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| <b>Policy Name</b>                   | Clinical Policy – Electrophysiological Testing |
| <b>Policy Number</b>                 | 1334.00                                        |
| <b>Department</b>                    | Clinical Product & Development                 |
| <b>Subcategory</b>                   | Medical Management                             |
| <b>Original Approval Date</b>        | 12/13/2018                                     |
| <b>Current MPC/CCO Approval Date</b> | 07/10/2024                                     |
| <b>Current Effective Date</b>        | 10/01/2024                                     |

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| <b>Company Entities Supported (Select All that Apply)</b><br><input checked="" type="checkbox"/> Superior Vision Benefit Management<br><input checked="" type="checkbox"/> Superior Vision Services<br><input checked="" type="checkbox"/> Superior Vision of New Jersey, Inc.<br><input checked="" type="checkbox"/> Block Vision of Texas, Inc. d/b/a Superior Vision of Texas<br><input checked="" type="checkbox"/> Davis Vision<br>(Collectively referred to as 'Versant Health' or 'the Company') |
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| <b>ACRONYMS</b> |                         |
| ERG             | Electroretinogram       |
| EOG             | Electro Oculogram       |
| VEP             | Visual Evoked Potential |

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| <b>PURPOSE</b> |
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To provide the medical necessity criteria to support the indication(s) for electrophysiological testing. Applicable procedure and diagnosis codes are also defined.

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| <b>POLICY</b> |
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## A. BACKGROUND

Electrophysiological testing employs the modalities of Visual Evoked Potential (VEP), Electroretinogram (ERG) and Electrooculogram (EOG) to evaluate the function of components of the visual pathways including the optic nerve, occipital cortex, retinal rods and cones, outer layer elements of the retina and the retinal pigment epithelium. The data derived from these tests provides information in the diagnosis and management of ocular disease not otherwise available from other testing technologies.

## **B. Medically Necessary**

Electrophysiological testing may be considered medically necessary when:

- a. Investigating issues related to unexplained visual acuity or visual field loss;
- b. Assessing whether a patient is malingering or not when other testing methods are inconclusive;<sup>1</sup>
- c. Assessing the visual function of infants when there is a suspicion of abnormal vision or visual development; [OBJ]
- d. Investigating optic neuropathies when other testing methods are inadequate.
- e. Assessing vision in eyes with media opacities where other test modalities are not useful;
- f. Assessing suspected neurological disease affecting the eyes, including to confirm the diagnosis of multiple sclerosis; [OBJ]
- g. Investigating retinal and optic nerve function following trauma.
- h. Detection of the disease or carrier states of an inherited visual disorder; <sup>2</sup>
- i. Monitoring neurotoxicity or retinal toxicity associated with certain medications (e.g., hydroxychloroquine) is indicated with the primary diagnosis code Z79.899, long term (current) drug therapy;
- j. Detection of optic neuritis at an early, subclinical stage;
- k. Evaluate diseases of the optic nerve, such as ischemic optic neuropathy or pseudotumor cerebri;
- l. Toxic or nutritional amblyopia;<sup>3</sup>
- m. Neoplasm compression of the anterior visual pathways;
- n. Non-glaucomatous optic nerve injury or atrophy.

## **C. Not Medically Necessary**

1. Electrophysiological testing may not be medically necessary when:
  - a. It is used as a screening test, (0333T);
  - b. The test is administered subject to a standing order;
  - c. Another diagnostic test(s) is more appropriate;
  - d. Performed to confirm a diagnosis that has already been made;
  - e. The test does not provide additional information for evaluation and management of the condition;
  - f. To confirm the visual evoked potential, screening of visual acuity (CPT code 0464T) of any glaucoma-related diagnosis;
  - g. Electroretinography (ERG) of any type (CPT 0509T, 92273, and 92274) for a glaucoma-related diagnosis.
2. Repeat electrophysiological testing is covered when medically justified for disability assessment, progressive disease, evaluating effectiveness of therapy, psychological or

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<sup>1</sup> Hartlage, 2012.

<sup>2</sup> Daich, 2021

<sup>3</sup> Chiang, 2022

psychiatric components of visual loss and poor patient cooperation during initial testing. The medical rationale for repeat testing is required.

#### **D. Documentation**

Reimbursement must be supported by adequate and complete documentation in the patient's medical record that describes the procedure and the medical rationale. Retrospective reviews require the full operative report and medical care plan.

Documentation requires at a minimum all the following items. All items must be available upon request to initiate or sustain previous payments. Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, date(s) of service). Services provided/ordered must be authenticated by the physician. The method used shall be handwritten or electronic signature. Stamped signatures are not acceptable.

The following documentation is required to support the medical necessity of electrophysiological testing:

1. Physician's order for the test(s) with medical rationale
2. Date(s) of testing
3. Interpretation and report to include:
  - a. Test printouts showing proper performance and the test variables used during testing. The most recent standardized protocols by ISCEV should be used.
  - b. Description of placement of electrodes and documentation of proper preparation (dilation indicated or not, full dark or light adaptation time noted, etc.).
  - c. Reliability of the test. Do not submit tests of dubious value.
  - d. Patient cooperation
  - e. Test findings
  - f. Comparison of results from previous tests
  - g. Assessment, diagnosis
  - h. Impact on treatment, prognosis
4. The medical record must contain copies of the digital images and be available upon request.

## E. Procedural Detail

| <b>CPT Codes</b>         |                                                                                                                                     |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| 0333T                    | Visual evoked potential, screening of visual acuity, automated, with report                                                         |
| 0509T                    | Electroretinography (ERG) with interpretation and report, pattern (pERG)                                                            |
| 92265                    | Needle oculoelectromyography, 1 or more extraocular muscles, 1 or both eyes, with interpretation and report                         |
| 92270                    | Electro-oculography with interpretation and report                                                                                  |
| 92273                    | Electroretinography (ERG) with interpretation and report; full field (i.e., ffERG, flash ERG, Ganzfeld ERG)                         |
| 92274                    | Electroretinography (ERG) with interpretation and report; multifocal (mfERG)                                                        |
| 95930                    | Visual evoked potential (VEP) checkerboard or flash testing, central nervous system except glaucoma, with interpretation and report |
| <b>Invalid Modifiers</b> |                                                                                                                                     |
| RT, LT and 50            | Inherently bilateral procedures                                                                                                     |
| 58, 78 and 79            | Not a surgical service                                                                                                              |

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| RELATED POLICIES AND PROCEDURES |  |
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| n/a                             |  |

| DOCUMENT HISTORY     |                                                                                             |                       |
|----------------------|---------------------------------------------------------------------------------------------|-----------------------|
| <i>Approval Date</i> | <i>Revisions</i>                                                                            | <i>Effective Date</i> |
| 12/13/2018           | Initial policy                                                                              | 12/13/2018            |
| 12/18/2019           | Annual review; deletion of experimental and investigational codes.                          | 01/01/2020            |
| 10/28/2020           | Added 2 CPT codes 0333T and 99265 and indication for long term therapeutic drug monitoring. | 03/01/2021            |
| 10/06/2021           | Annual review; no criteria changes.                                                         | 04/01/2022            |
| 07/06/2022           | Annual review; no criteria changes.                                                         | 08/01/2022            |
| 07/12/2023           | Annual review; no criteria changes.                                                         | 09/01/2023            |
| 07/10/2024           | Annual review; no criteria changes.                                                         | 10/01/2024            |

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