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Policy Number	1319.00
Department	Clinical Product & Development
Subcategory	Medical Management
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Company Entities Supported (Select All that Apply):
X Superior Vision Benefit Management
X Superior Vision Services
X Superior Vision of New Jersey, Inc.
X Block Vision of Texas, Inc. d/b/a Superior Vision of Texas
X Davis Vision
(Collectively referred to as 'Versant Health' or 'the Company')

ACRONYMS	
IOP	Intraocular Pressure
OCT	Optical Coherence Tomography
VF	Visual Field

PURPOSE

To provide the medical necessity criteria to support the indications for perimetry and to render medical necessity determinations. Applicable procedure codes are also defined.

POLICY

A. Background

The visual field (VF) is the area within which objects may be seen when the eye is fixated. Perimetry, also known as visual field testing, detects both the extent of the visual fields as well as defects in the field of vision arising from the retina, optic nerve and visual pathways. Visual field tests are commonly performed using automated perimetry, which measures the ability to see points of light at varying locations and intensities. Many brands and configurations of computerized perimeters are available (e.g., Humphrey, Octopus, and Oculus). However, non-automated perimeters are occasionally utilized.

B. Medically Necessary

The medical necessity for initial diagnostic testing may begin with pertinent signs, symptoms, suspicion or disease, or medical history of a condition for which the examining physician needs further information.[1] VF testing is typically performed when the information from an eye exam is insufficient to assess the patient's condition, detect the presence of a disease process, or monitor progression of a condition. Visual field examinations may be considered medically necessary for any of the following:

1. The patient has a disorder of the eyelid(s) potentially affecting the visual field(s).
2. The patient has a visual field defect detected in gross visual field testing (e.g., confrontational testing).
3. The patient has a documented diagnosis of glaucoma or glaucoma suspect.
4. The patient has a documented disorder of the optic nerve, the retina, or the neurologic visual pathway.[2]
5. The patient has a recent intracranial hemorrhage, mass, or other specified disease
6. The patient has increased intracranial pressure measurement (with or without visual symptoms).
7. The patient has a recent occlusion / stenosis of cerebral arteries.
8. The patient has a history of a cerebral aneurysm, pituitary or occipital tumor potentially affecting the visual fields.
9. The patient is being evaluated for buphthalmos, congenital anomalies of the posterior segment or congenital ptosis.
10. The patient has a disorder of the orbit
11. The patient has sustained a significant eye injury.
12. The patient has unexplained visual loss
13. The patient has a recent exam with an abnormal appearance of pale or swollen optic nerve.
14. The patient is having new functional limitations which may be due to visual field loss (e.g., reports by family of patient bumping into objects).
15. The patient is taking a high risk medication that affects the visual system such as hydroxychloroquine or ethambutol;
16. The patient is being evaluated for transient visual loss;
17. Repeat testing is appropriate based upon the type and natural history of the disorder, the physical findings, and the patient's symptoms.

C. Not Medically Necessary

Gross visual field testing (e.g., confrontation testing) is included in general ophthalmological services and should not be reported separately.

[1] McKendrick, 2024
[2] Banc, 2024.

D. Documentation

Medical necessity must be supported by adequate and complete documentation in the patient's medical record that describes the procedure and the medical rationale for it as in requirements above. For all retrospective reviews, the full operative report or the medical care plan must be available.

All items must be available upon request. 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, in a handwritten or electronic signature. Stamped signatures are not acceptable.

Each visual field test requires an interpretation and report which includes:

1. Physician's order for test with medical rationale
2. Date performed
3. Reliability of the visual fields
4. Patient cooperation
5. Visual field findings (e.g., printout) and interpretation
6. When applicable, comparison of current results from prior tests in terms of progression, resolution or stability of the visual fields.
7. Evaluation and diagnosis
8. Impact on treatment and prognosis
9. The medical record must contain copies of the digital images and be available upon request.

E. PROCEDURAL DETAIL

CPT Codes	
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 30 degrees, or quantitative, automated threshold perimetry, Octopus programs G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 2-4-2, or 30/60-2)

DISCLAIMER, LIMITATIONS AND EXCLUSIONS

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RELATED POLICIES AND PROCEDURES	
n/a	

DOCUMENT HISTORY		
Approval Date	***Revision***	***Effective Date***
03/21/2018	Administrative updates	03/21/2018
10/18/2019	Annual review and format change	11/01/2019
08/19/2020	Annual review; no criteria changes	12/01/2020
07/07/2021	Annual review; no criteria changes	10/01/2021
07/06/2022	Annual review; no criteria changes	08/01/2022

07/12/2023	Clarify indications include glaucoma suspect and suspicion of disease; clarify high risk medications include ethambutol.	09/01/2023
07/10/2024	Annual review; no criteria changes.	09/01/2024

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