Reporting Optical Coherence Tomography (92132-92134, 92137)

CPT® Assistant.

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For the CPT 2025 code set, codes 92132-92134 were revised, and code 92137 was added due to advances and changes in clinical practice and terminology that describe these services. Parenthetical notes were revised and added throughout the CPT 2025 code set to report computerized ophthalmic diagnostic imaging with optical coherence tomography (OCT). New code 92137 was established to report retinal OCT angiography. This article provides an overview of these changes.

Ophthalmology

Special Ophthalmological Services

92132 Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), anterior segment, with interpretation and report, unilateral or bilateral

(Do not report 92132 in conjunction with 0730T)

(For computerized ophthalmic diagnostic imaging of the optic nerve and retina, see 92133, 92134, 92137)

(For specular microscopy and endothelial cell analysis, use 92286)

(For tear film imaging, use 0330T)

92133 Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; optic nerve

92134 retina

 # 92137 retina, including OCT angiography

(Do not report 92133, 92134, 92137 at the same patient encounter)

(Report 92137 separately when performed at same encounter as 92235, 92240,92242)

The revisions occurred because the American Medical Association (AMA)/Specialty Society Relative Value Scale (RVS) Update Committee (RUC) Relativity Assessment Workgroup (RAW) screen showed a substantial increase in the utilization of code 92134, which was attributed to the growth in medical treatment of age-related macular degeneration and diabetic retinopathy, especially macular edema, and the introduction of OCT angiography into standard clinical practice.

In addition to the establishment of code 92137 to report computerized ophthalmic diagnostic imaging of the retina, including OCT angiography, codes 92132-92134 were revised by removing the term “scanning” and adding “(eg, optical coherence tomography [OCT])” as the updated example in their descriptors because “scanning” is no longer used to describe these tests. Furthermore, the parenthetical note following code 76513, Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy, unilateral or bilateral, was revised by deleting “scanning” and adding new code 92137.

Notably, these updated tests involve computerized diagnostic imaging that evaluates multiple retina and nerve fiber layers. The same technician performs both the OCT angiography and the OCT imaging of retinal structures using an upgraded instrument, and the physician provides additional interpretation of the vasculature and blood flow through multiple layers of the retina.

With the establishment of code 92137, corresponding revisions were needed and made throughout the CPT 2025 code set as appropriate. Two of these affected sections were the Diagnostic Ultrasound subsection of the Radiology section and the Ophthalmoscopy subsection of the Medicine section. These changes include deleting parenthetical notes that no longer apply due to the language revision in existing codes and adding parenthetical notes directing users to report appropriate codes for computerized ophthalmic diagnostic imaging of the anterior and posterior segments using technology other than ultrasound; to report code 92137 separately when other services are provided during the same encounter; and not to report specific codes in conjunction with code 92137 at the same patient encounter. In addition, to support the establishment of code 92137, new cross-reference parenthetical notes directing users to report code 92137 for OCT were added following codes 92235, 92240, and 92242.

The following clinical examples and procedural descriptions reflect typical clinical scenarios for which these revised codes and the new code would be appropriately reported.

Clinical Example (92132)

A 45-year-old male complains of an inability to read small print. The patient has temporal narrowing of the anterior chamber angle in the left eye. Imaging is ordered to evaluate the risk of angle closure.

Description of Procedure (92132)

Evaluate the quality of the study. Analyze the images and numerical values and cross-reference them to normative data. Review prior studies if available and compare for an evaluation of interval change. Enter the interpretation into the electronic health record.

Clinical Example (92133)

A 65-year-old female presents with elevated levels of intraocular pressure in both eyes. Visual field examinations reveal no evidence of visual-field loss

attributable to glaucoma. Examination of the nerve fiber layer by optical coherence tomography in both eyes to look for evidence of retinal nerve fiber layer damage consistent with glaucoma is indicated.

Description of Procedure (92133)

Evaluate the quality of the study. Analyze the images and numerical values and cross-reference them to normative data. Review and compare prior studies for an evaluation of interval change. Enter the interpretation into the electronic health record.

Clinical Example (92134)

A 75-year-old male, who has a recent history of intravitreal drug injection, presents with exudative age-related macular degeneration. Optical coherence tomography is indicated to evaluate the subretinal fluid thickness and intraretinal edema in one eye.

Description of Procedure (92134)

Evaluate the quality of the study. Analyze the images and numerical values and cross-reference them to normative data. Review and compare prior studies for an evaluation of interval change. Enter the interpretation into the electronic health record.

Clinical Example (92137)

A 67-year-old male, who has a history of non-insulin-dependent diabetes mellitus, notes blurred vision and is found to have diabetic macular edema. Optical coherence tomography (OCT) and OCT angiography are ordered to examine the retinal structure in depth and determine the cause of the edema and identify any associated foveal ischemia with non-dye angiography.

Description of Procedure (92137)

Evaluate the quality of the study. Analyze and cross-reference the OCT images and numerical values to normative data. Reformat the images for angiography. Analyze the OCT angiography images for artifacts in comparison to the non-angiographic OCT images. Evaluate the OCT angiography images of the vasculature of the posterior segment at multiple levels of the retina and choroid for evidence of ischemia, microaneurysms, and neovascularization. If available, review prior studies and make a comparison for the assessment of interval change. Enter the interpretation into the electronic health record.

