a high resolution, non-invasive diagnostic test to image the vessels of the retina and choroid in cases of retinal vascular pathology due to neovascularization, nonperfusion, microaneurysms, or vascular abnormalities.¹

3 **QUESTION:** Does OCTA use intravenous dyes like fluorescein angiography and ICG angiography?

ANSWER: No. OCTA uses the principle of diffractive particle movement of moving red blood cells to determine vessel location through various segments of the eye without the need for intravascular dyes.¹ Without injections of dye, the test is faster and safer.³

2 **QUESTION:** How is OCTA different from OCT?

ANSWER: Optical coherence tomography provides image slices of tissue using near-infrared light. With x, y, and z axes for reference, OCTA differs from OCT technology because it provides en face transversal sections (C-scans) where traditional OCT provides only longitudinal sections (B-scans) (Figure 1).²

4 **QUESTION:** What are the indications for performing OCTA?

ANSWER: OCTA may be used as a diagnostic test in the retina, optic nerve, uveitis, and neurology.⁴ Specifically for retina, indications include: diabetic retinopathy, age-related macular degeneration (dry and wet), central serous retinopathy, choroidal neovascular membranes, vascular occlusions, and macular telangiectasia. Specifically for the optic nerve, indications include: the vascular factors that can contribute to glaucoma development and progression, arteritic ischemic optic neuropathy (AION), and optic neuritis. Specifically for uveitis, indications include: inflammatory vasculitis, birdshot chorioretinopathy, cystoid macular edema, and inflammation of the choriocapillaris. Specifically in neurology, indications include Alzheimer’s disease and other forms of dementia.⁵ The indications described here are representative but not an exhaustive list.

Because CPT 92137 is new as of January 1, 2025, there are as yet no Medicare coding articles that list covered diagnosis codes (ICD-10-CM).

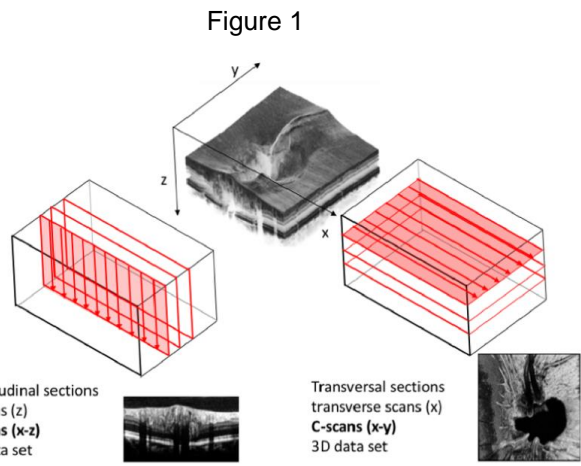


Image © 2019 Optical Society of America ²

¹ Koustenis Jr A, Harris A, Gross J, et al. Optical coherence tomography angiography: an overview of the technology and an assessment of applications for clinical research. Br J Ophthalmol 2017 Jan;101(1):16-20. [Link here](#). Accessed 12/11/24

² Leitgeb RA. En face optical coherence tomography: a technology review [Invited], Biomed. Opt. Express 10, 2177-2201 (2019) [Link here](#). Accessed 12/11/24

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QUESTION: What documentation supports a claim for OCTA?

ANSWER: In addition to the images, a physician's interpretation and report are required. A brief notation such as "abnormal" does not suffice. In addition to the images, the medical record should include:

- An order for the test with medical rationale
- The date of the test
- The reliability of the test
- The test findings (e.g., vessel obstruction)
- Comparison with prior OCTA testing
- A diagnosis (if possible)
- The impact on treatment and prognosis
- The signature of the physician

Document the location of the images if they are stored separately from the medical record.

6

QUESTION: What CPT code describes OCTA?

ANSWER: Use CPT code 92137 (*Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography), posterior segment with interpretation and report, unilateral or bilateral; retina, including OCT angiography*). CPT instructs, do not report 92137 on the same date of service with 92133 or 92134.⁶

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³ Le PH, Kaur K, Patel BC. Optical Coherence Tomography Angiography. StatPearls Oct 6, 2024. [Link here](#). Accessed 12/11/24

⁴ AAO EyeWiki. OCTA [Link here](#). Accessed 12/11/24

⁵ Rifai OM, McGrory S, Robbins CB, et al. The application of optical coherence tomography angiography in Alzheimer's disease: A systematic review. Alz & Dementia: Diagnosis, Assessment & Disease Monitoring 03 Mar 2021 [Link here](#). Accessed 12/11/24

⁶ 2025 CPT Professional Edition

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QUESTION: How much does Medicare allow for 92137?

ANSWER: The 2025 Medicare Physician Fee Schedule allowable is \$57. Of this amount, \$23 is assigned to the technical component of the test, and \$34 to the professional component (*i.e.*, interpretation). These amounts are modified by local wage indices so actual payment rates will vary. The code is defined by Medicare as bilateral, so this is for one or both eyes. Other payers set their own rates, which may differ significantly from the Medicare published fee schedule.

92137 is subject to [Medicare's Multiple Procedure Payment Reduction \(MPPR\)](#). This reduces the allowable for the technical component of the lesser-valued test when more than one test is performed on the same day.

8

QUESTION: If coverage of OCTA is unlikely or uncertain, how should we proceed?

ANSWER: Explain why the test is necessary, and that Medicare or other third party payer will likely deny the claim. Ask the patient to assume financial responsibility for the charge, as follows.

- An [Advance Beneficiary Notice of Noncoverage \(ABN\)](#) is required for services where Part B Medicare coverage is ambiguous or doubtful, and may be useful where a service is never covered. You may collect your fee from the patient at the time of service or wait for a Medicare denial. If both the patient and Medicare pay, promptly refund the patient or show why Medicare paid in error.
- For Part C Medicare (Medicare Advantage), determination of benefits is required to identify beneficiary financial responsibility prior to performing noncovered services; MA Plans have their own waiver forms and processes.
- For commercial insurance beneficiaries, a [Notice of Exclusion from Health Plan Benefits \(NEHB\)](#) is an alternative to an ABN.

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