

CLINICAL CRITERIA POLICY

CLINICAL CRITERIA POLICY TO ESTABLISH MEDICAL NECESSITY					
BENEFIT	EYE CARE	POLICY SECTION	300 DIAGNOSTIC TESTING	POLICY NO	300.04
POLICY TITLE	VISUAL FIELD TESTING				
POLICY DATE	01/01/2020	REVISION DATE	02/17/2022	APPROVAL DATE	08/10/2022
DISCLAIMER LANGUAGE	<ul style="list-style-type: none"> - Policy content and application may have state specific variance and considerations - Health Plan specific 'Indications and Limitations of Coverage' may apply as specified - Line of Business considerations (i.e., Medicaid, Medicare, Commercial) may apply as specified 				
EXCLUSIONS	- There are no exclusions to this policy				

I. POLICY STATEMENT

Coverage for Visual Field Testing will be provided 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 recommendations¹. Avēsis Medical Directors and clinical staff are licensed medical professionals and review criteria and documentation submitted by requesting providers using sound medical judgment.

II. INDICATIONS AND LIMITATION OF COVERAGE

- 1.0 The purpose of a visual field is to aid in the diagnosis and management (track progression, stability) of a condition, and for all diagnoses, visual field assessment by confrontation should be performed prior to performing formal visual field testing.
- 2.0 The level and frequency of visual field testing performed should be commensurate with the type and severity of the related condition.
- 3.0 Visual fields for patients may be indicated and appropriate when there is glaucoma suspicion, previous glaucoma diagnosis, or presence of any factor from column A, or any two (2) factors from column B:

Column I (any 1 complete factor)	Column II (any full 2 factors)
A. Optic Nerve Findings	
i. Segmental thinning of neuroretinal rim	i. C/D ratio > 0.5
ii. Flame hemorrhage of optic disc	ii. C/D ratio difference of > 0.1 between cups
iii. Bared circumlinear vessel/NFL thin or wedge defect	
iv. Atrophy/Pallor	
v. C/D ratio > 0.6	
vi. C/D ratio difference of >0.2 between cups	
B. Intra Ocular Pressure (IOP)	
i. >25 with applanation tonometry/ Icare tonometer	i. >23 with applanation tonometry/ Icare tonometer

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

Column I (any 1 complete factor)	Column II (any full 2 factors)
C. Risk Factors	
i. Previous diagnosis of glaucoma or glaucoma suspect	i. African American race
ii. Previous treatment as glaucoma suspect due to injury	ii. Positive family history of glaucoma
iii. Visual field defect or constriction by patient report, family	iii. History of blunt force ocular trauma/hyphema
	iv. Angle recession
	v. Pseudoexfoliation of lens/heavily pigmented TM on gonioscopy

- 4.0 It is expected that providers remain informed of current medical literature and/or standards of practice specific to requests for Visual Field Testing.
- 4.1 Requests are monitored, and when services are requested/performed in excess of established parameters, the provider may be subject to retrospective quality review.
- 4.1.1 When two (2) or more examinations are performed per year, the medical record must establish the medical necessity for the service and the increased frequency.
- 5.0 Frequency of examinations for a diagnosis of macular generation or an experienced central vision loss (or to evaluate the results of a surgical intervention or for the possible need for surgical intervention) is dictated by stage of disease or degree of risk factors, just as with glaucoma evaluation.
- 6.0 Services will be denied for prior authorization requests when:
- 6.1 Documentation submitted by the requesting provider does not establish the medical necessity per requirements outlined.
- 6.2 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.
- 6.3 Provider and enrollee will receive written notification of adverse determination which outlines right to appeal and instructions on request procedure and applicable timeframes.

III. MEDICAL NECESSITY REQUIREMENTS

- 1.0 To establish medical necessity all criterion points referenced below and applicable information in Tables 1 and 2 must be clearly & legibly documented in the medical record and made available to Avësis 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 Visual Field Testing may be considered medically necessary when any of the following are substantiated by medical record submission:
- 2.1 Disorder of the eyelids potentially affecting the visual field
- 2.2 A documented disorder of the optic nerve or the neurological visual pathway
- 2.3 A recent intracranial hemorrhage, an intracranial mass or a recent measurement of increased intracranial pressure with or without visual symptomatology
- 2.4 A recently documented occlusion and/or stenosis of cerebral and precerebral arteries, a

- recently diagnosed transient cerebral ischemia or giant cell arteritis
- 2.5 A history of a cerebral aneurysm, pituitary tumor, occipital tumor or other condition potentially affecting the visual fields.
- 2.6 A visual field defect demonstrated by gross visual field testing (e.g., confrontation testing)
- 2.7 An initial workup for buphthalmos, congenital ptosis, congenital anomalies of the posterior segment
- 2.8 A disorder of the orbit, potentially affecting the visual field
- 2.9 A significant eye injury
- 2.10 Unexplained visual loss which may be described as “trouble seeing or vision going in and out.”
- 2.11 A pale or swollen optic nerve documented by a recent examination
- 2.12 New functional limitations which may be due to visual fields loss (i.e., reports by family that patient is running into things).
- 2.13 Medication treatment (e.g., Plaquenil) which has a high risk of potentially affecting the visual system.
- 2.14 Initial evaluation for macular degeneration related to central vision loss or has experienced such loss resulting in vision measured at or below 20/70
- 2.15 Diagnosis and monitoring visual field loss due to blepharoptosis or to disease involving the cornea, lens, retina, optic nerve and intracranial visual pathway.
- 3.0 Physician signature must be present on chart and procedural notes, orders, and testing interpretations
- 4.0 A current, pertinent history, physical examination (including IOP), appropriate diagnostic testing, and progress notes describing and supporting the covered indication
- 5.0 Chart note must clearly order test, specify medical necessity (diagnosis), frequency, and need for monitoring/ongoing therapy
- 6.0 Medical documentation must evidence diagnostic test interpretation, inclusive of the following:
 - 6.1 Date of test
 - 6.2 Date of interpretation
 - 6.3 Findings
 - 6.4 Progression/Stable notation (unless baseline)
 - 6.5 Diagnosis
 - 6.6 Physician Signature
- 7.0 Comparison on follow-up exam must be maintained in the patient file

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

ICD-10 Code	Description
A18.53	Tuberculous chorioretinitis
A52.14 – A52.15	Late syphilitic encephalitis – Late syphilitic neuropathy
A52.71	Late syphilitic oculopathy
B45.1	Cerebral cryptococcosis
B58.00 – B58.09	Toxoplasma oculopathy – Toxoplasmosis, unspecified
C69.20 – C69.32	Malignant neoplasm of retina – Malignant neoplasm of choroid
C69.60 – C69.92	Malignant neoplasm of orbit – Malignant neoplasm of unspecified site of eye
C70.0	Malignant neoplasm of cerebral meninges
C71.0 – C71.9	Malignant neoplasm of cerebrum, except lobes and ventricles - Malignant neoplasm of brain, unspecified
C72.30 – C72.32	Malignant neoplasm of optic nerve
C73	Malignant neoplasm of thyroid gland
C79.32	Secondary malignant neoplasm of cerebral meninges

ICD-10 Code	Description
D09.20 – D09.22	Carcinoma in situ of eye
D18.02	Hemangioma of intracranial structures
D31.20 – D31.32	Benign neoplasm of retina – Benign neoplasm of choroid
D32.0	Benign neoplasm of cerebral meninges
D33.3	Benign neoplasm of cranial nerves
D34	Benign neoplasm of thyroid gland
D42.0	Neoplasm of uncertain behavior of cerebral meninges
D43.3	Neoplasm of uncertain behavior of cranial nerves
D45	Polycythemia vera
D49.6 – D49.81	Neoplasm of unspecified behavior of brain – Neoplasm of unspecified behavior of retina and choroid
E05.11	Thyrotoxicosis with toxic single thyroid nodule with thyrotoxic crisis or storm
E08.3211 – E08.3599	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema – Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema
E08.37X1 – E08.37X9	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment
E08.65	Diabetes mellitus due to underlying condition with hyperglycemia
E09.311 – E09.319	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy
E09.3211 – E09.3599	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema – Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema
E09.37X1 – E09.37X9	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment
E09.65	Drug or chemical induced diabetes mellitus with hyperglycemia
E10.311 – E10.319	Type 1 diabetes mellitus with unspecified diabetic retinopathy
E10.3211 – E10.3599	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema – Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema
E10.37X1 – E10.37X9	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment
E10.65	Type 1 diabetes mellitus with hyperglycemia
E11.311 – E11.319	Type 2 diabetes mellitus with unspecified diabetic retinopathy
E11.3211 – E11.3599	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema - Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema
E11.37X1 – E11.37X9	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment
E11.65	Type 2 diabetes mellitus with hyperglycemia
E24.1	Nelson's syndrome
E50.0 – E50.9	Vitamin A deficiency with conjunctival xerosis – Vitamin A deficiency, unspecified
E64.1	Sequelae of vitamin A deficiency
F07.81	Postconcussional syndrome
G00.0 – G00.9	Hemophilus meningitis – Bacterial meningitis, unspecified

ICD-10 Code	Description
G01 – G02	Meningitis in bacterial diseases classified elsewhere – Meningitis in other infectious and parasitic diseases classified elsewhere
G03.0 – G03.9	Nonpyogenic meningitis - Meningitis, unspecified
G04.00 – G04.32	Acute disseminated encephalitis and encephalomyelitis (ADEM) – Postimmunization acute necrotizing hemorrhagic encephalopathy
G04.90 – G04.91	Encephalitis and encephalomyelitis, unspecified – Myelitis, unspecified
G05.3	Encephalitis and encephalomyelitis in diseases classified elsewhere
G24.5	Blepharospasm
G35	Multiple sclerosis
G36.0 – G36.1	Neuromyelitis optica [Devic] – Acute and subacute hemorrhagic leukoencephalitis [Hurst]
G36.9	Acute disseminated demyelination, unspecified
G37.0 – G37.5	Diffuse sclerosis of central nervous system – Concentric sclerosis [Balo] of central nervous system
G43.101 – G43D1	Migraine without aura, not intractable – Abdominal migraine
G43.901 – G43.919	Migraine, unspecified, not intractable – Migraine, unspecified, intractable
G45.0	Vertebro-basilar artery syndrome
G45.9	Transient cerebral ischemic attack, unspecified
G46.3 – G46.6	Brain stem stroke syndrome – Pure sensory lacunar Syndrome
G80.2	Spastic hemiplegic cerebral palsy
G81.00 – G81.94	Flaccid hemiplegia – Hemiplegia, unspecified
G82.20 – G82.54	Paraplegia – Quadriplegia
G91.0 – G91.4	Communicating hydrocephalus – Hydrocephalus in diseases classified elsewhere
G92.00 – G92.05	Immune effector cell-associated neurotoxicity syndrome
G93.0 – G93.41	Cerebral cysts – Metabolic encephalopathy
G93.5	Compression of brain
H02.31, H02.34	Blepharochalasis, right upper eyelid, Blepharochalasis, left upper eyelid
H02.401 – H02.439	Unspecified ptosis of eyelid – Paralytic ptosis of eyelid
H02.831, H02.834	Dermatochalasis of right upper eyelid, Dermatochalasis of left upper eyelid
H05.011 – H05.049	Cellulitis of orbit – Tenonitis of orbit
H05.111 – H05.119	Granuloma of orbit
H05.211 – H05.269	Displacement (lateral) of globe – Pulsating exophthalmos
H05.311 – H05.829	Atrophy of orbit – Myopathy of extraocular muscles
H30.001 – H30.819	Unspecified focal chorioretinal inflammation – Harada's disease
H30.90 – H30.93	Unspecified chorioretinal inflammation
H31.001 – H31.029	Unspecified chorioretinal scars – Solar retinopathy
H31.101 – H31.23	Unspecified choroidal degeneration – Gyrate atrophy, choroid
H31.301 – H31.429	Unspecified choroidal hemorrhage – Serous choroidal detachment
H31.9	Unspecified disorder of choroid
H32	Chorioretinal disorders in diseases classified elsewhere
H33.001 – H33.129	Unspecified retinal detachment with retinal break – Parasitic cyst of retina
H33.20 – H33.43	Serous retinal detachment – Traction detachment of retina

ICD-10 Code	Description
H34.00 – H34.9	Transient retinal artery occlusion – Unspecified retinal vascular occlusion
H35.011 – H35.079	Changes in retinal vascular appearance – Retinal telangiectasis
H35.171 – H35.179	Retrolental fibroplasia
H35.30 – H35.52	Unspecified macular degeneration – Pigmentary retinal dystrophy
H35.54	Dystrophies primarily involving the retinal pigment epithelium
H35.60 – H35.82	Retinal hemorrhage – Retinal ischemia
H35.9	Unspecified retinal disorder
H36	Retinal disorders in diseases classified elsewhere
H40.001 – H40.839	Preglaucoma, unspecified – Aqueous misdirection
H42	Glaucoma in diseases classified elsewhere
H44.321 – H44.329	Siderosis of eye
H44.511 – H44.519	Absolute glaucoma
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 – Glaucomatous optic atrophy
H47.311 – H47.339	Coloboma of optic disc – Pseudopapilledema of optic disc
H49.00 – H49.43	Third [oculomotor] nerve palsy – Progressive external ophthalmoplegia
H51.0 – H51.23	Palsy (spasm) of conjugate gaze – Internuclear ophthalmoplegia
H53.001 – H53.039	Unspecified amblyopia – Strabismic amblyopia
H53.10 – H53.16	Unspecified subjective visual disturbances – Psychophysical visual disturbances
H53.2	Diplopia
H53.40 – H53.439	Unspecified visual field defects – Sector or arcuate defects
H53.461 – H53.489	Homonymous bilateral field defects – Generalized contraction of visual field
H53.51 – H53.55	Achromatopsia - Tritanomaly
H53.60 – H53.63	Unspecified night blindness – Congenital night blindness
H53.71	Glare sensitivity
H53.72	Impaired contrast sensitivity
H53.9	Unspecified visual disturbance
H54.0X33 – H54.8	Blindness right eye category 3, blindness left eye category 3 – Legal blindness, as defined in USA
H55.00 – H55.04	Unspecified nystagmus – Dissociated nystagmus
H55.81	Saccadic eye movements
H57.01	Argyll Robertson pupil, atypical
H59.40 – H59.43	Inflammation (infection) of postprocedural bleb
I60.00 – I60.7	Nontraumatic subarachnoid hemorrhage from carotid siphon and bifurcation – Nontraumatic subarachnoid hemorrhage from unspecified intracranial artery
I60.9	Nontraumatic subarachnoid hemorrhage, unspecified
I61.0 – I61.6	Nontraumatic intracerebral hemorrhage in hemisphere, subcortical – Nontraumatic intracerebral hemorrhage, multiple localized
I61.9	Nontraumatic intracerebral hemorrhage, unspecified

ICD-10 Code	Description
I62.00 – I62.9	Nontraumatic subdural hemorrhage – Nontraumatic intracranial hemorrhage, unspecified
I63.00 – I63.6	Cerebral infarction due to thrombosis of unspecified precerebral artery – Cerebral infarction due to cerebral venous thrombosis, nonpyrogenic
I65.01 – I65.9	Occlusion and stenosis of vertebral artery – Occlusion and stenosis of unspecified precerebral artery
I66.01 – I66.9	Occlusion and stenosis of middle cerebral artery – Occlusion and stenosis of unspecified cerebral artery
I67.1 – I67.2	Cerebral aneurysm, nonruptured – Cerebral atherosclerosis
I67.841	Reversible cerebrovascular vasoconstriction syndrome
I67.9	Cerebrovascular disease, unspecified
I68.0 – I68.2	Cerebral amyloid angiopathy – Cerebral arteritis in other diseases classified elsewhere
M31.5	Giant cell arteritis with polymyalgia rheumatica
Q10.0	Congenital ptosis
Q15.0	Congenital glaucoma
Q85.00 – Q85.01	Neurofibromatosis, unspecified – Neurofibromatosis, type 1
Q85.03	Schwannomatosis
R44.1	Visual hallucinations
R48.3	Visual agnosia
R51.0 – R51.9	Headache with orthostatic component, not elsewhere classified – Headache, unspecified
S04.011A – S04.12XA	Injury of optic nerve and pathways, initial encounter – Injury of oculomotor nerve, left side, initial encounter (Initial encounters only)
Z76.5	Malingering [conscious simulation]
Z79.51 – Z79.52	Long term (current) use of inhaled steroids – Long term (current) use of systemic steroids
Z79.899	Long term (current) use of drugs (Plaquenil)

V. TABLE 2 – APPLICABLE CPT CODES

CPT Code	Description
92081	Limited Examination – single stimulus level e.g., tangent screen, Autoplot, Arc perimeter and Octopus 3 or 7
92082	Intermediate Examination – at least 2 isopters e.g., Goldmann perimeter, Semi-quantitative Suprathreshold screening program, Humphrey Suprathreshold automated test, Octopus program 33 and Visual Field automated screener
92083	Comprehensive Examination – static determination of central 30° e.g., Quantitative automated threshold perimetry, Octopus program G-1, 32, or 42, Humphrey visual field analyzer threshold programs 30-2, 24-2, 30/60-2, 10-2 and Macular Red Quantitative Testing