

## CLINICAL CRITERIA POLICY

CLINICAL CRITERIA POLICY TO ESTABLISH MEDICAL NECESSITY					
BENEFIT	EYE CARE	POLICY SECTION	300 DIAGNOSTIC TESTING	POLICY NO	300.03
POLICY TITLE	VISUAL EVOKED POTENTIAL (VEP) TESTING				
POLICY DATE	01/01/2020	REVISION DATE	02/17/2022	APPROVAL DATE	08/10/2022
DISCLAIMER LANGUAGE	<ul style="list-style-type: none"> <li>- Policy content and application may have state specific variance and considerations</li> <li>- Health Plan specific 'Indications and Limitations of Coverage' may apply as specified</li> <li>- Line of Business considerations (i.e., Medicaid, Medicare, Commercial) may apply as specified</li> </ul>				
EXCLUSIONS	<ul style="list-style-type: none"> <li>- There are no exclusions to this policy</li> </ul>				

### I. POLICY STATEMENT

Coverage of Visual Evoked Potential (VEP) Testing will be provided only when medically indicated and in accordance with applicable state requirements and, as specific to Medicare, national and local coverage determinations. To establish medical necessity for this service, Avēsis aligns its criteria with the evidence and consensus based clinical practice guidelines set forth by the American Academy of Ophthalmology (AAO). The AAO incorporates evidence based best practice and FDA approval and/or recommendations<sup>1</sup>. Avēsis Medical Directors and clinical staff are licensed medical professionals that review criteria and documentation submitted by requesting providers using sound medical judgment.

### II. INDICATIONS AND LIMITATION OF COVERAGE for CPT CODE 95930

- 1.0 Visual Evoked Potentials (VEPs) are electrophysiologic responses to stimulation by either patterned or unpatterned visual stimuli.
- 2.0 Visual Evoked Potentials (VEPs) are considered medically necessary for ANY of the following indications:
  - 2.1 Multiple Sclerosis or Neuromyelitis Optica (NMO)
  - 2.2 Suspected disorder of the Optic Nerve, Optic Chiasm or Optic Radiations not explained by MRI, CT, infectious diseases, or metabolic disorders
- 3.0 Visual Evoked Potential Testing will be covered annually for the patient who has or is suspected of having the conditions outlined in Sections II and III of this policy.
- 4.0 In order to determine medical necessity, Avēsis may request a copy of the clinical records, which must justify the diagnosis listed on the claim and the reason(s) procedure(s) were necessary for planning therapy and monitoring the progress of the disease diagnosed.
- 5.0 Services will be denied for prior authorization requests when:
  - 5.1 Documentation submitted by the requesting provider does not establish the medical necessity per requirements outlined.
  - 5.2 Documentation submitted is incomplete and provider fails to respond to requests for additional clarifying information.
    - 6.2.1 Providers repeatedly failing to submit documentation timely will be referred to Quality.
  - 5.3 Provider and enrollee will receive written notification of adverse determination which outlines right to appeal and instructions on request procedure and applicable timeframes.

<sup>1</sup>American Academy of Ophthalmology <https://www.aao.org>

### III. MEDICAL NECESSITY REQUIREMENTS for CPT CODE 95930

- 1.0 To establish medical necessity all criterion points referenced below and applicable information in Table 1 must be clearly & legibly documented in the medical record and made available to Avēsis upon submission of request.
  - 1.1 Areas where 'white out' is used are not accepted.
  - 1.2 Areas with 'black out' or 'scribble' will not be accepted.
    - 1.2.1 A single line through text where the text will remain readable is acceptable with provider initials and date.
- 2.0 Physician signature must be present on chart and procedural notes, orders, and testing interpretations
- 3.0 A copy of tests, computer analysis of data, and appropriate storage for future comparison on follow up exam must be maintained in the medical record.
- 4.0 Medical documentation must evidence diagnostic test interpretation, inclusive of the following:
  - 4.1 Date of test
  - 4.2 Date of interpretation
  - 4.3 Findings
  - 4.4 Progression/Stable notation (unless baseline)
  - 4.5 Diagnosis
  - 4.6 Physician Signature

### IV. TABLE 1: ICD-10 CODES SUPPORTING MEDICAL NECESSITY

ICD-10 Code	Description
A39.82	Meningococcal retrobulbar neuritis
C70.0 – C70.9	Malignant neoplasm of cerebral meninges – Malignant neoplasm of meninges, unspecified
C72.0 – C72.9	Malignant neoplasm of spinal cord – Malignant neoplasm of central nervous system, unspecified
C79.31 – C79.32	Secondary malignant neoplasm of brain – Secondary malignant neoplasm of cerebral meninges
C79.49	Secondary malignant neoplasm of other parts of nervous system
D32.0 – D32.9	Benign neoplasm of cerebral meninges – Benign neoplasm of meninges, unspecified
D33.2 – D33.7	Benign neoplasm of brain, unspecified – Benign neoplasm of other specified parts of central nervous system
D42.0 – D42.9	Neoplasm of uncertain behavior of cerebral meninges – Neoplasm of uncertain behavior of meninges, unspecified
D43.2 – D43.4	Neoplasm of uncertain behavior of brain, unspecified – Neoplasm of uncertain behavior of spinal cord
D44.4 – D44.5	Neoplasm of uncertain behavior of craniopharyngeal duct – Neoplasm of uncertain behavior of pineal gland
D49.6	Neoplasm of unspecified behavior of brain
F44.0 – F44.9	Dissociative amnesia – Dissociative and conversion disorder, unspecified
F68.11	Factitious disorder with predominantly psychological signs and symptoms
G11.0 – G11.4	Congenital nonprogressive ataxia – Hereditary spastic paraplegia
G11.9	Hereditary ataxia, unspecified
G23.0 – G23.2	Hallervorden-Spatz disease – Striatonigral degeneration
G32.81	Cerebellar ataxia in diseases classified elsewhere
G35	Multiple sclerosis

ICD-10 Code	Description
G36.0	Neuromyelitis optica
G37.0 – G37.5	Diffuse sclerosis of central nervous system – Concentric sclerosis [Balo] of central nervous system
G37.9	Demyelinating disease of central nervous system, unspecified
G93.1	Anoxic brain damage, not elsewhere classified
G93.82	Brain death
G95.9	Disease of spinal cord, unspecified
G97.81 – G97.82	Other intraoperative complications of nervous system – Other postprocedural complications and disorders of nervous system
H35.54	Dystrophies primarily involving the retinal pigment epithelium
H46.00 – H46.3	Optic papillitis – Toxic optic neuropathy
H46.9	Unspecified optic neuritis
H47.011 – H47.039	Ischemic optic neuropathy – Optic nerve hypoplasia
H47.10 – H47.239	Unspecified papilledema associated with increased intracranial pressure – Glaucomatous optic atrophy
H47.311 – H47.339	Coloboma of optic disc – Pseudopapilledema of optic disc
H47.41 – H47.9	Disorders of optic chiasm – Unspecified disorder of visual pathways
H53.001 – H53.16	Unspecified amblyopia – Psychophysical visual disturbances
H53.30 – H53.439	Unspecified disorder of binocular vision – Sector or arcuate defects
H53.461 – H53.55	Homonymous bilateral field defects – Tritanomaly
H53.60 – H53.63	Unspecified night blindness – Congenital night blindness
H53.71 – H53.72	Glare sensitivity – Impaired contrast sensitivity
H54.0X33 – H54.8	Blindness, both eyes – Legal blindness, as defined in USA
P84	Other problems with newborn
P91.60 – P91.63	Hypoxic ischemic encephalopathy [HIE], unspecified – Severe hypoxic ischemic encephalopathy [HIE]
R40.20	Unspecified coma
R48.3	Visual agnosia
S01.90XA	Unspecified open wound of unspecified part of head, initial encounter
S04.011A – S04.049A	Injury of optic nerve, right eye – Injury of visual cortex, unspecified eye [initial encounters]
S06.0X0A	Concussion without loss of consciousness, initial encounter
S06.0X1A	Concussion with loss of consciousness of 30 minutes or less, initial encounter
S06.0X9A	Concussion with loss of consciousness of unspecified duration, initial encounter
S06.1X0A – S06.1X9A	Traumatic cerebral edema without loss of consciousness – Traumatic cerebral edema with loss of consciousness of unspecified duration [initial encounters]
S06.330A – S06.339A	Contusion and laceration of cerebrum, unspecified, without loss of consciousness – Contusion and laceration of cerebrum, unspecified, with loss of consciousness of unspecified duration [initial encounters]
S06.360A – S06.389A	Traumatic hemorrhage of cerebrum, unspecified, without loss of consciousness – Contusion, laceration, and hemorrhage of brainstem with loss of consciousness of unspecified duration [initial encounters]

ICD-10 Code	Description
S06.4X0A – S06.4X9A	Epidural hemorrhage without loss of consciousness – Epidural hemorrhage with loss of consciousness of unspecified duration [initial encounters]
S06.5X0A – S06.5X9A	Traumatic subdural hemorrhage without loss of consciousness – Traumatic subdural hemorrhage with loss of consciousness of unspecified duration [initial encounters]
S06.6X0A – S06.6X9A	Traumatic subarachnoid hemorrhage without loss of consciousness – Traumatic subarachnoid hemorrhage with loss of consciousness of unspecified duration [initial encounters]
S06.9X0A – S06.9X6A	Unspecified intracranial injury without loss of consciousness – Unspecified intracranial injury with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving [initial encounters]
S06.9X9A	Unspecified intracranial injury with loss of consciousness of unspecified duration, initial encounter