Geisinger

Geisinger Health Plan Policies and Procedure Manual

Policy: MP049

Section: Medical Benefit Policy

Subject: Visual Field Testing

Applicable Lines of Business

Commercial	**X**	**CHIP**	**X**
Medicare	**X**	**ACA**	**X**
Medicaid	**X**		

I. Policy: Visual Field Testing

II. Purpose/Objective:
To provide a policy of coverage regarding Visual Field Testing

III. Responsibility:
A. Medical Directors
B. Medical Management

IV. Required Definitions

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions
Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
c. in accordance with current standards of good medical treatment practiced by the general medical community.
d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

Medicaid Business Segment
Medically Necessary — A service, item, procedure, or level of care that is necessary for the proper treatment or management of an illness, injury, or disability is one that:

- Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
- Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an

illness, condition, injury or disability.
- Will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age

DESCRIPTION:
Visual field testing is a process to test the function of the retina, optic nerve and optic pathways, and to determine defects in the field of vision. The testing may be static or kinetic. In kinetic testing (i.e. Goldmann or tangent screen), the stimulus is moved to various areas and the point at which it is first seen by the patient is identified and marked. In static perimetry, a specific point is chosen and the stimulus is increased until its threshold is determined.

INDICATIONS:
Visual field testing is considered medically necessary for any of the following:
- Disorders of the eyelids potentially affecting the visual field
- Glaucoma, or suspected glaucoma as evidenced by increased intraocular pressure, asymmetric intraocular pressure, or optic nerve examination that reveals asymmetric cupping, disc hemorrhage or an absent or thinned temporal rim.
- Disorder of the optic nerve, neurologic visual pathway or retina
- Recent intracranial hemorrhage or recent measurement of increased intracranial pressure with or without visual symptomatology
- Occlusion or stenosis of the cerebral or precerebral arteries
- Transient cerebral ischemia
- Giant cell arteritis
- Cerebral aneurysm
- Pituitary tumor
- Occipital tumor
- Visual field defect demonstrated by confrontational testing
- Eye injury
- Disorder of the orbit, potentially affecting the visual field
- Congenital ptosis
- Workup for buphthalmous
- Workup for congenital anomalies of the posterior segment
- Unexplained visual loss
- Initial evaluation for macular degeneration or central visual loss resulting in vision measured at or below 20/70.
- Pale or swollen optic nerve on recent exam
- Current use of medication which has a high risk for potentially affecting the visual system

Instrument-based vision screening in the pediatric population with age appropriate, valid methods is considered to be medically necessary.

Photoscreening and hand-held auto-refraction are acceptable methods of visual screening in children 6 months to 5 years of age, or in older non-verbal children in whom standard vision charts would be ineffective.

EXCLUSIONS:
Visual Field testing is not considered medically necessary and is **NOT COVERED** for any of the following:
- Pretreatment for a previous diagnosis of retinal detachment
- Previous diagnosis of cataracts unless other presenting symptomology is documented
- As a screening test prior to cataract extraction in the absence of glaucoma or other presenting symptomatology
- Repeated testing for macular degeneration or central vision loss unless visual changes have occurred

Screening visual fields in the absence of associated signs, symptoms or complaints are not considered medically necessary and are **NOT COVERED.**

The use of electronic home visual field monitoring is considered **experimental, investigational or unproven** and **NOT COVERED** for all indications. There is insufficient evidence in the peer-reviewed published medical literature directly comparing home visual field monitoring devices to the established in-office alternatives.

Medicaid Business Segment:
Any requests for services, that do not meet criteria set in the PARP, may be evaluated on a case by case basis.

Note: A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven is outlined in MP 15 - Experimental Investigational or Unproven Services or Treatment.

CODING ASSOCIATED WITH: Visual Field Testing

The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at www.cms.gov ***or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements.***

92081 Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (e.g., tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)
92082 intermediate examination (e.g., at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)
92083 extended examination (e.g., Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30o, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)
99172 Visual function screening, automated or semi-automated bilateral, quantitative
99173 Visual acuity screening, quantitative, bilateral
99174 Ocular photoscreening, interpretation and report, bilateral
0378T Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional
0379T Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; technical support and patient instructions, surveillance, analysis, and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional.

LINE OF BUSINESS:
Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD's and NCD's will supercede this policy. For PA Medicaid Business segment, this policy applies as written.

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This policy will be revised as necessary and reviewed no less than annually**.**

Devised: 12/01

Revised: 12/02 (add medical necessity definition); 12/03 definition; 12/04; 12/05; 12/06; 12/07; 5/15; 4/22 (add home device exclusion)

Reviewed: 12/08, 5/09, 5/10(ref), 5/11, 5/12, 5/13, 5/14, 5/16, 4/17, 4/18, 4/19, 4/20, 4/21, 4/23, 4/24

CMS UM Oversight Committee Approval: 12/23, 7/24

without the prior written consent of Geisinger Health Plan. Additionally, the above medical policy does not confer any endorsement by Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company regarding the medical service, medical device or medical lab test described under this medical policy.