Corcoran Consulting Group
a subsidiary of MEDICAL CONSULTING GROUP

MEDICARE REIMBURSEMENT FOR OCT OF THE POSTERIOR SEGMENT

CORCORAN & CORCORAN

1 ***QUESTION:*** What is OCT of the posterior segment performed with Heidelberg Engineering's SPECTRALIS®?

ANSWER: OCT is computerized ophthalmic diagnostic imaging of the posterior segment of the eye. It. is a diagnostic test that provides digital images of the retina including the retinal nerve fiber layer, and topographic measurement of the optic nerve head as well as the surrounding retina.

2 ***QUESTION:*** Does Medicare cover OCT of the posterior segment?

ANSWER: Medicare will reimburse for OCT based on the medical necessity of the service. The list of valid diagnoses is long and includes glaucoma and posterior segment disease such as exudative macular degeneration. Local policies vary so check your Medicare contractor's website.

If the images are taken as baseline documentation of a healthy eye or as preventative medicine to screen for potential disease, then the test is not covered (even if disease is identified). Also, this test is not covered if performed for an indication that is not cited in the local contractor's coverage policy. Check with your Medicare Administrative Contractor (MAC) for specific coverage limitations.

3 ***QUESTION:*** Is the physician's presence required while OCT is being performed?

ANSWER: Under Medicare program standards, this test requires *general supervision*. General supervision means the procedure is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure.

4 ***QUESTION:*** What documentation is required in the medical record to support claims for OCT?

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:

- order for the test with medical rationale
- date of the test
- the reliability of the test (*e.g.*, poor due to media opacity)
- test findings (*e.g.*, subretinal fluid)
- comparison with prior tests (if applicable)
- a diagnosis (if possible)
- the impact on treatment and prognosis
- physician's signature

5 ***QUESTION:*** What CPT codes should we use to describe OCT?

ANSWER: There are three CPT codes to describe OCT of the posterior segment.

92133 *Computerized ophthalmic diagnostic imaging (eg, OCT) posterior segment, with interpretation and report, unilateral or bilateral; optic nerve*

92134 *Computerized ophthalmic diagnostic imaging (eg, OCT), posterior segment, with interpretation and report, unilateral or bilateral; retina*

92137 *Computerized ophthalmic diagnostic imaging (eg, OCT), posterior segment, with interpretation and report, unilateral or bilateral; retina, including OCT angiography*

April 1, 2025

The reimbursement information is provided by Corcoran & Corcoran based on publicly available information from CMS, the AMA, and other sources. The reader is strongly encouraged to review federal and state laws, regulations, code sets, and official instructions promulgated by Medicare and other payors. This document is *not an official source* nor is it a complete guide on reimbursement. Although we believe this information is accurate at the time of publication, the reader is reminded that this information, including references and hyperlinks, changes over time, and may be incorrect at any time following publication.

© 2025 Corcoran & Corcoran. All rights reserved. No part of this publication may be reproduced or distributed in any form or by any means, or stored in a retrieval system, without the written permission of the publisher. CPT is a registered trademark of the American Medical Association.

Corcoran Consulting Group
a subsidiary of MEDICAL CONSULTING GROUP

MEDICARE REIMBURSEMENT FOR OCT OF THE POSTERIOR SEGMENT

CORCORAN & CORCORAN

6

QUESTION: How much does Medicare allow for these tests?

ANSWER: These codes are defined by Medicare as bilateral so are paid once whether one or both eyes are tested. The 2025 national Medicare Physician Fee Schedule amounts are as follows. These amounts are adjusted in each area by local wage indices. Other payors set their own rates, which may differ significantly from Medicare's.

Code	Global	TC	PC
92133	$30	$14	$16
92134	$31	$14	$17
92137	$57	$23	$34

These codes are subject to Medicare's Multiple Procedure Payment Reduction (MPPR). This reduces the allowable for the technical component of the second and/or lesser-valued test when more than one test is performed on the same day.

7

QUESTION: What payment restrictions or bundles exist for OCT and other ophthalmic services?

ANSWER: CPT instructs that 92133, 92134, and 92137 are mutually exclusive with each other.

Medicare's National Correct Coding Initiative (NCCI) treats fundus photography (92250) as mutually exclusive with OCT. The E/M service 99211 is bundled with these tests. At the time of this writing, there are not yet NCCI edits for 92137.

Several Medicare Administrative Contractors (MACs) have published policies that impose other restrictions when performing OCT with B-scan (76512) and extended ophthalmoscopy (92201, 92202). Check your payor policies.

8

QUESTION: How often may OCT be repeated?

ANSWER: In general, diagnostic tests are reimbursed when medically indicated. Clear documentation of the reason for testing is always required. Most often, the justification is an indication of progression of a chronic disease.

CMS utilization rates for claims paid to ophthalmologists in 2022 show that 92133 was associated with about 11% of all office visits. That is, for every 100 exams for Medicare beneficiaries, Medicare paid for this service eleven times. For 92134, the 2022 utilization was 40%. Optometric utilization was about 9% and 10%, respectively.

Some policies place upper limits on the number of tests that will be reimbursed in a year. Commonly, the policies state 1 or 2 times per year for glaucoma (92133), and more often for some retinal diseases (92134). Check your MAC's website for specific policies. There is no utilization information or published policy on the new code, 92137.

9

QUESTION: If coverage for OCT is unlikely or uncertain, how should we proceed?

ANSWER: Explain why you feel the test is necessary, and that the payor will likely deny the claim. Get a written financial waiver, such as:

- An Advance Beneficiary Notice of Noncoverage (ABN) is used where Part B Medicare coverage is ambiguous or doubtful, and may be useful where a service is never covered.
- For commercial insurance beneficiaries, a Notice of Exclusion from Health Plan Benefits (NEHB) is an alternative to an ABN.
- 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.

April 1, 2025

The reimbursement information is provided by Corcoran & Corcoran based on publicly available information from CMS, the AMA, and other sources. The reader is strongly encouraged to review federal and state laws, regulations, code sets, and official instructions promulgated by Medicare and other payors. This document is *not an official source* nor is it a complete guide on reimbursement. Although we believe this information is accurate at the time of publication, the reader is reminded that this information, including references and hyperlinks, changes over time, and may be incorrect at any time following publication.

© 2025 Corcoran & Corcoran. All rights reserved. No part of this publication may be reproduced or distributed in any form or by any means, or stored in a retrieval system, without the written permission of the publisher. CPT is a registered trademark of the American Medical Association.

Provided Courtesy of Heidelberg Engineering
(800) 931-2230 ***www.heidelbergengineering.com/us/***