



Policy Number: MP.049.MPC
Last Review Date: 05/14/2024
Effective Date: 06/01/2024

MP.049.MPC Visually Evoked Response Test

Maryland Physicians Care considers **Visually Evoked Response (VER) Testing** medically necessary for the following indications:

VER testing for the following indications is covered when prescribed by Ophthalmologists and Neurologists – See Limitations below.

Adults and children ages six months and older, who experience any of the following:

- Double or blurred vision
- Loss of part or all vision
- Eye injuries, head injuries
- To identify members at increased risk for developing Clinically Definite Multiple Sclerosis (CDMS)
- To diagnose and monitor multiple sclerosis (acute or chronic phases)
- To localize the cause of visual field defect not explained by MRIs, CT scans, metabolic disorders, or infectious diseases

Limitations

VER is not considered medically necessary for any the following:

- As a diagnostic vehicle for children under 6 months of age
- For members with severe nearsightedness
- For members with optic neuritis already diagnosed with abnormal VER latency

This test will only be covered when requested/ordered by an Ophthalmologist or Neurologist.

Background

Visually Evoked Response (VER) is a painless test using the brain's electrical response to visual stimulus to detect optic neuritis or other demyelinating events along the optic nerves. VER measures the function of the visual pathway from the retina to the occipital cortex. This test can diagnose problems with the optic nerves that affect sight. VERs are more sensitive to slowed visual responses and can often identify dysfunction which is undetectable through clinical evaluation and when the member is unaware of any visual defects. The VER test is often useful in providing additional information beyond an MRI. VER's have the ability to detect involvement of the visual pathway that may not always result in visual disturbance and serve as a complimentary diagnostic tool for certain demyelinating diseases.

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A standard VER test consists of three scalp electrodes over the occipital cortex measuring eye stimulation from an alternating black and white checkerboard pattern. The electrical response along the optic nerve is detected in the brain using an EEG. Completely non-invasive, the test is conducted in a dark room and may last several minutes. Factors that can affect VER include pupil size, gender and age. No medications are administered, and there is no preparation for, or recovery required following the test. There are no visual problems resulting from this test, and the member can resume a normal routine following the testing.

Codes

CPT Codes / HCPCS Codes / ICD-10 Codes	
Code	Description
CPT Codes	
95930	Visually evoked potential (VEP) testing central nervous system, checkerboard or flash
ICD-10 codes covered if selection criteria are met:	
A39.82	Meningococcal retrobulbar neuritis
B00.4	Herpesviral encephalitis
B05.0	Measles complicated by encephalitis
B06.01	Rubella encephalitis
B10.01	Human herpesvirus 6 encephalitis
B10.09	Other human herpesvirus encephalitis
A52.11-A52.79	Neurosyphilis
A69.20-A69.29	Lyme disease, other conditions associated with Lyme disease
A83.0-A86	Unspecified viral encephalitis
C70.0-C72.59	Malignant neoplasms of brain and other parts of central nervous system
C79.31-C79.49	Secondary malignant neoplasm of brain, cerebral meninges, and other parts of nervous system
D32.0-D33.9	Benign neoplasm of meninges, brain, and other parts of nervous system
D42.0-D44.9	Neoplasms of uncertain behavior of meninges, brain, central nervous system, and endocrine glands

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D49.6	Neoplasm of unspecified behavior of brain
E03.5	Myxedema coma
F44.4-F44.9	Conversion disorders
G06.0	Intracranial abscess and granuloma
G06.1	Intraspinal abscess and granuloma
G11.0-G11.9	Hereditary ataxia
G23.0-G23.9	Other degenerative diseases of basal ganglia
G35	Multiple sclerosis
G36.0-G37.9	Other demyelinating disease of central nervous system
G45.0-G45.9	Transient cerebral ischemic attacks and related symptoms
G50.0-G59	Nerve, nerve root, and plexus disorders
G60.9	Hereditary and idiopathic neuropathy, unspecified
G63	Polyneuropathy in diseases classified elsewhere
G70.00	Myasthenia gravis without (acute) exacerbation
G80.0-G80.9	Cerebral palsy
G81.00	Flaccid hemiplegia, unspecified side
G81.90-G81.94	Hemiplegia and hemiparesis
G90.3	Multi-system degeneration of the autonomic nervous system
G93.1	Anoxic brain damage, not elsewhere classified
G93.2	Benign intracranial hypertension
G93.5	Compression of brain
G93.6	Cerebral edema
H40.001-H42	Glaucoma
H46.00-H47.9	Optic neuritis and other disorders of optic (2 nd) nerve and visual pathways
H53.001-H53.9	Visual disturbances
H54.0-H54.8	Blindness and low vision
H81.01-H82.9	Disorders of vestibular function and vertiginous syndromes in diseases classified elsewhere
H90.0-H94.83	Other disorders of ear
I60.00-I69.998	Cerebrovascular diseases
Q75.0-Q75.9	Other congenital malformations of skull and face bones

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R26.0-R29.91	Abnormalities of gait and mobility, lack of coordination, and other symptoms and signs involving the nervous and musculoskeletal systems
R40.0-R40.4	Somnolence, stupor, and coma
R42	Dizziness and giddiness
R47.01	Aphasia
R94.0-R94.138	Abnormal results of function tests central/peripheral nervous systems and senses
S04.011A-S04.019A	Injury of optic nerve
S04.011S-S04.9XXS	Injury of cranial nerve
S06.0x9A	Concussion with loss of consciousness of unspecified duration, initial encounter
S06.330A	Contusion and laceration of cerebrum, unspecified, with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter
S14.0XXA-S14.9XXS	Injury of nerves and spinal cord at neck level
S34.114S	Complete lesion of L4 level of lumbar spinal cord
S44.00XA-S44.92XS	Injury of nerves at shoulder and upper arm level
S84.00XA-S84.92XS	Injury of nerves at lower leg level

References

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<http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=200&ncdver=1&bc=AqAAqAAAAAAAAA%3d%3d&>
2. Evans AB; Medscape- Current Clinical Role of Evoked Potentials: Visual Evoked Potential. Updated 10/25/2019.
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3. Sand T, Kvaløy MB, Wader T, et al. Evoked potential tests in clinical diagnosis. Tidsskr Nor Laegeforen. 2013 May 7;133(9):960-965. doi: 10.4045/tidsskr.12.1176.
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1. Hayes Technology Assessment Report. Visual Evoked Potentials for Diagnosis/Prognosis of Multiple Sclerosis. Publication date: 03/01/2006. Revision date: 03:24/2010. Archived: 04/01/2011.

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