EF 3.081

NOC: ANGIOVUE OCTA - ANGIOGRAPHY
Interpretation and Report

CPT Code 92499

Patient Name | Date

CLINICAL INDICATIONS

- ☐ Diabetes and/or diabetic retinopathy
- ☐ Retinal detachments and defects
- ☐ Macular degeneration
- ☐ Other retinal disorders
- ☐ Disorders of the choroid
- ☐ Neoplasm of the eye
- ☐ Disorders of the optic nerve
- ☐ Visual disturbances
- ☐ Disorders of the vitreous

TEST ORDERED

☐ Right Eye ☐ Left Eye

TEST RELIABILITY

	Right Eye	Left Eye
☐	Good	☐
☐	Bad	☐

INTER-EYE SYMMETRY

☐ Normal ☐ Abnormal

DIAGNOSIS CODES

Primary Code

Secondary Code

SUPERFICIAL CAPILLARY PLEXUS			DEEP CAPILLARY PLEXUS			CHOROIDAL VASCULATURE		
Right Eye		Left Eye	Right Eye		Left Eye	Right Eye		Left Eye
☐	Normal blood flow	☐	☐	Normal blood flow	☐	☐	Normal blood flow	☐
☐	Absence of blood flow	☐	☐	Absence of blood flow	☐	☐	Absence of blood flow	☐
☐	Abnormal presence of blood flow	☐	☐	Abnormal presence of blood flow	☐	☐	Abnormal presence of blood flow	☐
☐	Abnormal vessel geometry	☐	☐	Abnormal vessel geometry	☐	☐	Abnormal vessel geometry	☐
☐	Orderly branching pattern	☐	☐	Orderly branching pattern	☐	☐	Neovascular network	☐
☐	Disorganized branching pattern	☐	☐	Disorganized branching pattern	☐	☐	Retinal angiomatous proliferation	☐
☐	Cystoid spaces	☐	☐	Cystoid spaces	☐	☐	Quiescent occult neovascularization	☐
☐	Enlargement of the avascular zone	☐	☐	Enlargement of the avascular zone	☐	☐	Exudative manifestation	☐

NARRATIVE (findings, interpretations, conclusions)

_____

_____

_____

COMPARATIVE DATA

Previous Test Date _____ ☐Staying The Same ☐Getting Better ☐Getting Worse

_____

_____

MEDICAL DECISION-MAKING

- ☐ Good Control
- ☐ Borderline Control
- ☐ Uncontrolled
- ☐ Failing to change as expected
- ☐ Stable
- ☐ Worsening
- ☐ Resolving
- ☐ Resolved

RELEVANT CLINICAL ISSUES

Initiate Treatment	Change Treatment
☐ Yes	☐ Yes
☐ No	☐ No

Doctor's Signature _____ **Next Test** _____

EYEFORMS