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1.0 Description of the Procedure, Product, or Service

Visual evoked potential (VEP) test is a diagnostic tool for the neurological assessment of the visual system. VEP measures the time it takes for nerves to respond to stimulation. The size of the response is also measured. During the VEP test, the eyes are stimulated by looking at a test pattern. Each type of response is recorded from brain waves by using electrodes taped to the head. The VEP test is the most commonly used evoked potential test in the diagnosis of multiple sclerosis (MS). **Interpretation is provided by neurologists, physiatrists or ophthalmologists specially trained or skilled in VEP testing.**

The VEP test involves a flashing stroboscope or viewing a black and white checkered pattern on a television (TV) monitor in a darkened room. The black and white squares alternate on a regular cycle which generates electrical potentials along the optic nerve and into the brain producing wave patterns that are recorded. These are detected with electroencephalographical (EEG) sensors placed at specific sites on the back of the head (the occipital scalp). Each eye is tested independently while an eye patch is worn on the other eye.

VEPs are very sensitive at measuring slowed responses to visual events and can often detect dysfunction which is undetectable through clinical evaluation and the person is unaware of any visual defects.

Because of their ability to detect silent lesions and historic demyelinating episodes, they are very useful diagnostic tools. A definite diagnosis of multiple sclerosis requires at least two distinct demyelinating episodes, in two different central nervous system sites which are separated by at least one month ([the Schumacher criteria](#)). VEPs can often provide evidence of such episodes when other tests, even MRI, cannot.

2.0 Eligible Recipients

2.1 General Provisions

To be eligible, NC Health Choice (NCHC) recipients must be enrolled on the date of service.

3.0 When the Procedure, Product, or Service Is Covered

3.1 General Criteria

NCHC covers procedures, products, and services related to this policy when they are medically necessary and

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available; AND
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

3.2 Specific Criteria

Visual Evoked Potential (VEP) is considered medically necessary for any of the following indications:

- a. to diagnose and monitor multiple sclerosis (acute or chronic phases) or other disease states by identifying conditions of the optic nerve, i.e. optic neuritis;
- b. to localize the cause of a visual field defect not explained by lesions seen on Computerized Tomography (CT) or Magnetic Resonance Imaging (MRI), metabolic disorders, or infectious diseases; or
- c. to evaluate signs and symptoms of visual loss in recipients who are unable to communicate clearly.

4.0 When the Procedure, Product, or Service Is Not Covered

4.1 General Criteria

Procedures, products, and services related to this policy are not covered when

- a. the recipient does not meet the eligibility requirements listed in **Section 2.0**;
- b. the recipient does not meet the medical necessity criteria listed in **Section 3.0**;
- c. the procedure, product, or service unnecessarily duplicates another provider's procedure, product, or service; or
- d. the procedure, product, or service is experimental or investigational.

4.2 Specific Criteria

- a. NCHC does not cover VEP as a routine screening tool. Physicians providing children's vision assessments should follow the American Academy of Pediatrics policy for "Eye Examination in Infants, Children, and Young Adults by Pediatricians". (Refer to <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;111/4/902>)
- b. NCHC does not cover VEP for a recipient who does not meet any of the indications listed in **Subsection 3.2**. VEP is considered experimental and investigational for all other indications.

5.0 Requirements for and Limitations on Coverage

5.1 Prior Approval

Prior approval is not required for VEP.

6.0 Providers Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for procedures, products, and services related to this policy, providers shall

- a. meet NCHC qualifications for participation;
- b. be currently enrolled with NCHC; **AND**
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

6.1 Provider Qualifications

For interpretation of VEP test results, the provider shall have a current active license to practice medicine as a neurologist, physiatrist, or as an ophthalmologist.

7.0 Additional Requirements

7.1 Compliance

Providers shall comply with all applicable federal, state, and local laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements.

7.2 Documentation of VEP Interpretation Results

VEP abnormalities are not specific and can occur in a wide variety of ophthalmological and neurological problems. The interpretation shall include statements about the normality and abnormality of the result in relation to normative data as well as comparison between the eyes or with previous records. The type of abnormality in the response shall be described and this should be related to the clinical picture and other visual electrodiagnostic results.

8.0 Policy Implementation/Revision Information

Original Effective Date: July 1, 2010

Revision Information:

Date	Section Revised	Change
7/1/2010	Throughout	Policy Conversion: Implementation of Session Law 2009-451, Section 10.32 “NC HEALTH CHOICE/PROCEDURES FOR CHANGING MEDICAL POLICY.”
1/15/2012	Throughout	To be equivalent where applicable to NC DMA’s Clinical Coverage Policy # 1A-28 under Session Law 2011-145

Attachment A: Claims-Related Information

Reimbursement requires compliance with all NCHC guidelines.

A. Claim Type

Professional (CMS-1500/837P transaction)

Institutional (UB-04/837I transaction)

B. Diagnosis Codes

Providers shall bill the ICD-9-CM diagnosis codes(s) to the highest level of specificity that supports medical necessity.

ICD-9 code	Description
340	Multiple sclerosis(MS)
341.18	CNS demyelination nec
3419	CNS demyelination nos
368.40	visual field defect, unspecified
36842	scotoma of blind spot
368.43	Sector or arcuate visual field defects
368.44	other localized visual field defect
368.46	homonymous bilateral field defects
368.47	heteronymous bilateral field defects
377.3	optic neuritis
377.30	optic neuritis, unspecified
377.39	optic neuritis
V17.2	family history of certain chronic disabling diseases; other neurological diseases

C. Procedure Code(s)

CPT Code	Description
95930	Visual evoked potential (VEP) testing central nervous system, checkerboard or flash
+95920	Intraoperative neurophysiology testing, per hour (list separately in addition to primary procedure)

ICD-9 Procedure	Description
89.15	Other non-operative neurologic function tests
95.23	Visual evoked potential (VEP)

Revenue Codes	Description
920	(Other Diagnostic Services; General Classification)
929	(Other Diagnostic Services; Other Diagnostic Service)

D. Modifiers

Use modifier 26 when billing the professional component.
Use modifier TC when billing the technical component.

E. Billing Units

95930 is billable at one unit per test.

F. Place of Service

Inpatient, Outpatient, Office

G. Co-payments

Co-payment(s) may apply to covered prescription drugs and services

H. Reimbursement

Providers must bill their usual and customary charges.