

# LCD - Visual Fields (L34615)

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## Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
<a href="#">Wisconsin Physicians Service Insurance Corporation</a>	MAC - Part A	05101 - MAC A	J - 05	Iowa
<a href="#">Wisconsin Physicians Service Insurance Corporation</a>	MAC - Part B	05102 - MAC B	J - 05	Iowa
<a href="#">Wisconsin Physicians Service Insurance Corporation</a>	MAC - Part A	05201 - MAC A	J - 05	Kansas
<a href="#">Wisconsin Physicians Service Insurance Corporation</a>	MAC - Part B	05202 - MAC B	J - 05	Kansas
<a href="#">Wisconsin Physicians Service Insurance Corporation</a>	MAC - Part A	05301 - MAC A	J - 05	Missouri - Entire State
<a href="#">Wisconsin Physicians Service Insurance Corporation</a>	MAC - Part B	05302 - MAC B	J - 05	Missouri - Entire State
<a href="#">Wisconsin Physicians Service Insurance Corporation</a>	MAC - Part A	05401 - MAC A	J - 05	Nebraska
<a href="#">Wisconsin Physicians Service Insurance Corporation</a>	MAC - Part B	05402 - MAC B	J - 05	Nebraska
<a href="#">Wisconsin Physicians Service Insurance Corporation</a>	MAC - Part A	05901 - MAC A	J - 05	Alabama Alaska Arizona Arkansas California - Entire State Colorado Connecticut Delaware Florida Georgia Hawaii Idaho Illinois Indiana Iowa Kansas Kentucky Louisiana

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
				Maine Maryland Massachusetts Michigan Mississippi Missouri - Entire State Montana Nebraska Nevada New Hampshire New Jersey New Mexico North Carolina North Dakota Ohio Oklahoma Oregon Pennsylvania Rhode Island South Carolina South Dakota Tennessee Texas Utah Vermont Virginia Washington West Virginia Wisconsin Wyoming
<a href="#">Wisconsin Physicians Service Insurance Corporation</a>	MAC - Part A	08101 - MAC A	J - 08	Indiana
<a href="#">Wisconsin Physicians Service Insurance Corporation</a>	MAC - Part B	08102 - MAC B	J - 08	Indiana
<a href="#">Wisconsin Physicians Service Insurance Corporation</a>	MAC - Part A	08201 - MAC A	J - 08	Michigan
<a href="#">Wisconsin Physicians Service Insurance Corporation</a>	MAC - Part B	08202 - MAC B	J - 08	Michigan

## LCD Information

# Document Information

**LCD ID**

L34615

**LCD Title**

Visual Fields

**Proposed LCD in Comment Period**

N/A

**Source Proposed LCD**

N/A

**Original Effective Date**

For services performed on or after 10/01/2015

**Revision Effective Date**

For services performed on or after 06/29/2023

**Revision Ending Date**

N/A

**Retirement Date**

N/A

**Notice Period Start Date**

N/A

**Notice Period End Date**

N/A

## Issue

**Issue Description**

Biannual review completed with no change in coverage. Minor grammatical changes made throughout.

## CMS National Coverage Policy

Title XVIII of the Social Security Act, Section 1833(e). This section prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

Title XVIII of the Social Security Act, Section 1862(a)(1)(A). This section allows coverage and payment for only those services that are considered to be medically reasonable and necessary.

CMS Pub 100-02, *Medicare Benefit Policy Manual*, Chapter 16 – General Exclusions From Coverage, Section 90 –

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42 CFR Section 410.32 Diagnostic tests may only be ordered by the treating physician (or other treating practitioner acting within the scope of his or her license and Medicare requirements) and diagnostic tests payable under the Physicians Fee Schedule must be furnished under the appropriate level of supervision by the physician.

## Coverage Guidance

### Coverage Indications, Limitations, and/or Medical Necessity

Visual fields are examined using static or kinetic perimetry. The procedure is performed separately for each eye, and measures the combined function of the retina, the optic nerve, and the intracranial visual pathway. It is used clinically to detect or monitor field loss due to disease at any of these locations. Visual fields may be determined by several methods including a tangent screen, Goldmann perimeter, and computerized automated perimeters.

### Visual field examinations will be considered medically necessary under the following conditions:

1. Disorder of the eyelids potentially affecting the visual field.
2. A documented diagnosis of glaucoma.

Stabilization or progression of glaucoma can be monitored by a visual field examination, or by such services as scanning computerized ophthalmic diagnostic imaging. This evaluation must be performed at regular intervals to determine that the prescribed management is adequately controlling progression of disease to the degree possible. The frequency of such examinations is dependent on clinical judgment as well as the variability of intraocular pressure measurements (e.g., progressive increases despite treatment indicate a worsening condition), the appearance of new hemorrhages, and progressive cupping of the optic nerve.

3. A diagnosis of glaucoma is suspected with supporting evidence documented.

A suspected diagnosis of glaucoma is evidenced by an increase in intraocular pressure over time, intraocular pressures of 22 mm Hg or more, asymmetric intraocular measurements of greater than 2 mm Hg between the two eyes, or optic nerves suspicious for glaucoma, which may be manifested as asymmetrical cupping, a change in the cup-to-disc ratio over time, disc hemorrhage, or an absent, thinned, or notched neural rim. Additional possible indicators of glaucoma suspicion are fallout of the retinal nerve fiber layer, optic atrophy (pallor of the optic nerve), corneal endothelial pigment deposits (Krukenburg's Spindle), dense pigmentation of the trabecular meshwork as evidenced by gonioscopy, pseudoexfoliation of the lens, or dense exfoliative deposits on the trabecular meshwork as evidenced by gonioscopy.

4. A documented disorder of the optic nerve, the neurologic visual pathway, or retina.

Patients with a previously diagnosed retinal detachment do not need a pretreatment visual field examination. Additionally, patients with an established diagnosed cataract do not need a follow-up visual field unless other presenting symptomatology is documented. In patients who are about to undergo cataract extraction, who do not have glaucoma and are not glaucoma suspects, a visual field would not be indicated.

5. A recent intracranial hemorrhage, an intracranial mass, or a recent measurement of increased intracranial pressure with or without visual symptomatology.
6. A recently documented occlusion and/or stenosis of cerebral and precerebral arteries, a recently diagnosed transient cerebral ischemia, or giant cell arteritis.
7. A history of a cerebral aneurysm, pituitary tumor, occipital tumor, or other condition potentially affecting the visual fields.

8. A visual field defect demonstrated by gross visual field testing (e.g., confrontation testing).
9. An initial workup for buphthalmos, congenital anomalies of the posterior segment, or congenital ptosis.
10. A disorder of the orbit, potentially affecting the visual field (e.g., orbital tumor, thyroid disease, etc.).
11. A significant eye injury.
12. Unexplained visual loss which may be described as "trouble seeing or vision going in and out."
13. A pale or swollen optic nerve documented by a recent examination.
14. New functional limitations which may be due to visual field loss (e.g., reports by family that patient is running into things).
15. Medication treatment (e.g., hydroxychloroquine) which has a high risk of potentially affecting the visual system.
16. Initial evaluation for macular degeneration related to central vision loss or has experienced such loss resulting in vision measured at or below 20/70.

### **Limitations**

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

Frequency of examinations for a diagnosis of macular degeneration 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.

Claims submitted for visual field examinations performed at unusually frequent intervals may be reviewed to verify that the services were medically reasonable and necessary.

### **Summary of Evidence**

N/A

### **Analysis of Evidence (Rationale for Determination)**

N/A

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## **General Information**

### **Associated Information**

#### **Documentation Requirements**

The medical record documentation must clearly indicate the medical necessity of the visual field testing and the results of the visual field test must be maintained in the patient's medical record.

Visual field testing is covered for diagnosis and treatment of abnormal signs, symptoms, disease, or injury.

The medical record must be made available to Medicare upon request.

When the documentation does not meet the criteria for the service rendered or the documentation does not establish the medical necessity for the services, such services will be denied as not reasonable and necessary under Section 1862(a)(1) of the Social Security Act.

When requesting a written redetermination, (formerly appeal), providers must include all relevant documentation with the request.

There must always be a reason for performing the test since routine exams are considered screening and thus are not covered as medically reasonable and necessary.

### Utilization Guidelines

The frequency of examinations for a diagnosis of macular degeneration 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.

Those examinations found to have been performed at a frequency greater than is necessary for reasonable medical management of the patient's condition are not covered.

Screening services are not a Medicare benefit.

The use of any device for purposes of providing a medically reasonable and necessary service under this LCD is within the discretion of the individual provider, assuming FDA approval and any other applicable regulatory criteria are met. Thus, reference to specific devices is not a subject of this LCD.

### Sources of Information

N/A

### Bibliography

1. American Academy of Ophthalmology. Summary benchmarks for preferred practice pattern® guidelines. *AAO PPP Panel, Hoskins Center for Quality Eye Care*. 2015;1-11.
2. Turalba AV, Grosskreutz C. A review of current technology used in evaluating visual function in glaucoma. *Seminars in Ophthalmology*. 2010;25(5-6):309-316.  
doi: 10.3109/08820538.2010.518898

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## Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASONS FOR CHANGE
06/29/2023	R15	06/29/2023: Biannual review completed with no change in coverage. Minor grammatical changes made throughout.	<ul style="list-style-type: none"><li>• Other (Review)</li></ul>
10/01/2021	R14	09/30/2021 Grammar and punctuation corrections made throughout the LCD. Relocated references listed under "Sources of Information" to "Bibliography", and corrected AMA formatting. Review completed 08/20/2021.	<ul style="list-style-type: none"><li>• Other (Review)</li></ul>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASONS FOR CHANGE
10/31/2019	R13	10/31/2019 Change Request 10901 Local Coverage Determinations (LCDs): it will no longer be appropriate to include Current Procedure Terminology (CPT)/Health Care Procedure Coding System (HCPCS) codes or International Classification of Diseases Tenth Revision-Clinical Modification (ICD-10-CM) codes in the LCDs. All CPT/HCPCS and ICD-10 codes were been removed from this LCD and placed in Billing and Coding: Visual Fields linked to this LCD.	<ul style="list-style-type: none"> <li>• Other</li> </ul>
10/01/2019	R12	9/26/2019 ICD-10 description change to codes G43.A0 and G43.A1 in Group 1 table. Review completed.	<ul style="list-style-type: none"> <li>• Revisions Due To ICD-10-CM Code Changes</li> </ul>
10/01/2018	R11	10/01/2018 ICD-10 Code updates: description change to codes I63.333 and I63.343; deleted codes H57.8 and I63.8; and added codes H57.811, H57.812, H57.813, H57.89, I63.81, I67.850 and I67.858.	<ul style="list-style-type: none"> <li>• Revisions Due To ICD-10-CM Code Changes</li> </ul>
04/01/2018	R10	04/01/2018 Annual review done 03/07/2018. No change in coverage.	<ul style="list-style-type: none"> <li>• Other (Annual Review)</li> </ul>
10/01/2017	R9	10/01/2017 ICD-10 code updates: Description changes to Group 1: I63.211, I63.212, I63.22, I63.323, and I63.333 and Group 2: S04.031A, S04.031D, S04.031S, S04.032A, S04.032D, S04.032S, S04.041A, S04.041D, S04.041S, S04.042A, S04.042D, S04.042S, S04.049A, S04.049D, and S04.049S; deleted codes from Group 1 H54.0, H54.11, H54.12, H54.2, H54.41, H54.42, H54.51, and H54.52; and added codes to Group 1 H54.0X33, H54.0X34, H54.0X35, H54.0X43, H54.0X44, H54.0X45, H54.0X53, H54.0X54, H54.0X55, H54.1131, H54.1132, H54.1141, H54.1142, H54.1151, H54.1152, H54.1213, H54.1214, H54.1215, H54.1223, H54.1224, H54.1225, H54.2X11, H54.2X12, H54.2X21, H54.2X22, H54.413A, H54.414A, H54.415A, H54.42A3, H54.42A4, H54.42A5, H54.511A, H54.512A, H54.52A1, and H54.52A2. At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.	<ul style="list-style-type: none"> <li>• Revisions Due To ICD-10-CM Code Changes</li> </ul>
04/01/2017	R8	04/01/2017 Annual review done 03/08/2017. Formatting change made. No change in coverage.	<ul style="list-style-type: none"> <li>• Other</li> </ul>
01/01/2017	R7	01/01/2017 Per code updates: description change to code 92083, effective 01/01/2017.	<ul style="list-style-type: none"> <li>• Revisions Due To CPT/HCPCS Code Changes</li> </ul>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASONS FOR CHANGE
10/01/2016	R6	<p>10/01/2016 Per ICD-10 Code Updates: in Group 1 deleted codes E08.321, E08.329, E08.331, E08.339, E08.341, E08.349, E08.351, E08.359, E09.321, E09.329, E09.331, E09.339, E09.341, E09.349, E09.351, E09.359, E10.321, E10.329, E10.331, E10.339, E10.341, E10.349, E10.351, E10.359, E11.321, E11.329, E11.331, E11.339, E11.341, E11.349, E11.351, E11.359, E13.321, E13.329, E13.331, E13.339, E13.341, E13.349, E13.351, E13.359, H34.811, H34.812, H34.813, H34.831, H34.832, H34.833, H35.31, H35.32, H40.11X1, H40.11X2, H40.11X3, H40.11X4, I60.21, and I60.22 and added codes E08.3211, E08.3212, E08.3213, E08.3291, E08.3292, E08.3293, E08.3311, E08.3312, E08.3313, E08.3411, E08.3412, E08.3413, E08.3491, E08.3492, E08.3493, E08.3511, E08.3512, E08.3513, E08.3521, E08.3522, E08.3523, E08.3531, E08.3532, E08.3533, E08.3541, E08.3542, E08.3543, E08.3551, E08.3552, E08.3553, E08.3591, E08.3592, E08.3593, E08.37X1, E08.37X2, E08.37X3, E09.3211, E09.3212, E09.3213, E09.3291, E09.3292, E09.3293, E09.3311, E09.3312, E09.3313, E09.3391, E09.3392, E09.3393, E09.3411, E09.3412, E09.3413, E09.3491, E09.3492, E09.3493, E09.3511, E09.3512, E09.3513, E09.3521, E09.3522, E09.3523, E09.3531, E09.3532, E09.3533, E09.3541, E09.3542, E09.3543, E09.3551, E09.3552, E09.3553, E09.359, E09.37X1, E09.37X2, E09.37X3, E10.321, E10.329, E09.3591, E09.3592, E09.3593, E10.3211, E10.3212, E10.3213, E10.3291, E10.3292, E10.3293, E10.3311, E10.3312, E10.3313, E10.3391, E10.3392, E10.3393, E10.3411, E10.3412, E10.3413, E10.3491, E10.3492, E10.3493, E10.3511, E10.3512, E10.3513, E10.3521, E10.3522, E10.3523, E10.3531, E10.3532, E10.3533, E10.3541, E10.3542, E10.3543, E10.3551, E10.3552, E10.3553, E10.3591, E10.3592, E10.3593, E10.37X1, E10.37X2, E10.37X3, E11.3211, E11.3212, E11.3213, E11.3291, E11.3292, E11.3293, E11.3311, E11.3312, E11.3313, E11.3391, E11.3392, E11.3393, E11.3411, E11.3412, E11.3413, E11.3491, E11.3492, E11.3493, E11.3511, E11.3512, E11.3513, E11.3521, E11.3522, E11.3523, E11.3531, E11.3532, E11.3533, E11.3541, E11.3542, E11.3543, E11.3551, E11.3552, E11.3553, E11.3591, E11.3592, E11.3593, E11.37X1, E11.37X2, E11.37X3, E13.3211, E13.3212, E13.3213, E13.3291, E13.3292, E13.3293, E13.3311, E13.3312, E13.3313, E13.3391, E13.3392, E13.3393, E13.3411, E13.3412, E13.3413, E13.3491, E13.3492, E13.3493, E13.3511, E13.3512, E13.3513, E13.3521, E13.3522, E13.3523, E13.3531, E13.3532, E13.3533, E13.3541, E13.3542, E13.3543, E13.3551, E13.3552, E13.3553, E13.3591, E13.3592, E13.3593, E13.37X1, E13.37X2, E13.37X3, H34.8110, H34.8111, H34.8112, H34.8120, H34.8121, H34.8122, H34.8130, H34.8131,</p>	<ul style="list-style-type: none"> <li>• Revisions Due To ICD-10-CM Code Changes</li> </ul>



REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASONS FOR CHANGE
		H34.8132, H34.8310, H34.8311, H34.8312, H34.8320, H34.8321, H34.8322, H34.8330, H34.8331, H34.8332, H35.3111, H35.3112, H35.3113, H35.3114, H35.3121, H35.3122, H35.3123, H35.3124, H35.3131, H35.3132, H35.3133, H35.3134, H35.3211, H35.3212, H35.3213, H35.3221, H35.3222, H35.3223, H35.3231, H35.3232, H35.3233, H40.1111, H40.1112, H40.1113, H40.1114, H40.1121, H40.1122, H40.1123, H40.1124, H40.1131, H40.1132, H40.1133, H40.1134, I60.2, I63.013, I63.033, I63.113, I63.133, I63.213, I63.233, I63.313, I63.323, I63.333, I63.343, I63.413, I63.423, I63.433, and I63.443, effective 10/01/2016; and in Group 2 deleted codes S06.OX2A, S06.OX3A, S06.OX4A, S06.OX5A, S06.OX6A, effective 10/01/2016.	
09/01/2016	R5	09/01/2016 Added code Z09 to Group 1 effective 10/01/2015.	<ul style="list-style-type: none"> <li>Reconsideration Request</li> </ul>
04/01/2016	R4	04/01/2016 Annual review done 03/03/2016. Formatting changes made. Removed CAC information. Updated Sources of Information. No change in coverage.	<ul style="list-style-type: none"> <li>Other (Annual Review)</li> </ul>
10/01/2015	R3	10/06/2015 - Due to CMS guidance, we have removed the Jurisdiction 8 Notice and corresponding table from the CMS National Coverage Policy section. No other changes to policy or coverage.	<ul style="list-style-type: none"> <li>Other</li> </ul>
10/01/2015	R2	05/01/2014: Annual review completed 03/05/2014; duplicate statement removed, no change in coverage.	<ul style="list-style-type: none"> <li>Other</li> </ul>
10/01/2015	R1	06/03/2014: ICD-10 codes Z79.52 & Z79.899 were accidentally omitted from table one, were reinserted.	<ul style="list-style-type: none"> <li>Other</li> </ul>

## Associated Documents

### Attachments

N/A

### Related Local Coverage Documents

### Articles

[A57483 - Billing and Coding: Visual Fields](#)

### Related National Coverage Documents

N/A

### Public Versions

UPDATED ON	EFFECTIVE DATES	STATUS
06/22/2023	06/29/2023 - N/A	Currently in Effect (This Version)
09/20/2021	10/01/2021 - 06/28/2023	Superseded

Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.

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## Keywords

N/A