

POLICY TITLE	VISUAL FIELD TESTING
POLICY NUMBER	MP- 2.054

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[POLICY RATIONALE](#)
[DISCLAIMER](#)
[POLICY HISTORY](#)

[PRODUCT VARIATIONS](#)
[DEFINITIONS](#)
[CODING INFORMATION](#)

[DESCRIPTION/BACKGROUND](#)
[BENEFIT VARIATIONS](#)
[REFERENCES](#)

I. POLICY

Automated visual field testing may be considered **medically necessary** for the following medical indications:

- Amblyopia;
- Benign or malignant neoplasm of the brain (including cranial nerves, cerebral meninges);
- Benign or malignant neoplasm of the eye (including orbit, lacrimal ducts, and conjunctiva);
- Buphthalmos;
- Cancer of the endocrine gland;
- Cancer of the eye;
- Cancer of the pituitary gland;
- Cerebral atherosclerosis;
- Cerebral infarction;
- Cerebrovascular disease;
- Choroidal degeneration;
- Congenital ptosis;
- Detached retina;
- Diabetes;
- Disorder of the optic chiasm;
- Disorder of the optic disc;
- Disorder of the optic nerve;
- Disorders of the retina;
- Endocrine disorders;
- Extradural hemorrhage;
- Focal chorioretinitis;
- Giant cell arteritis;
- Glaucoma, Glaucoma Suspect

MEDICAL POLICY

POLICY TITLE	VISUAL FIELD TESTING
POLICY NUMBER	MP- 2.054

- Inflammation of the eyelids;
- Injury to eye, optic nerves, or optic chiasm;
- Intracerebral hemorrhage;
- Intracranial hypertension;
- Late (tertiary) syphilis;
- Macular degeneration;
- Malignant neoplasm of the central nervous system;
- Migraines;
- Neurofibromatosis;
- Nystagmus;
- Occlusion or stenosis of cerebral arteries;
- Optic neuritis;
- Optic neuropathy;
- Papilledema;
- Paralytic strabismus;
- Ptosis of the eyelids;
- Toxic goiter with/without storm or crisis;
- Transient cerebral ischemia;
- Vitamin A deficiency; **or**
- Vitreous anomalies

Automated visual field testing performed for any medical indication other than listed above, including screening of asymptomatic patients, is considered **not medically necessary**.

Cross-reference:

MP-1.003 Blepharoplasty

II. PRODUCT VARIATIONS

[TOP](#)

[N] = No product variation, policy applies as stated

[Y] = Standard product coverage varies from application of this policy, see below

- [N] Capital Cares 4 Kids
- [N] PPO
- [N] HMO
- [Y] SeniorBlue HMO*
- [Y] SeniorBlue PPO*

- [N] Indemnity
- [N] SpecialCare
- [N] POS
- [N] FEP PPO

MEDICAL POLICY

POLICY TITLE	VISUAL FIELD TESTING
POLICY NUMBER	MP- 2.054

*Refer to Centers for Medicare and Medicaid (CMS) National Coverage Determination (NCD) 80.9. Computer Enhanced Perimetry.

III. DESCRIPTION/BACKGROUND

[TOP](#)

Visual field testing is a procedure to detect loss of peripheral vision and provide a mapping of identified loss to aid in the diagnosis of the cause. There are several types of visual field testing including tangent screen testing, confrontation visual field exam, and automated perimetry. Visual field testing is usually performed to aid in the diagnosis or treatment of eye disorders and other diseases, or may be performed as part of a routine eye examination

IV. RATIONALE

[TOP](#)

NA

V. DEFINITIONS

[TOP](#)

AUTOMATED PERIMETRY is a visual field exam in which the patient sits in front of a concave dome and stares at a central target within the dome. A computer-driven program flashes small lights at different locations within the dome’s surface, and the patient presses a button when he/she sees the small lights in the peripheral vision. The responses are compared to aged-matched controls to determine the presence of defects within the visual field.

CONFRONTATION VISUAL FIELD EXAM is a quick and basic evaluation of the visual field done by an examiner sitting directly in front of the patient. With one eye covered, the patient is asked to look at the examiner’s eye and tell when he/she can see the examiner’s hand.

PERIPHERAL VISION is the capacity to see objects in the outer aspects of the field of use caused by reflected light waves that fall on areas of the retina distant from the macula.

TANGENT SCREEN EXAM is a visual field exam where the patient sits about three feet from a screen with a target in the center. The patient is asked to stare at the central target and let the examiner know when he/she can see an object brought into the peripheral vision.

VI. BENEFIT VARIATIONS

[TOP](#)

The existence of this medical policy does not mean that this service is a covered benefit under the member's contract. Benefit determinations should be based in all cases on the applicable contract language. Medical policies do not constitute a description of benefits. A member’s individual or group customer benefits govern which services are covered, which are excluded,

POLICY TITLE	VISUAL FIELD TESTING
POLICY NUMBER	MP- 2.054

and which are subject to benefit limits and which require preauthorization. Members and providers should consult the member’s benefit information or contact Capital for benefit information.

VII. DISCLAIMER

[TOP](#)

Capital’s medical policies are developed to assist in administering a member’s benefits, do not constitute medical advice and are subject to change. Treating providers are solely responsible for medical advice and treatment of members. Members should discuss any medical policy related to their coverage or condition with their provider and consult their benefit information to determine if the service is covered. If there is a discrepancy between this medical policy and a member’s benefit information, the benefit information will govern. Capital considers the information contained in this medical policy to be proprietary and it may only be disseminated as permitted by law.

VIII. CODING INFORMATION

[TOP](#)

Note: This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

Covered when medically necessary:

CPT Codes®							
92081	92082	92083					

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ICD-9-CM Diagnosis Code*	Description
090.6	LATE CONGENITAL SYPHILIS, LATENT
090.7	LATE CONGENITAL SYPHILIS, UNSPECIFIED
094.81	SYPHILITIC ENCEPHALITIS
095.8	OTHER SPECIFIED FORMS OF LATE SYMPTOMATIC SYPHILIS
190.0	MALIGNANT NEOPLASM OF EYEBALL, EXCEPT CONJUNCTIVA, CORNEA, RETINA, AND CHOROID
191.0	MALIGNANT NEOPLASM OF CEREBRUM, EXCEPT LOBES AND VENTRICLES
192.0	MALIGNANT NEOPLASM OF CRANIAL NERVES
192.1	MALIGNANT NEOPLASM OF CEREBRAL MENINGES
194.0	MALIGNANT NEOPLASM OF ADRENAL GLAND
194.9	MALIGNANT NEOPLASM OF ENDOCRINE GLAND, SITE UNSPECIFIED

POLICY TITLE	VISUAL FIELD TESTING
POLICY NUMBER	MP- 2.054

ICD-9-CM Diagnosis Code*	Description
198.4	SECONDARY MALIGNANT NEOPLASM OF OTHER PARTS OF NERVOUS SYSTEM
224.0	BENIGN NEOPLASM OF EYEBALL, EXCEPT CONJUNCTIVA, CORNEA, RETINA, AND CHOROID
225.0	BENIGN NEOPLASM OF BRAIN
227.3	BENIGN NEOPLASM OF PITUITARY GLAND AND CRANIOPHARYNGEAL DUCT (POUCH)
234.0	CARCINOMA IN SITU OF EYE
237.0	NEOPLASM OF UNCERTAIN BEHAVIOR OF PITUITARY GLAND AND CRANIOPHARYNGEAL DUCT
237.7	NEUROFIBROMATOSIS
239.6	NEOPLASM OF UNSPECIFIED NATURE OF BRAIN
242.0	TOXIC DIFFUSE GOITER
242.1	TOXIC UNINODULAR GOITER
242.2	TOXIC MULTINODULAR GOITER
250.50	DIABETES WITH OPHTHALMIC MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
259.8	OTHER SPECIFIED ENDOCRINE DISORDERS
264.0	VITAMIN A DEFICIENCY WITH CONJUNCTIVAL XEROSIS
346.00	MIGRAINE WITH AURA, WITHOUT MENTION OF INTRACTABLE MIGRAINE WITHOUT MENTION OF STATUS MIGRAINOSUS
348.2	BENIGN INTRACRANIAL HYPERTENSION
360.23	SIDEROSIS OF GLOBE
360.29	OTHER DEGENERATIVE DISORDERS OF GLOBE
361.0	RETINAL DETACHMENT WITH RETINAL DEFECT
361.1	RETINOSCHISIS AND RETINAL CYSTS
361.8	OTHER FORMS OF RETINAL DETACHMENT
362.30	UNSPECIFIED RETINAL VASCULAR OCCLUSION
363.00	UNSPECIFIED FOCAL CHORIORETINITIS
365.0	BORDERLINE GLAUCOMA (GLAUCOMA SUSPECT)
365.00	UNSPECIFIED PREGLAUCOMA
365.1	OPEN-ANGLE GLAUCOMA
365.2	PRIMARY ANGLE-CLOSURE GLAUCOMA
365.3	CORTICOSTEROID-INDUCED GLAUCOMA
365.4	GLAUCOMA ASSOCIATED WITH CONGENITAL ANOMALIES, DYSTROPHIES, AND SYSTEMIC SYNDROMES
365.5	GLAUCOMA ASSOCIATED WITH DISORDERS OF THE LENS
365.6	GLAUCOMA ASSOCIATED WITH OTHER OCULAR DISORDERS
365.8	OTHER SPECIFIED FORMS OF GLAUCOMA
365.9	UNSPECIFIED GLAUCOMA

POLICY TITLE	VISUAL FIELD TESTING
POLICY NUMBER	MP- 2.054

ICD-9-CM Diagnosis Code*	Description
368.0	AMBLYOPIA EX ANOPSIA
368.10	UNSPECIFIED SUBJECTIVE VISUAL DISTURBANCE
368.4	VISUAL FIELD DEFECTS
368.60	UNSPECIFIED NIGHT BLINDNESS
369.00	BLINDNESS OF BOTH EYES, IMPAIRMENT LEVEL NOT FURTHER SPECIFIED
373.0	BLEPHARITIS
373.3	NONINFECTIOUS DERMATOSES OF EYELID
374.3	PTOSIS OF EYELID
374.34	BLEPHAROCHALASIS
374.87	DERMATOCHALASIS
376.2	ENDOCRINE EXOPHTHALMOS
377.0	PAPILLEDEMA
378.50	UNSPECIFIED PARALYTIC STRABISMUS
378.81	PALSY OF CONJUGATE GAZE
379.50	UNSPECIFIED NYSTAGMUS
379.92	SWELLING OR MASS OF EYE
432.0	NONTRAUMATIC EXTRADURAL HEMORRHAGE
433.0	OCCCLUSION AND STENOSIS OF BASILAR ARTERY
435.0	BASILAR ARTERY SYNDROME
436.	ACUTE, BUT ILL-DEFINED, CEREBROVASCULAR DISEASE
446.5	GIANT CELL ARTERITIS
743.2	BUPHTHALMOS
743.51	VITREOUS ANOMALY, CONGENITAL
743.61	CONGENITAL PTOSIS OF EYELID
870.8	OTHER SPECIFIED OPEN WOUND OF OCULAR ADNEXA
871.0	OCULAR LACERATION WITHOUT PROLAPSE OF INTRAOCULAR TISSUE
918.0	SUPERFICIAL INJURY OF EYELIDS AND PERIOCCULAR AREA
921.0	BLACK EYE, NOT OTHERWISE SPECIFIED
950.0	OPTIC NERVE INJURY
951.0	INJURY TO OCULOMOTOR NERVE
951.3	INJURY TO ABDUCENS NERVE
V58.69	ENCOUNTER FOR LONG-TERM (CURRENT) USE OF OTHER MEDICATIONS
V67.51	FOLLOW-UP EXAMINATION FOLLOWING COMPLETED TREATMENT WITH HIGH-RISK MEDICATIONS, NOT ELSEWHERE CLASSIFIED

*If applicable, please see Medicare LCD or NCD for additional covered diagnoses.

POLICY TITLE	VISUAL FIELD TESTING
POLICY NUMBER	MP- 2.054

The following ICD-10 diagnosis codes will be effective October 1, 2015:

ICD-10-CM Diagnosis Code*	Description
A50.6	Late congenital syphilis, latent
A50.7	Late congenital syphilis, unspecified
A52.14	Late syphilitic encephalitis
A52.76	Other genitourinary symptomatic late syphilis
A52.79	Other symptomatic late syphilis
A52.73	Symptomatic late syphilis of other respiratory organs
C69.42	Malignant neoplasm of left ciliary body
C69.41	Malignant neoplasm of right ciliary body
C69.40	Malignant neoplasm of unspecified ciliary body
C71.0	Malignant neoplasm of cerebrum, except lobes and ventricles
C72.42	Malignant neoplasm of left acoustic nerve
C72.22	Malignant neoplasm of left olfactory nerve
C72.32	Malignant neoplasm of left optic nerve
C72.59	Malignant neoplasm of other cranial nerves
C72.41	Malignant neoplasm of right acoustic nerve
C72.21	Malignant neoplasm of right olfactory nerve
C72.31	Malignant neoplasm of right optic nerve
C72.40	Malignant neoplasm of unspecified acoustic nerve
C72.50	Malignant neoplasm of unspecified cranial nerve
C72.20	Malignant neoplasm of unspecified olfactory nerve
C72.30	Malignant neoplasm of unspecified optic nerve
C70.0	Malignant neoplasm of cerebral meninges
C70.9	Malignant neoplasm of meninges, unspecified
C74.02	Malignant neoplasm of cortex of left adrenal gland
C74.01	Malignant neoplasm of cortex of right adrenal gland
C74.00	Malignant neoplasm of cortex of unspecified adrenal gland
C74.12	Malignant neoplasm of medulla of left adrenal gland
C74.11	Malignant neoplasm of medulla of right adrenal gland
C74.10	Malignant neoplasm of medulla of unspecified adrenal gland
C74.92	Malignant neoplasm of unspecified part of left adrenal gland
C74.91	Malignant neoplasm of unspecified part of right adrenal gland
C74.90	Malignant neoplasm of unspecified part of unspecified adrenal gland
C75.9	Malignant neoplasm of endocrine gland, unspecified
C79.32	Secondary malignant neoplasm of cerebral meninges
C79.49	Secondary malignant neoplasm of other parts of nervous system
C79.40	Secondary malignant neoplasm of unspecified part of nervous system

POLICY TITLE	VISUAL FIELD TESTING
POLICY NUMBER	MP- 2.054

ICD-10-CM Diagnosis Code*	Description
D31.42	Benign neoplasm of left ciliary body
D31.41	Benign neoplasm of right ciliary body
D31.40	Benign neoplasm of unspecified ciliary body
D33.1	Benign neoplasm of brain, infratentorial
D33.0	Benign neoplasm of brain, supratentorial
D33.2	Benign neoplasm of brain, unspecified
D35.3	Benign neoplasm of craniopharyngeal duct
D35.2	Benign neoplasm of pituitary gland
D09.22	Carcinoma in situ of left eye
D09.21	Carcinoma in situ of right eye
D09.20	Carcinoma in situ of unspecified eye
D44.4	Neoplasm of uncertain behavior of craniopharyngeal duct
D44.3	Neoplasm of uncertain behavior of pituitary gland
Q85.00	Neurofibromatosis, unspecified
Q85.01	Neurofibromatosis, type 1
Q85.02	Neurofibromatosis, type 2
Q85.03	Schwannomatosis
Q85.09	Other neurofibromatosis
D49.6	Neoplasm of unspecified behavior of brain
E05.00	Thyrotoxicosis with diffuse goiter without thyrotoxic crisis or storm
E05.01	Thyrotoxicosis with diffuse goiter with thyrotoxic crisis or storm
E05.10	Thyrotoxicosis with toxic single thyroid nodule without thyrotoxic crisis or storm
E05.11	Thyrotoxicosis with toxic single thyroid nodule with thyrotoxic crisis or storm
E05.20	Thyrotoxicosis with toxic multinodular goiter without thyrotoxic crisis or storm
E05.21	Thyrotoxicosis with toxic multinodular goiter with thyrotoxic crisis or storm
E13.36	Other specified diabetes mellitus with diabetic cataract
E13.321	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
E13.329	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema
E13.331	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
E13.339	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema
E13.39	Other specified diabetes mellitus with other diabetic ophthalmic complication
E13.351	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema
E13.359	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema
E13.341	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
E13.349	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular

POLICY TITLE	VISUAL FIELD TESTING
POLICY NUMBER	MP- 2.054

ICD-10-CM Diagnosis Code*	Description
	edema
E13.311	Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema
E13.319	Other specified diabetes mellitus with unspecified diabetic retinopathy without macular edema
E11.36	Type 2 diabetes mellitus with diabetic cataract
E11.321	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
E11.329	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema
E11.331	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with
E11.339	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema
E11.39	Type 2 diabetes mellitus with other diabetic ophthalmic complication
E11.351	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema
E11.359	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema
E11.341	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
E11.349	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema
E11.311	Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema
E11.319	Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema
E35	Disorders of endocrine glands in diseases classified elsewhere
E34.1	Other hypersecretion of intestinal hormones
E34.8	Other specified endocrine disorders
E50.0	Vitamin A deficiency with conjunctival xerosis
G43.109	Migraine with aura, not intractable, without status migrainosus
G93.2	Benign intracranial hypertension
H44.323	Siderosis of eye, bilateral
H44.322	Siderosis of eye, left eye
H44.321	Siderosis of eye, right eye
H44.329	Siderosis of eye, unspecified eye
E08.39	Diabetes mellitus due to underlying condition with other diabetic ophthalmic complication
H44.393	Other degenerative disorders of globe, bilateral
H44.392	Other degenerative disorders of globe, left eye
H44.391	Other degenerative disorders of globe, right eye
H44.399	Other degenerative disorders of globe, unspecified eye
H33.003	Unspecified retinal detachment with retinal break, bilateral
H33.002	Unspecified retinal detachment with retinal break, left eye
H33.001	Unspecified retinal detachment with retinal break, right eye
H33.009	Unspecified retinal detachment with retinal break, unspecified eye
H33.013	Retinal detachment with single break, bilateral
H33.012	Retinal detachment with single break, left eye
H33.011	Retinal detachment with single break, right eye

POLICY TITLE	VISUAL FIELD TESTING
POLICY NUMBER	MP- 2.054

ICD-10-CM Diagnosis Code*	Description
H33.019	Retinal detachment with single break, unspecified eye
H33.023	Retinal detachment with multiple breaks, bilateral
H33.022	Retinal detachment with multiple breaks, left eye
H33.021	Retinal detachment with multiple breaks, right eye
H33.029	Retinal detachment with multiple breaks, unspecified eye
H33.033	Retinal detachment with giant retinal tear, bilateral
H33.032	Retinal detachment with giant retinal tear, left eye
H33.031	Retinal detachment with giant retinal tear, right eye
H33.039	Retinal detachment with giant retinal tear, unspecified eye
H33.043	Retinal detachment with retinal dialysis, bilateral
H33.042	Retinal detachment with retinal dialysis, left eye
H33.041	Retinal detachment with retinal dialysis, right eye
H33.049	Retinal detachment with retinal dialysis, unspecified eye
H33.053	Total retinal detachment, bilateral
H33.052	Total retinal detachment, left eye
H33.051	Total retinal detachment, right eye
H33.059	Total retinal detachment, unspecified eye
H33.8	Other retinal detachments
H33.053	Total retinal detachment, bilateral
H33.052	Total retinal detachment, left eye
H33.051	Total retinal detachment, right eye
H33.059	Total retinal detachment, unspecified eye
H33.193	Other retinoschisis and retinal cysts, bilateral
H33.192	Other retinoschisis and retinal cysts, left eye
H33.191	Other retinoschisis and retinal cysts, right eye
H33.103	Unspecified retinoschisis, bilateral
H33.102	Unspecified retinoschisis, left eye
H33.101	Unspecified retinoschisis, right eye
H33.109	Unspecified retinoschisis, unspecified eye
H33.193	Other retinoschisis and retinal cysts, bilateral
H33.192	Other retinoschisis and retinal cysts, left eye
H33.191	Other retinoschisis and retinal cysts, right eye
H33.199	Other retinoschisis and retinal cysts, unspecified eye
H33.193	Other retinoschisis and retinal cysts, bilateral
H33.192	Other retinoschisis and retinal cysts, left eye
H33.191	Other retinoschisis and retinal cysts, right eye
H33.199	Other retinoschisis and retinal cysts, unspecified eye

POLICY TITLE	VISUAL FIELD TESTING
POLICY NUMBER	MP- 2.054

ICD-10-CM Diagnosis Code*	Description
H33.193	Other retinoschisis and retinal cysts, bilateral
H33.192	Other retinoschisis and retinal cysts, left eye
H33.191	Other retinoschisis and retinal cysts, right eye
H33.199	Other retinoschisis and retinal cysts, unspecified eye
H33.193	Other retinoschisis and retinal cysts, bilateral
H33.192	Other retinoschisis and retinal cysts, left eye
H33.191	Other retinoschisis and retinal cysts, right eye
H33.199	Other retinoschisis and retinal cysts, unspecified eye
H33.113	Cyst of ora serrata, bilateral
H33.112	Cyst of ora serrata, left eye
H33.111	Cyst of ora serrata, right eye
H33.119	Cyst of ora serrata, unspecified eye
H33.193	Other retinoschisis and retinal cysts, bilateral
H33.192	Other retinoschisis and retinal cysts, left eye
H33.191	Other retinoschisis and retinal cysts, right eye
H33.199	Other retinoschisis and retinal cysts, unspecified eye
H33.43	Traction detachment of retina, bilateral
H33.42	Traction detachment of retina, left eye
H33.41	Traction detachment of retina, right eye
H33.40	Traction detachment of retina, unspecified eye
H33.8	Other retinal detachments
H34.9	Unspecified retinal vascular occlusion
H30.003	Unspecified focal chorioretinal inflammation, bilateral
H30.002	Unspecified focal chorioretinal inflammation, left eye
H30.001	Unspecified focal chorioretinal inflammation, right eye
H30.009	Unspecified focal chorioretinal inflammation, unspecified eye
H40.0	Glaucoma suspect
H40.10	Unspecified open-angle glaucoma
H40.11	Primary open-angle glaucoma
H40.123	Low-tension glaucoma, bilateral
H40.122	Low-tension glaucoma, left eye
H40.121	Low-tension glaucoma, right eye
H40.129	Low-tension glaucoma, unspecified eye
H40.133	Pigmentary
H40.132	Pigmentary glaucoma, left eye
H40.131	Pigmentary glaucoma, right eye
H40.139	Pigmentary glaucoma, unspecified eye

POLICY TITLE	VISUAL FIELD TESTING
POLICY NUMBER	MP- 2.054

ICD-10-CM Diagnosis Code*	Description
H40.153	Residual stage of open-angle glaucoma, bilateral
H40.152	Residual stage of open-angle glaucoma, left eye
H40.151	Residual stage of open-angle glaucoma, right eye
H40.159	Residual stage of open-angle glaucoma, unspecified eye
H40.20	Unspecified primary angle-closure glaucoma
H40.233	Intermittent angle-closure glaucoma
H40.232	Intermittent angle-closure glaucoma, left eye
H40.231	Intermittent angle-closure glaucoma, right eye
H40.239	Intermittent angle-closure glaucoma, unspecified eye
H40.213	Acute angle-closure glaucoma, bilateral
H40.212	Acute angle-closure glaucoma, left eye
H40.211	Acute angle-closure glaucoma, right eye
H40.219	Acute angle-closure glaucoma, unspecified eye
H40.229	Chronic angle-closure glaucoma
H40.223	Chronic angle-closure glaucoma, bilateral
H40.222	Chronic angle-closure glaucoma, left eye
H40.221	Chronic angle-closure glaucoma, right eye
H40.243	Residual stage of angle-closure glaucoma, bilateral
H40.242	Residual stage of angle-closure glaucoma, left eye
H40.241	Residual stage of angle-closure glaucoma, right eye
H40.249	Residual stage of angle-closure glaucoma, unspecified eye
H40.63	Glaucoma secondary to drugs, bilateral
H40.62	Glaucoma secondary to drugs, left eye
H40.61	Glaucoma secondary to drugs, right eye
H40.60	Glaucoma secondary to drugs, unspecified eye
H40.63	Glaucoma secondary to drugs, bilateral
H40.62	Glaucoma secondary to drugs, left eye
H40.61	Glaucoma secondary to drugs, right eye
H40.60	Glaucoma secondary to drugs, unspecified eye
H42	Glaucoma in diseases classified elsewhere
H40.143	Capsular glaucoma with pseudoexfoliation of lens, bilateral
H40.142	Capsular glaucoma with pseudoexfoliation of lens, left eye
H40.141	Capsular glaucoma with pseudoexfoliation of lens, right eye
H40.149	Capsular glaucoma with pseudoexfoliation of lens, unspecified eye
H40.53	Glaucoma secondary to other eye disorders, bilateral
H40.52	Glaucoma secondary to other eye disorders, left eye
H40.51	Glaucoma secondary to other eye disorders, right eye

POLICY TITLE	VISUAL FIELD TESTING
POLICY NUMBER	MP- 2.054

ICD-10-CM Diagnosis Code*	Description
H40.50	Glaucoma secondary to other eye disorders, unspecified eye
H40.53	Glaucoma secondary to other eye disorders, bilateral
H40.52	Glaucoma secondary to other eye disorders, left eye
H40.51	Glaucoma secondary to other eye disorders, right eye
H40.50	Glaucoma secondary to other eye disorders, unspecified eye
H40.43	Glaucoma secondary to eye inflammation, bilateral
H40.42	Glaucoma secondary to eye inflammation, left eye
H40.41	Glaucoma secondary to eye inflammation, right eye
H40.40	Glaucoma secondary to eye inflammation, unspecified eye
H40.33	Glaucoma secondary to eye trauma, bilateral
H40.32	Glaucoma secondary to eye trauma, left eye
H40.31	Glaucoma secondary to eye trauma, right eye
H40.30	Glaucoma secondary to eye trauma, unspecified eye
H40.823	Hypersecretion glaucoma, bilateral
H40.822	Hypersecretion glaucoma, left eye
H40.821	Hypersecretion glaucoma, right eye
H40.829	Hypersecretion glaucoma, unspecified eye
H40.813	Glaucoma with increased episcleral venous pressure, bilateral
H40.812	Glaucoma with increased episcleral venous pressure, left eye
H40.811	Glaucoma with increased episcleral venous pressure, right eye
H40.819	Glaucoma with increased episcleral venous pressure, unspecified eye
H40.833	Aqueous misdirection, bilateral
H40.832	Aqueous misdirection, left eye
H40.831	Aqueous misdirection, right eye
H40.839	Aqueous misdirection, unspecified eye
H40.89	Other specified glaucoma
H40.9	Unspecified glaucoma
H53.003	Unspecified amblyopia, bilateral
H53.002	Unspecified amblyopia, left eye
H53.001	Unspecified amblyopia, right eye
H53.009	Unspecified amblyopia, unspecified eye
H53.033	Strabismic
H53.032	Strabismic amblyopia, left eye
H53.031	Strabismic amblyopia, right eye
H53.039	Strabismic amblyopia, unspecified eye
H53.013	Deprivation amblyopia, bilateral
H53.012	Deprivation amblyopia, left eye

POLICY TITLE	VISUAL FIELD TESTING
POLICY NUMBER	MP- 2.054

ICD-10-CM Diagnosis Code*	Description
H53.011	Deprivation amblyopia, right eye
H53.019	Deprivation amblyopia, unspecified eye
H53.023	Refractive
H53.022	Refractive amblyopia, left eye
H53.021	Refractive amblyopia, right eye
H53.029	Refractive amblyopia, unspecified eye
H53.11	Day blindness
H53.10	Unspecified subjective visual disturbances
H53.40	Unspecified visual field defects
H53.413	Scotoma involving central area, bilateral
H53.412	Scotoma involving central area, left eye
H53.411	Scotoma involving central area, right eye
H53.419	Scotoma involving central area, unspecified eye
H53.423	Scotoma of blind spot area, bilateral
H53.422	Scotoma of blind spot area, left eye
H53.421	Scotoma of blind spot area, right eye
H53.429	Scotoma of blind spot area, unspecified eye
H53.433	Sector or arcuate defects, bilateral
H53.432	Sector or arcuate defects, left eye
H53.431	Sector or arcuate defects, right eye
H53.439	Sector or arcuate defects, unspecified eye
H53.459	Other localized visual field defect
H53.453	Other localized visual field defect, bilateral
H53.452	Other localized visual field defect, left eye
H53.451	Other localized visual field defect, right eye
H53.483	Generalized contraction of visual field, bilateral
H53.482	Generalized contraction of visual field, left eye
H53.481	Generalized contraction of visual field, right eye
H53.489	Generalized contraction of visual field, unspecified eye
H53.462	Homonymous bilateral field defects, left side
H53.461	Homonymous bilateral field defects, right side
H53.469	Homonymous bilateral field defects, unspecified side
H53.47	Heteronymous bilateral field defects
H53.60	Unspecified night blindness
H54.0	Blindness, both eyes
H01.006	Unspecified blepharitis left eye, unspecified eyelid
H01.005	Unspecified blepharitis left lower eyelid

POLICY TITLE	VISUAL FIELD TESTING
POLICY NUMBER	MP- 2.054

ICD-10-CM Diagnosis Code*	Description
H01.004	Unspecified blepharitis left upper eyelid
H01.003	Unspecified blepharitis right eye, unspecified eyelid
H01.002	Unspecified blepharitis right lower eyelid
H01.001	Unspecified blepharitis right upper eyelid
H01.009	Unspecified blepharitis unspecified eye, unspecified eyelid
H01.016	Ulcerative blepharitis left eye, unspecified eyelid
H01.015	Ulcerative blepharitis left lower eyelid
H01.014	Ulcerative blepharitis left upper eyelid
H01.013	Ulcerative blepharitis right eye, unspecified eyelid
H01.012	Ulcerative blepharitis right lower eyelid
H01.011	Ulcerative blepharitis right upper eyelid
H01.019	Ulcerative blepharitis unspecified eye, unspecified eyelid
H01.026	Squamous blepharitis left eye, unspecified eyelid
H01.025	Squamous blepharitis left lower eyelid
H01.024	Squamous blepharitis left upper eyelid
H01.023	Squamous blepharitis right eye, unspecified eyelid
H01.022	Squamous blepharitis right lower eyelid
H01.021	Squamous blepharitis right upper eyelid
H01.029	Squamous blepharitis unspecified eye, unspecified eyelid
H01.136	Eczematous dermatitis of left eye, unspecified eyelid
H01.135	Eczematous dermatitis of left lower eyelid
H01.134	Eczematous dermatitis of left upper eyelid
H01.133	Eczematous dermatitis of right eye, unspecified eyelid
H01.132	Eczematous dermatitis of right lower eyelid
H01.131	Eczematous dermatitis of right upper eyelid
H01.139	Eczematous dermatitis of unspecified eye, unspecified eyelid
H01.116	Allergic dermatitis of left eye, unspecified eyelid
H01.115	Allergic dermatitis of left lower eyelid
H01.114	Allergic dermatitis of left upper eyelid
H01.113	Allergic dermatitis of right eye, unspecified eyelid
H01.112	Allergic dermatitis of right lower eyelid
H01.111	Allergic dermatitis of right upper eyelid
H01.119	Allergic dermatitis of unspecified eye, unspecified eyelid
H01.146	Xeroderma of left eye, unspecified eyelid
H01.145	Xeroderma of left lower eyelid
H01.144	Xeroderma of left upper eyelid
H01.143	Xeroderma of right eye, unspecified

POLICY TITLE	VISUAL FIELD TESTING
POLICY NUMBER	MP- 2.054

ICD-10-CM Diagnosis Code*	Description
H01.142	Xeroderma of right lower eyelid
H01.141	Xeroderma of right upper eyelid
H01.149	Xeroderma of unspecified eye, unspecified eyelid
H01.126	Discoid lupus erythematosus of left eye, unspecified eyelid
H01.125	Discoid lupus erythematosus of left lower eyelid
H01.124	Discoid lupus erythematosus of left upper eyelid
H01.123	Discoid lupus erythematosus of right eye, unspecified eyelid
H01.122	Discoid lupus erythematosus of right lower eyelid
H01.121	Discoid lupus erythematosus of right upper eyelid
H01.129	Discoid lupus erythematosus of unspecified eye, unspecified eyelid
H02.403	Unspecified ptosis of bilateral eyelids
H02.402	Unspecified ptosis of left eyelid
H02.401	Unspecified ptosis of right eyelid
H02.409	Unspecified ptosis of unspecified eyelid
H02.433	Paralytic ptosis of bilateral eyelids
H02.432	Paralytic ptosis of left eyelid
H02.431	Paralytic ptosis of right eyelid
H02.439	Paralytic ptosis unspecified eyelid
H02.423	Myogenic ptosis of bilateral eyelids
H02.422	Myogenic ptosis of left eyelid
H02.421	Myogenic ptosis of right eyelid
H02.429	Myogenic ptosis of unspecified eyelid
H02.413	Mechanical ptosis of bilateral eyelids
H02.412	Mechanical ptosis of left eyelid
H02.411	Mechanical ptosis of right eyelid
H02.419	Mechanical ptosis of unspecified eyelid
H02.36	Blepharochalasis left eye, unspecified eyelid
H02.35	Blepharochalasis left lower eyelid
H02.34	Blepharochalasis left upper eyelid
H02.33	Blepharochalasis right eye, unspecified eyelid
H02.32	Blepharochalasis right lower eyelid
H02.31	Blepharochalasis right upper eyelid
H02.30	Blepharochalasis unspecified eye, unspecified eyelid
H02.836	Dermatochalasis of left eye, unspecified eyelid
H02.835	Dermatochalasis of left lower eyelid
H02.834	Dermatochalasis of left upper eyelid
H02.833	Dermatochalasis of right eye, unspecified eyelid

POLICY TITLE	VISUAL FIELD TESTING
POLICY NUMBER	MP- 2.054

ICD-10-CM Diagnosis Code*	Description
H02.832	Dermatochalasis of right lower eyelid
H02.831	Dermatochalasis of right upper eyelid
H02.839	Dermatochalasis of unspecified eye, unspecified eyelid
H05.89	Other disorders of orbit
H05.89	Other disorders of orbit
H47.10	Unspecified papilledema
H47.11	Papilledema associated with increased intracranial pressure
H47.12	Papilledema associated with decreased ocular pressure
H47.13	Papilledema associated with retinal disorder
H47.143	Foster-Kennedy syndrome, bilateral
H47.142	Foster-Kennedy syndrome, left eye
H47.141	Foster-Kennedy syndrome, right eye
H47.149	Foster-Kennedy syndrome, unspecified eye
H49.883	Other paralytic strabismus, bilateral
H49.882	Other paralytic strabismus, left eye
H49.881	Other paralytic strabismus, right eye
H49.889	Other paralytic strabismus, unspecified eye
H49.9	Unspecified paralytic strabismus
H51.0	Palsy (spasm) of conjugate gaze
H55.00	Unspecified nystagmus
H57.8	Other specified disorders of eye and adnexa
I62.1	Nontraumatic extradural hemorrhage
I65.1	Occlusion and stenosis of basilar artery
I63.12	Cerebral infarction due to embolism of basilar artery
I63.02	Cerebral infarction due to thrombosis of basilar artery
I63.22	Cerebral infarction due to unspecified occlusion or stenosis of basilar arteries
G45.0	Vertebro-basilar artery syndrome
I67.8	Other specified cerebrovascular diseases
M31.5	Giant cell arteritis with polymyalgia rheumatica
M31.6	Other giant
Q15.0	Congenital glaucoma
Q15.0	Congenital glaucoma
Q15.0	Congenital glaucoma
Q14.0	Congenital malformation of vitreous humor
Q10.0	Congenital ptosis
S01.102a	Unspecified open wound of left eyelid and periocular area, initial
S01.101a	Unspecified open wound of right eyelid and periocular area, initial encounter

POLICY TITLE	VISUAL FIELD TESTING
POLICY NUMBER	MP- 2.054

ICD-10-CM Diagnosis Code*	Description
S01.109a	Unspecified open wound of unspecified eyelid and periocular area, initial encounter
S05.32xa	Ocular laceration without prolapse or loss of intraocular tissue, left eye,
S05.31xa	Ocular laceration without prolapse or loss of intraocular tissue, right eye,
S05.30xa	Ocular laceration without prolapse or loss of intraocular tissue, unspecified eye, initial encounter
S00.212a	Abrasion of left eyelid and periocular area, initial encounter
S00.211a	Abrasion of right eyelid and periocular area, initial encounter
S00.219a	Abrasion of unspecified eyelid and periocular area, initial encounter
S00.222a	Blister (nonthermal) of left eyelid and periocular area, initial encounter
S00.221a	Blister (nonthermal) of right eyelid and periocular area, initial encounter
S00.229a	Blister (nonthermal) of unspecified eyelid and periocular area, initial encounter
S00.242a	External constriction of left eyelid and periocular area, initial encounter
S00.241a	External constriction of right eyelid and periocular area, initial encounter
S00.249a	External constriction of unspecified eyelid and periocular area, initial encounter
S00.262a	Insect bite (nonvenomous) of left eyelid and periocular area, initial encounter
S00.261a	Insect bite (nonvenomous) of right eyelid and periocular area, initial encounter
S00.269a	Insect bite (nonvenomous) of unspecified eyelid and periocular area, initial encounter
S00.272a	Other superficial bite of left eyelid and periocular area, initial encounter
S00.271a	Other superficial bite of right eyelid and periocular area, initial encounter
S00.279a	Other superficial bite of unspecified eyelid and periocular area, initial encounter
S00.252a	Superficial foreign body of left eyelid and periocular area, initial encounter
S00.251a	Superficial foreign body of right eyelid and periocular area, initial encounter
S00.259a	Superficial foreign body of unspecified eyelid and periocular area, initial encounter
S00.202a	Unspecified superficial injury of left eyelid and periocular area, initial encounter
S00.201a	Unspecified superficial injury of right eyelid and periocular area, initial encounter
S00.209a	Unspecified superficial injury of unspecified eyelid and periocular area, initial encounter
S00.12xa	Contusion of left eyelid and periocular area, initial encounter
S00.11xa	Contusion of right eyelid and periocular area, initial encounter
S00.10xa	Contusion of unspecified eyelid and periocular area, initial encounter
S04.012a	Injury of optic nerve, left eye, initial encounter
S04.011a	Injury of optic nerve, right eye, initial encounter
S04.019a	Injury of optic nerve, unspecified eye, initial encounter
S04.12xa	Injury of oculomotor nerve, left side, initial encounter
S04.11xa	Injury of oculomotor nerve, right side, initial encounter
S04.10xa	Injury of oculomotor nerve, unspecified side, initial encounter
S04.42xa	Injury of abducent nerve, left side, initial encounter
S04.41xa	Injury of abducent nerve, right side, initial encounter
S04.40xa	Injury of abducent nerve, unspecified side, initial encounter

MEDICAL POLICY

POLICY TITLE	VISUAL FIELD TESTING
POLICY NUMBER	MP- 2.054

ICD-10-CM Diagnosis Code*	Description
Z79.3	Long term (current) use of hormonal contraceptives
Z79.891	Long term (current) use of opiate analgesic
Z79.899	Other long term (current) drug therapy
Z09	Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm

*If applicable, please see Medicare LCD or NCD for additional covered diagnoses.

IX. REFERENCES

[TOP](#)

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X. POLICY HISTORY

[TOP](#)

MP 2.054	CAC 6/29/04
	CAC 12/14/04
	CAC 9/27/05
	CAC 6/27/06
	CAC 7/31/07
	CAC 7/29/08 and J12 MAC 12/12/08

POLICY TITLE	VISUAL FIELD TESTING
POLICY NUMBER	MP- 2.054

	CAC 7/28/09 Consensus Review
	CAC 11/30/10 Consensus review.
	CAC 4/24/12 Consensus review. Changed Sr Blue variation reference from Highmark Medicare Service to Novitas Solutions Inc. Removed benefit information. References updated.
	04/5/2013- Policy codes reviewed-skb
	6/4/13 CAC- Consensus review.
	1/2014 – Removed retired Novitas Solutions, Inc. Local Coverage Determination L27545, Visual Fields. Screening for covered indications.
	CAC 3/25/14 Consensus. Added Medicare variation to NCD 80.9 Computer Enhanced Perimetry. No change to policy statements. References updated.

[Top](#)

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