

**MEDICAL POLICY – 9.03.512**
**Visual Evoked Response Test**

Ref. Policy: MP-049

Effective Date: April 1, 2024

Last Revised: Mar. 25, 2024


Replaces: N/A

RELATED MEDICAL POLICIES:

None

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## Introduction

Visual evoked response (VER) is a painless test where sensors (electrodes) are placed on the head and the individual watches a changing checkerboard pattern on a screen. VER measures the speed of the brain’s electrical response to visual signals and is used to diagnose optic nerve problems, as well as multiple sclerosis. This policy describes when a visual evoked response test (VER) may be considered medically necessary.

**Note:** The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

## Policy Coverage Criteria

Service	Medical Necessity
<b>Visually evoked response (VER) testing</b>	<b>Visually evoked response (VER) testing may be considered medically necessary for the following indications:</b>

Service	Medical Necessity
	<ul style="list-style-type: none"> <li>• VER testing for the following indications is covered when prescribed by ophthalmologists and neurologists</li> <li>• Adults and children ages six months and older, who experience any of the following:               <ul style="list-style-type: none"> <li>○ Double or blurred vision</li> <li>○ Loss of part or all vision</li> <li>○ Eye injuries, head injuries</li> <li>○ To identify individuals at increased risk for developing clinically definite multiple sclerosis (CDMS)</li> <li>○ To diagnose and monitor multiple sclerosis (acute or chronic phases)</li> <li>○ To localize the cause of visual field defect not explained by MRIs, CT scans, metabolic disorders, or infectious diseases</li> </ul> </li> </ul> <p><b>Note:</b> See Related Information below for <a href="#">Limitations</a></p>

## Coding

Code	Description
<b>CPT</b>	
95930	Visual evoked potential (VEP) checkerboard or flash testing, central nervous system except glaucoma, with interpretation and report
<b>ICD-10 Codes Covered if Selection Criteria are Met:</b>	
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-A52.7	Neurosyphilis
A69.20-A69.29	Lyme disease, other conditions associated with Lyme disease



Code	Description
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
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



Code	Description
G93.5	Compression of brain
G93.6	Cerebral edema
H40.001-H42	Glaucoma
H46.00-H47.9	Optic neuritis and other disorders of optic (2nd) 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
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

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### Limitations

Visually Evoked Response testing is considered not medically necessary for any the following:

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

This test will only be covered when requested/ordered by an ophthalmologist or neurologist.

## Evidence Review

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### 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.

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 individual may resume a normal routine following the testing.



## References

1. Centers for Medicare and Medicaid Services: National Coverage Determination (NCD) No. 160.10 - Evoked Response Tests. Issued January 15, 1980. <http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=200&ncdver=1&bc=AgAAgAAAAAAAAA%3d%3d&>. Accessed March 15, 2024.
2. Evans AB; Medscape- Current Clinical Role of Evoked Potentials: Visual Evoked Potential. Updated 10/25/2019. <https://emedicine.medscape.com/article/1137451-overview>. Accessed March 15, 2024.
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. [http://tidsskriftet.no/article/3011088/en\\_GB](http://tidsskriftet.no/article/3011088/en_GB). Accessed March 15, 2024.
4. Halliday AM, McDonald WI, Mushin J. Visual evoked response in diagnosis of multiple sclerosis. Br Med J. 1973 Dec 15;4(5893):661-4. doi: 10.1136/bmj.4.5893.661. PMID: 4758547; PMCID: PMC1587677. <https://pubmed.ncbi.nlm.nih.gov/4758547/>. Accessed March 15, 2024.

## History

Date	Comments
09/16/19	New policy, approved August 13, 2019, effective January 1, 2020. Visually evoked response (VER) testing may be considered medically necessary for adults and children ages six months and older when criteria are met.
08/01/20	Annual Review, approved July 2, 2020. No changes to policy statement.
08/01/21	Annual Review, approved July 9, 2021. No changes to policy statement, references updated.
05/01/22	Annual Review, approved April 25, 2022. No changes to policy statement, references updated.
04/01/23	Annual Review, approved March 20, 2023. No changes to policy statement, references updated. Changed the wording from "patient" to "individual" throughout the policy for standardization.
04/01/24	Annual Review, approved March 25, 2024. No changes to policy statement, references updated.

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