

Local Coverage Determination (LCD): Visual Fields Testing (L33574)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
National Government Services, Inc.	MAC - Part A	06101 - MAC A	J - 06	Illinois
National Government Services, Inc.	MAC - Part B	06102 - MAC B	J - 06	Illinois
National Government Services, Inc.	MAC - Part A	06201 - MAC A	J - 06	Minnesota
National Government Services, Inc.	MAC - Part B	06202 - MAC B	J - 06	Minnesota
National Government Services, Inc.	MAC - Part A	06301 - MAC A	J - 06	Wisconsin
National Government Services, Inc.	MAC - Part B	06302 - MAC B	J - 06	Wisconsin
National Government Services, Inc.	A and B and HHH MAC	13101 - MAC A	J - K	Connecticut
National Government Services, Inc.	A and B and HHH MAC	13102 - MAC B	J - K	Connecticut
National Government Services, Inc.	A and B and HHH MAC	13201 - MAC A	J - K	New York - Entire State
National Government Services, Inc.	A and B and HHH MAC	13202 - MAC B	J - K	New York - Downstate
National Government Services, Inc.	A and B and HHH MAC	13282 - MAC B	J - K	New York - Upstate
National Government Services, Inc.	A and B and HHH MAC	13292 - MAC B	J - K	New York - Queens
National Government Services, Inc.	A and B and HHH MAC	14111 - MAC A	J - K	Maine
National Government Services, Inc.	A and B and HHH MAC	14112 - MAC B	J - K	Maine
National Government Services, Inc.	A and B and HHH MAC	14211 - MAC A	J - K	Massachusetts
National Government Services, Inc.	A and B and HHH MAC	14212 - MAC B	J - K	Massachusetts

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Inc.	MAC			
National Government Services, Inc.	A and B and HHH MAC	14311 - MAC A	J - K	New Hampshire
National Government Services, Inc.	A and B and HHH MAC	14312 - MAC B	J - K	New Hampshire
National Government Services, Inc.	A and B and HHH MAC	14411 - MAC A	J - K	Rhode Island
National Government Services, Inc.	A and B and HHH MAC	14412 - MAC B	J - K	Rhode Island
National Government Services, Inc.	A and B and HHH MAC	14511 - MAC A	J - K	Vermont
National Government Services, Inc.	A and B and HHH MAC	14512 - MAC B	J - K	Vermont

LCD Information

Document Information

LCD ID

L33574

Original Effective Date

For services performed on or after 10/01/2015

LCD Title

Visual Fields Testing

Revision Effective Date

For services performed on or after 09/19/2019

Proposed LCD in Comment Period

N/A

Revision Ending Date

N/A

Source Proposed LCD

N/A

Retirement Date

N/A

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Notice Period Start Date

N/A

Notice Period End Date

N/A

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CMS National Coverage Policy

Language quoted from Centers for Medicare and Medicaid Services (CMS), National Coverage Determinations (NCDs) and coverage provisions in interpretive manuals is italicized throughout the policy. NCDs and coverage provisions in interpretive manuals are not subject to the Local Coverage Determination (LCD) Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See Section 1869(f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, *italicized* text represents quotation from one or more of the following CMS sources:

Title XVIII of the Social Security Act (SSA):

Section 1862(a)(1)(A) excludes expenses incurred for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Section 1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

Code of Federal Regulations:

42 CFR Section 410.32 indicates that diagnostic tests may only be ordered by treating physician (or other treating practitioner acting within the scope of his or her license and Medicare requirements).

CMS Publications:

CMS Publication 100-03, *Medicare National Coverage Determinations (NCD) Manual*, Chapter 1:

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Abstract:

Visual field testing detects defects in the field of vision, testing the function of the retina, optic nerve and optic pathways. Formal visual field tests are generally performed using automated perimetry, i.e., measurement of the ability to see points of light at varying locations on a curved surface.

Indications:

Visual field examinations are considered medically necessary for the conditions listed below:

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 on gross visual field testing (e.g., confrontational testing).
3. The patient has a documented diagnosis of glaucoma.
It should be noted that the progression of, and effects of treatment on glaucoma can be monitored only through periodic visual field testing. The frequency of such examinations is dependent on changes in intraocular pressure (IOP), retinal damage and changes at the optic disc.
4. The patient is suspected of having glaucoma; signs include increased intraocular pressure, asymmetric IOP measurements, notching or thinning of the neuroretinal rim, splinter hemorrhages and asymmetric appearance of the discs.
5. The patient has a documented disorder of the optic nerve, the retina or the neurologic visual pathway.
6. The patient has a recent intracranial hemorrhage, an intracranial mass or a recent increased intracranial pressure measurement (with or without visual symptoms).
7. The patient has a recent occlusion / stenosis of cerebral or precerebral 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 potentially affecting the visual field.
11. The patient has sustained a significant eye injury.
12. The patient has unexplained visual loss.
13. The patient has a pale or swollen optic nerve on a recent examination.
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 medication with a high risk of affecting the visual system (e.g., Plaquenil).
16. The patient is being evaluated for macular degeneration, or has experienced central vision loss (< 20/70).
(Repeated examinations for diagnosis of macular degeneration or central vision loss are not medically necessary unless changes in vision are documented, or to evaluate the results of a surgical intervention).

Limitations:

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

Summary of Evidence

N/A

Analysis of Evidence (Rationale for Determination)

N/A

General Information

Associated Information

N/A

Sources of Information

This bibliography presents those sources that were obtained during the development of this policy. National Government Services is not responsible for the continuing viability of Web site addresses listed below.

Mansbereger S, Shaban D. Early detection of glaucomatous visual field loss: why, what, where, and how. *Ophthalmol Clin North Am.* 2005;18(3):365–373.

Noble J, Greene HL, Levinson W, et al, eds. *Textbook of Primary Care Medicine.* 3rd ed. St Louis, MO: Mosby; 2001.

Other contractors' LCDs.

Yanoff M, Duker JS. *Ophthalmology.* 2nd ed. St. Louis, MO: Mosby; 2004.

Bibliography

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
09/19/2019	R12	This LCD was converted to the new "no-codes" format. There has been no change in coverage with this LCD revision.	<ul style="list-style-type: none">Revisions Due To Code Removal

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
08/01/2019	R11	<p>Consistent with Change Request 10901, all coding information, National coverage provisions, and Associated Information (Documentation Requirements, Utilization Guidelines) have been removed from the LCD and placed in the related Billing and Coding Article, A56551. There has been no change in coverage with this LCD revision.</p>	<ul style="list-style-type: none"> • Provider Education/Guidance
10/01/2018	R10	<p>Due to the annual ICD-10-CM diagnosis code update, code I63.8 has been deleted from the "ICD-10 Codes that Support Medical Necessity" section- Group 1.</p> <p><i>DATE (10/01/2018): 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.</i></p>	<ul style="list-style-type: none"> • Revisions Due To ICD-10-CM Code Changes
10/01/2017	R9	<p>Due to the annual ICD-10-CM update, the following ICD-10 codes were deleted from the ICD-10 Codes that Support Medical Necessity section:</p> <p>H54.0 was deleted from Group 1 and replaced by H54.0X33- H54.0X35; H54.0X43- H54.0X45; H54.0X53- H54.0X55; H54.11 was deleted from Group 1 and replaced by H54.1131- H54.1132, H54.1141- H54.1142; H54.1151- H54.1152; H54.12 was deleted from Group 1 and replaced by H54.1213- H54.1215; H54.1223- H54.1225; H54.2 was deleted from Group 1 and replaced by H54.2X11- H54.2X12; H54.2X21- H54.2X22; H54.41 was deleted from Group 1 and replaced by H54.413A - H54.415A; H54.42 was deleted from Group 1 and replaced by H54.42A3- H54.42A5; H54.51 was deleted from Group 1 and replaced by H54.511A - H54.512A ; H54.52 was deleted from Group 1 and replaced by H54.52A1- H54.52A2, effective for services rendered on or after 10/1/2017.</p> <p>Due to the annual ICD-10-CM update, the following ICD-10 codes and code ranges were added to the ICD-10 Codes that Support Medical Necessity section effective for services</p>	<ul style="list-style-type: none"> • Provider Education/Guidance • Revisions Due To ICD-10-CM Code Changes

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		<p>rendered on or after 10/1/2017: H44.2A1- H44.2A3; H44.2B1- H44.2B3; H44.2C1- H44.2C3; H44.2D1- H44.2D3; H44.2E1- H44.2E3; S04.039S; S04.041A, S04.041D, S04.041S, S04.042A, S04.042D, S04.042S, S04.049A, S04.049D, S04.049S.</p> <p><i>DATE (10/01/2017): 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.</i></p>	
01/01/2017	R8	Added ICD-10-CM diagnosis code H35.3122 to the ICD-10-CM codes that support medical necessity section, effective for services rendered on or after 10/01/2016.	<ul style="list-style-type: none"> • Revisions Due To ICD-10-CM Code Changes
01/01/2017	R7	Based on the CPT/HCPCS annual update, the description for 92083- Group 1 has been changed.	<ul style="list-style-type: none"> • Revisions Due To CPT/HCPCS Code Changes
10/01/2016	R6	Added ICD-10-CM diagnosis code H35.3114 and diagnosis code ranges H35.3120-H35.3124 and H35.3130-H35.3134 to the ICD-10 Codes that Support Medical Necessity section due to annual ICD-10-CM update.	<ul style="list-style-type: none"> • Revisions Due To ICD-10-CM Code Changes
10/01/2016	R5	The ICD-10 Codes that Support Medical Necessity section was updated due to the annual ICD-10-CM diagnosis codes update.	<ul style="list-style-type: none"> • Revisions Due To ICD-10-CM Code Changes
01/01/2016	R4	Added ICD-10-CM diagnosis code H53.40 to the ICD-10-CM codes that support medical necessity section, effective for services rendered on or after 10/01/2015.	<ul style="list-style-type: none"> • Request for Coverage by a Practitioner (Part B)
01/01/2016	R3	Based on 2016 HCPCS updates, the description was changed for CPT code 92083.	<ul style="list-style-type: none"> • Revisions Due To CPT/HCPCS Code Changes
10/01/2015	R2	Bill type codes added	<ul style="list-style-type: none"> • Provider

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
			Education/Guidance
10/01/2015	R1	Added ICD-10-CM diagnosis code range to the ICD-10-CM diagnosis codes that support medical necessity section:S04.011A through S04.12XS.	<ul style="list-style-type: none"> Provider Education/Guidance

Associated Documents

Attachments

N/A

Related Local Coverage Documents

Article(s)

A56551 - Billing and Coding: Visual Fields Testing

Related National Coverage Documents

N/A

Public Version(s)

Updated on 09/11/2019 with effective dates 09/19/2019 - N/A

Updated on 07/25/2019 with effective dates 08/01/2019 - 09/18/2019

Updated on 09/19/2018 with effective dates 10/01/2018 - 07/31/2019

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

Keywords

- visual fields
- eyes
- ophthalmology
- vision