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
Pupillary examination has been used as a basic measure in critically ill patients and is important for the prognosis and management of disease. Traditionally, pupillary measurements have been carried out in a subjective manner -- by means of a pen flash-light to evaluate for reactivity and a pupil gauge for pupil size. Pupillometry refers to an objective way of measuring the diameter of the pupil.

The NeurOptics NPi-100 Pupillometer is a hand-held infrared device that allows for objective measurement of pupillary light reflex and pupil size. Moreover, the numeric scale of the Neurological Pupil index (NPI), allows for a more rigorous interpretation and classification of the pupillary response. The Pupillometer and its NPI scale reduce subjectivity from the measurement by comparing the pupillary light reflex against normative data in the NPI model and automatically deriving whether the pupillary reflex falls within the normal range or outside of the normal range and provide a reliable way to quantitatively classify the pupillary light response.

There is insufficient evidence in the published peer-reviewed scientific literature to demonstrate the effectiveness or clinical utility of quantitative pupillometry for any indication. Studies are limited by uncontrolled design; high-quality controlled clinical trial data are lacking. The role of pupillometry has not been established.

POLICY
Quantitative pupillometry (0341T) is non-covered.

HMO, PPO, Individual Marketplace, Elite, Advantage
Paramount has determined that quantitative pupillometry is experimental and investigational and therefore non-covered because there is insufficient evidence in the peer-reviewed medical literature of the effectiveness of this procedure.

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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<tr>
<td>0341T</td>
<td>Quantitative pupillometry with interpretation and report, unilateral or bilateral</td>
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TAWG REVIEW DATES: 12/19/2014, 12/17/2015, 12/16/2016

REVISION HISTORY EXPLANATION
12/19/14: Policy created to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).
12/17/15: Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).
12/16/16: Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).

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/)
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Industry Standard Review
Hayes, Inc.