GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

DESCRIPTION
Visual fields are examined by the use of 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 intra-cranial 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 may be indicated in the diagnosis and monitoring visual field loss due to blepharoptosis or to disease involving the cornea, lens, retina, optic nerve, and intracranial visual pathway. This is a vision service performed by vision providers, never performed by other providers because they lack the equipment required to perform this testing. Pediatricians are not found to have either the documentation or medical necessity to support the reporting of this service.

POLICY

Visual field examinations (92081, 92082, 92083) performed by providers who are specialized in ophthalmology, retinology, and optometry do not require prior authorization.

HMO, PPO, Individual Marketplace, Elite, Advantage
Visual field examinations performed by providers who are specialized in ophthalmology, retinology, and optometry 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).
Visual field examinations are considered a covered medical service for all product lines. However, it is limited to providers who are specialized in ophthalmology, retinology, and optometry. If this service is performed by any other specialty, the service will be denied. Visual field testing is non-covered as a screening test.

CPT requires an interpretation of the results of this test. Usually this is a short narrative describing the reliability of the results, any changes since the last field (if available), and the clinician's impression and assessment. Visual examination field services are considered unilateral or bilateral services.

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

CODING/BILLING INFORMATION
The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

<table>
<thead>
<tr>
<th>CPT CODE</th>
<th>Description</th>
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<tbody>
<tr>
<td>92081</td>
<td>Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (e.g., tangent screen, autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)</td>
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<tr>
<td>92082</td>
<td>Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (e.g., at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)</td>
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<tr>
<td>92083</td>
<td>Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (e.g., Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30, or quantitative, automated threshold perimetry, octopus program g-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)</td>
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REVISION HISTORY EXPLANATION
04/15/09: Updated verbiage
10/04/12: No changes
03/08/16: Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

REFERENCES/RESOURCES
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid [http://jfs.ohio.gov/](http://jfs.ohio.gov/)
American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Industry Standard Review
Hayes, Inc.