Visual Evoked Potential

I. Policy

University Health Alliance (UHA) will reimburse for Visual-evoked potentials (VEP), also known as visual-evoked responses (VER), when determined to be medically necessary and when the medical criteria guidelines (subject to limitations and exclusions) indicated below are met.

II. Criteria/Guidelines

A. Visual evoked potentials (VEPs) are considered medically necessary (subject to Limitations/Exclusions and Administrative Guidelines) for any of the following indications:

1. To diagnose and monitor multiple sclerosis (acute or chronic phases); or
2. To evaluate signs and symptoms of visual loss in persons who are unable to communicate (e.g., unresponsive persons, etc.); or
3. To identify persons at increased risk for developing clinically definite multiple sclerosis (CDMS); or
4. To localize the cause of a visual field defect, not explained by lesions seen on CT or MRI, metabolic disorders, or infectious diseases.
5. VEP may be indicated in special situations in assessment of children, such as when office visual function testing fails to demonstrate visual function, but the other clinical findings suggest the child can see, or if the clinician feels the child does not have vision but the family feels that the child can see; or to assess the potential for vision in a child prior to undergoing complex eye surgery to restore vision.
6. VEP may be indicated in the diagnosis of acute optic neuritis when there is a suspicion that the visual loss is functional.

III. Limitations/Exclusions

A. VEP testing is not necessary in routine clinical practice and is not covered except in instances detailed above.
B. Standard or automated VEPs do not meet the criteria of medical necessity for routine vision screening.
C. UHA considers multi-focal visual evoked potential for the diagnosis and early detection of glaucomatous field defects as not medically necessary because of insufficient evidence of its effectiveness.
D. VEP as a method of neuromonitoring in surgery and anesthesia is not covered.

NOTE:

This UHA PPL is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine and it should not deter a provider from expressing his/her judgment.

Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or members’ individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.
UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may request that UHA reconsider the application of the medical necessity criteria in light of any supporting documentation.

IV. Administrative Guidelines

A. Prior authorization is not required.

B. UHA reserves the right to perform retrospective review using the above criteria to validate if services rendered meet payment determination criteria and to ensure proper reimbursement is made.

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<th>CPT Code</th>
<th>Description</th>
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<tr>
<td>95930</td>
<td>Visual evoked potential (VEP) checkerboard or flash testing, central nervous system except glaucoma, with interpretation and report</td>
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V. Policy History

Policy Number: MPP-0114-150317
Current Effective Date: 11/27/2018
Original Document Effective Date: 05/01/2016
Previous Revision Dates: N/A
PAC Approved Date: 03/17/2015