

## Clinical Policy: Visual Field Testing

Reference Number: WNC.CP.185

Last Review Date: 08/24

Coding Implications

Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

**Note:** When state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

---

### Description

A visual field acuity test is a painless test that determines a patient's visible field of view. The test maps central and peripheral vision. This policy describes the medical necessity requirements for visual field testing.

### Policy/Criteria

- I.** It is the policy of WellCare of North Carolina® that visual field testing is **medically necessary** for the following indications:
  - A.** Malpositioning of the upper eyelid, including dermatochalasis, blepharochalasis, blepharoptosis, brow ptosis or injury;
  - B.** Glaucoma or glaucoma suspect;
  - C.** Diabetic and/or hypertensive retinopathy;
  - D.** Macular pathology, including degeneration;
  - E.** Functional assessment of the optic nerve in any of the following conditions: papilledema, coloboma, drusen, pallor, pseudopapilledema, Foster-Kennedy syndrome, optic nerve sheath hemorrhage, or hypoplasia;
  - F.** Intracranial hemorrhage, mass or increased intracranial pressure;
  - G.** Occlusion and/or stenosis of cerebral/precerebral arteries, transient cerebral ischemia or giant cell arteritis;
  - H.** Retinal vascular occlusion (central retinal artery, partial retinal artery, retinal artery branch, central retinal vein, tributary retinal vein), changes in vascular appearance, exudative retinopathy, retinal micro-aneurysms, retinal neovascularization, vasculitis, or telangiectasias;
  - I.** Retinal dystrophies, tears, thinning, schisis edema, ischemia, hemorrhage or detachment;
  - J.** Symptoms or diagnosis of neoplasm of brain including the optic chiasm, cranial nerves, pituitary and pineal glands, or craniopharyngeal duct;
  - K.** Visual field defects identified on gross visual field screening;
  - L.** Use of high-risk medication (e.g., Plaquenil);
  - M.** Focal chorioretinal inflammation;
  - N.** Choroidal rupture or detachment;
  - O.** Degenerative myopia;
  - P.** Retinal pigment epithelium detachment;
  - Q.** Retinal or choroidal neovascularization;
  - R.** Buphthalmos;

- S. Ocular injury.
- II. It is the policy of WellCare of North Carolina® that visual field testing is **not medically necessary** for the following indications:
  - A. Repeated testing for a stable, diagnosed condition (above);
  - B. Repeated testing exceeding **twice per year** for controlled glaucoma;
  - C. Pretreatment for retinal detachment;
  - D. Diagnosis and/or management of cataracts.

## Background

The visual field test produces a computer printout of the light thresholds that the patient's eyes were able to perceive and process. The darkest areas of the test indicate a complete loss of vision in that area. The lighter the area, the more vision the patient has in that part of the eye. The area of vision loss gives clues as to where in the visual pathway a problem has occurred. Vision begins with special receptors at the back of the eye in the retina. The image captured by each eye is sent to the brain by the optic nerves. When the nerves reach the optic chiasm, they cross over each other. The nerve fibers from the inside half of each retina cross to the other side of the brain, while the nerve fibers from the outside half of the retina stay on the same side of the brain.

At the end of the optic nerve, the optic radiations send the images to the occipital lobe at the back of the brain. The area where vision is interpreted is called the primary visual cortex.

Standard white-on-white automated perimetry remains the most commonly performed test for assessing the visual field, with the Swedish interactive threshold algorithm (SITA) largely replacing full-threshold testing strategies. Frequency-doubling technology (FDT) and its refinement into Matrix perimetry, as well as short-wavelength automated perimetry, now available with SITA, have been evaluated extensively. Short wavelength automated perimetry detected visual field loss earlier than standard threshold automated perimetry, with a sensitivity and specificity of about 88% and 92%, respectively. However, it is a lengthy, demanding test, is sensitive to media opacities, and has a greater magnitude of long-term fluctuation compared with standard threshold automated perimetry, which make it difficult to assess disease progression accurately. When compared to standard threshold automated perimetry, FDT perimetry showed sensitivity and specificity greater than 97% for detecting moderate and advanced glaucoma, and sensitivity of 85% and specificity of 90% for early glaucoma. As FDT perimetry has a short testing time and is resistant to blur and pupil size, it may be a useful screening tool. Gross visual field testing (e.g., confrontation testing) and computerized screening field assessments are part of general ophthalmological services and should not be reported separately.

## Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2024, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are

**CLINICAL POLICY WNC.CP.185**  
**VISUAL FIELD TESTING**



included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

**Visual Field Examinations are to be reported with the following CPT codes:**

<b>CPT®*</b> <b>Codes</b>	<b>Description</b>
92081	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)
92082	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)
92083	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)

**ICD-10-CM Diagnosis Codes that Support Coverage Criteria**

+ Indicates a code(s) requiring an additional character.

<b>ICD-10®</b> <b>Codes</b>	<b>Description</b>
A18.53	Tuberculous chorioretinitis
A52.15	Late syphilitic neuropathy
B58.01	Toxoplasma chorioretinitis
C69.01	Malignant neoplasm of right conjunctiva
C69.02	Malignant neoplasm of left conjunctiva
C69.11	Malignant neoplasm of right cornea
C69.12	Malignant neoplasm of left cornea
C69.21	Malignant neoplasm of right retina
C69.22	Malignant neoplasm of left retina
C69.31	Malignant neoplasm of right choroid
C69.32	Malignant neoplasm of left choroid
C69.41	Malignant neoplasm of right ciliary body
C69.42	Malignant neoplasm of left ciliary body
C69.51	Malignant neoplasm of right lacrimal gland and duct
C69.52	Malignant neoplasm of left lacrimal gland and duct

**CLINICAL POLICY WNC.CP.185**  
**VISUAL FIELD TESTING**



<b>ICD-10® Codes</b>	<b>Description</b>
C69.61	Malignant neoplasm of right orbit
C69.62	Malignant neoplasm of left orbit
C69.81	Malignant neoplasm of overlapping sites of right eye and adnexa
C69.82	Malignant neoplasm of overlapping sites of left eye and adnexa
C70.0	Malignant neoplasm of cerebral meninges
C71.0	Malignant neoplasm of cerebrum, except lobes and ventricles
C71.1	Malignant neoplasm of frontal lobe
C71.2	Malignant neoplasm of temporal lobe
C71.3	Malignant neoplasm of parietal lobe
C71.4	Malignant neoplasm of occipital lobe
C71.5	Malignant neoplasm of cerebral ventricle
C71.6	Malignant neoplasm of cerebellum
C71.7	Malignant neoplasm of brain stem
C71.8	Malignant neoplasm of overlapping sites of brain
C72.21	Malignant neoplasm of right olfactory nerve
C72.22	Malignant neoplasm of left olfactory nerve
C72.31	Malignant neoplasm of right optic nerve
C72.32	Malignant neoplasm of left optic nerve
C72.41	Malignant neoplasm of right acoustic nerve
C72.42	Malignant neoplasm of left acoustic nerve
C72.59	Malignant neoplasm of other cranial nerves
C75.1	Malignant neoplasm of pituitary gland
C75.2	Malignant neoplasm of craniopharyngeal duct
C75.3	Malignant neoplasm of pineal gland
C79.31	Secondary malignant neoplasm of brain
C79.32	Secondary malignant neoplasm of cerebral meninges
C79.49	Secondary malignant neoplasm of other parts of nervous system
D09.21	Carcinoma in situ of right eye
D09.22	Carcinoma in situ of left eye
D18.02	Hemangioma of intracranial structures
D31.01	Benign neoplasm of right conjunctiva
D31.02	Benign neoplasm of left conjunctiva
D31.11	Benign neoplasm of right cornea
D31.12	Benign neoplasm of left cornea
D31.21	Benign neoplasm of right retina
D31.22	Benign neoplasm of left retina

**CLINICAL POLICY WNC.CP.185**  
**VISUAL FIELD TESTING**



<b>ICD-10® Codes</b>	<b>Description</b>
D31.31	Benign neoplasm of right choroid
D31.32	Benign neoplasm of left choroid
D31.41	Benign neoplasm of right ciliary body
D31.42	Benign neoplasm of left ciliary body
D31.51	Benign neoplasm of right lacrimal gland and duct
D31.52	Benign neoplasm of left lacrimal gland and duct
D32.0	Benign neoplasm of cerebral meninges
D33.0	Benign neoplasm of brain, supratentorial
D33.1	Benign neoplasm of brain, infratentorial
D33.3	Benign neoplasm of cranial nerves
D35.2	Benign neoplasm of pituitary gland
D35.3	Benign neoplasm of craniopharyngeal duct
D35.4	Benign neoplasm of pineal gland
D43.3	Neoplasm of uncertain behavior of cranial nerves
D44.3	Neoplasm of uncertain behavior of pituitary gland
D44.4	Neoplasm of uncertain behavior of craniopharyngeal duct
D44.5	Neoplasm of uncertain behavior of pineal gland
D49.7	Neoplasm of uncertain behavior of endocrine glands and other parts of nervous system
D49.81	Neoplasm of unspecified behavior of retina and choroid
E05.00	Thyrotoxicosis with diffuse goiter without thyrotoxic crisis or storm
E05.01	Thyrotoxicosis with diffuse goiter with thyrotoxic crisis or storm
E05.10	Thyrotoxicosis with toxic single thyroid nodule without thyrotoxic crisis or storm
E05.11	Thyrotoxicosis with toxic single thyroid nodule with thyrotoxic crisis or storm
E05.20	Thyrotoxicosis with toxic multinodular goiter without thyrotoxic crisis or storm
E05.21	Thyrotoxicosis with toxic multinodular goiter with thyrotoxic crisis or storm
E05.30	Thyrotoxicosis from ectopic thyroid tissue without thyrotoxic crisis or storm
E05.31	Thyrotoxicosis from ectopic thyroid tissue with thyrotoxic crisis or storm
E05.40	Thyrotoxicosis factitia without thyrotoxic crisis or storm
E05.41	Thyrotoxicosis factitia with thyrotoxic crisis or storm
E08.3211	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, right eye
E08.3212	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, left eye
E08.3213	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, bilateral

**CLINICAL POLICY WNC.CP.185**  
**VISUAL FIELD TESTING**



<b>ICD-10® Codes</b>	<b>Description</b>
E08.3291	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, right eye
E08.3292	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, left eye
E08.3293	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, bilateral
E08.3311	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E08.3312	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E08.3313	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E08.3391	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, right eye
E08.3392	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, left eye
E08.3393	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
E08.3411	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, right eye
E08.3412	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, left eye
E08.3413	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E08.3491	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, right eye
E08.3492	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, left eye
E08.3493	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, bilateral
E08.3511	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, right eye
E08.3512	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, left eye
E08.3513	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, bilateral

**CLINICAL POLICY WNC.CP.185**  
**VISUAL FIELD TESTING**



<b>ICD-10® Codes</b>	<b>Description</b>
E08.3521	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E08.3522	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E08.3523	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E08.3531	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E08.3532	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E08.3533	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E08.3541	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E08.3542	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
E08.3543	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E08.3551	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, right eye
E08.3552	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, left eye
E08.3553	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, bilateral
E08.3591	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, right eye
E08.3592	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, left eye
E08.3593	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, bilateral
E08.37X1	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, right eye
E08.37X2	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, left eye
E08.37X3	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, bilateral



**CLINICAL POLICY WNC.CP.185**  
**VISUAL FIELD TESTING**



<b>ICD-10® Codes</b>	<b>Description</b>
E09.3211	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E09.3212	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E09.3213	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E09.3291	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye
E09.3292	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye
E09.3293	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral
E09.3311	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E09.3312	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E09.3313	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E09.3391	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye
E09.3392	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye
E09.3393	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
E09.3411	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E09.3412	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E09.3413	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E09.3491	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye
E09.3492	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye
E09.3493	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral



**CLINICAL POLICY WNC.CP.185**  
**VISUAL FIELD TESTING**



<b>ICD-10® Codes</b>	<b>Description</b>
E09.3511	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E09.3512	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E09.3513	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E09.3521	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E09.3522	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E09.3523	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E09.3531	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E09.3532	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E09.3533	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E09.3541	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E09.3542	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
E09.3543	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E09.3551	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, right eye
E09.3552	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, left eye
E09.3553	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
E09.3591	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E09.3592	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E09.3593	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral

**CLINICAL POLICY WNC.CP.185**  
**VISUAL FIELD TESTING**



<b>ICD-10® Codes</b>	<b>Description</b>
E09.37X1	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, right eye
E09.37X2	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, left eye
E09.37X3	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral
E10.3211	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E10.3212	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E10.3213	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E10.3291	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye
E10.3292	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye
E10.3293	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral
E10.3311	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E10.3312	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E10.3313	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E10.3391	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye
E10.3392	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye
E10.3393	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
E10.3411	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E10.3412	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E10.3413	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral

**CLINICAL POLICY WNC.CP.185**  
**VISUAL FIELD TESTING**



<b>ICD-10® Codes</b>	<b>Description</b>
E10.3491	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye
E10.3492	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye
E10.3493	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral
E10.3511	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E10.3512	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E10.3513	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E10.3521	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E10.3522	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E10.3523	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E10.3531	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E10.3532	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E10.3533	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E10.3541	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E10.3542	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
E10.3543	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E10.3551	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, right eye
E10.3552	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, left eye
E10.3553	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
E10.3591	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E10.3592	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye

**CLINICAL POLICY WNC.CP.185**  
**VISUAL FIELD TESTING**



<b>ICD-10® Codes</b>	<b>Description</b>
E10.3593	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E10.37X1	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye
E10.37X2	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye
E10.37X3	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral
E11.3211	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E11.3212	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E11.3213	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E11.3291	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye
E11.3292	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye
E11.3293	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral
E11.3311	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E11.3312	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E11.3313	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E11.3391	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye
E11.3392	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye
E11.3393	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
E11.3411	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E11.3412	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye

**CLINICAL POLICY WNC.CP.185**  
**VISUAL FIELD TESTING**



<b>ICD-10® Codes</b>	<b>Description</b>
E11.3413	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E11.3491	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye
E11.3492	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye
E11.3493	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral
E11.3511	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E11.3512	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E11.3513	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E11.3521	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E11.3522	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E11.3523	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E11.3531	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E11.3532	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E11.3533	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E11.3541	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E11.3542	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
E11.3543	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E11.3551	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, right eye
E11.3552	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, left eye
E11.3553	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
E11.3591	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye

**CLINICAL POLICY WNC.CP.185**  
**VISUAL FIELD TESTING**



<b>ICD-10® Codes</b>	<b>Description</b>
E11.3592	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E11.3593	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E11.37X1	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye
E11.37X2	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye
E11.37X3	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral
E13.3211	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E13.3212	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E13.3213	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E13.3291	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye
E13.3292	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye
E13.3293	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral
E13.3311	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E13.3312	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E13.3313	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E13.3391	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye
E13.3392	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye
E13.3393	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
E13.3411	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye

**CLINICAL POLICY WNC.CP.185**  
**VISUAL FIELD TESTING**



<b>ICD-10® Codes</b>	<b>Description</b>
E13.3412	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E13.3413	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E13.3491	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye
E13.3492	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye
E13.3493	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral
E13.3511	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E13.3512	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E13.3513	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E13.3521	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E13.3522	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E13.3523	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E13.3531	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E13.3532	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E13.3533	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E13.3541	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E13.3542	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
E13.3543	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E13.3551	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, right eye
E13.3552	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, left eye
E13.3553	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, bilateral



**CLINICAL POLICY WNC.CP.185**  
**VISUAL FIELD TESTING**



<b>ICD-10® Codes</b>	<b>Description</b>
E13.3591	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E13.3592	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E13.3593	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E13.37X1	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, right eye
E13.37X2	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, left eye
E13.37X3	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral
E22.0	Acromegaly and pituitary gigantism
E22.1	Hyperprolactinemia
E22.2	Syndrome of inappropriate secretion of antidiuretic hormone
E23.0	Hypopituitarism
E23.1	Drug-induced hypopituitarism
E23.2	Diabetes insipidus
E23.3	Hypothalamic dysfunction not elsewhere classified
E23.6	Other disorders of pituitary gland
E23.7	Disorder of pituitary gland unspecified
E24.1	Nelson's syndrome
E50.0	Vitamin A deficiency with conjunctival xerosis
E50.1	Vitamin A deficiency with Bitot's spot and conjunctival xerosis
E50.2	Vitamin A deficiency with corneal xerosis
E50.3	Vitamin A deficiency with corneal ulceration and xerosis
E50.4	Vitamin A deficiency with keratomalacia
E50.5	Vitamin A deficiency with night blindness
E50.6	Vitamin A deficiency with xerophthalmic scars of cornea
E50.7	Other ocular manifestations of vitamin A deficiency
E64.1	Sequelae of vitamin A deficiency
E89.3	Postprocedural hypopituitarism
F07.81	Postconcussional syndrome
F44.4	Conversion disorder with motor symptom or deficit
F44.5	Conversion disorder with seizures or convulsions
F44.6	Conversion disorder with sensory symptom or deficit

**CLINICAL POLICY WNC.CP.185**  
**VISUAL FIELD TESTING**



<b>ICD-10® Codes</b>	<b>Description</b>
F44.7	Conversion disorder with mixed symptom presentation
G00.0	Hemophilus meningitis
G00.1	Pneumococcal meningitis
G00.2	Streptococcal meningitis
G00.3	Staphylococcal meningitis
G03.0	Nonpyogenic meningitis
G03.1	Chronic meningitis
G04.01	Postinfectious acute disseminated encephalitis and encephalomyelitis (postinfectious ADEM)
G04.02	Postimmunization acute disseminated encephalitis myelitis and encephalomyelitis
G04.2	Bacterial meningoencephalitis and meningomyelitis not elsewhere classified
G04.31	Postinfectious acute necrotizing hemorrhagic encephalopathy
G04.32	Postimmunization acute necrotizing hemorrhagic encephalopathy
G06.0	Intracranial abscess and granuloma
G24.5	Blepharospasm
G35	Multiple sclerosis
G36.0	Neuromyelitis optica (Devic)
G36.1	Acute and subacute hemorrhagic leukoencephalitis (Hurst)
G37.0	Diffuse sclerosis of central nervous system
G37.1	Central demyelination of corpus callosum
G37.2	Central pontine myelinolysis
G37.3	Acute transverse myelitis in demyelinating disease of central nervous system
G37.4	Subacute necrotizing myelitis of central nervous system
G37.5	Concentric sclerosis (Balo) of central nervous system
G40.001	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, not intractable, with status epilepticus
G40.009	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, not intractable, without status epilepticus
G40.011	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, intractable, with status epilepticus
G40.019	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, intractable, without status epilepticus
G40.101	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, with status epilepticus
G40.109	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, without status epilepticus

**CLINICAL POLICY WNC.CP.185**  
**VISUAL FIELD TESTING**



<b>ICD-10® Codes</b>	<b>Description</b>
G40.111	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, with status epilepticus
G40.119	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, without status epilepticus
G40.201	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable, with status epilepticus
G40.209	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable, without status epilepticus
G40.211	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, with status epilepticus
G40.219	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, without status epilepticus
G40.301	Generalized idiopathic epilepsy and epileptic syndromes, not intractable with status epilepticus
G40.309	Generalized idiopathic epilepsy and epileptic syndromes, not intractable without status epilepticus
G40.311	Generalized idiopathic epilepsy and epileptic syndromes, intractable with status epilepticus
G40.319	Generalized idiopathic epilepsy and epileptic syndromes, intractable without status epilepticus
G40.A01	Absence epileptic syndrome, not intractable, with status epilepticus
G40.A09	Absence epileptic syndrome, not intractable, without status epilepticus
G40.A11	Absence epileptic syndrome, intractable, with status epilepticus
G40.A19	Absence epileptic syndrome, intractable, without status epilepticus
G40.B01	Juvenile myoclonic epilepsy, not intractable, with status epilepticus
G40.B09	Juvenile myoclonic epilepsy, not intractable, without status epilepticus
G40.B11	Juvenile myoclonic epilepsy, intractable, with status epilepticus
G40.B19	Juvenile myoclonic epilepsy, intractable, without status epilepticus
G40.401	Other generalized epilepsy and epileptic syndromes, not intractable, with status epilepticus
G40.409	Other generalized epilepsy and epileptic syndromes, not intractable, without status epilepticus
G40.411	Other generalized epilepsy and epileptic syndromes, intractable, with status epilepticus
G40.419	Other generalized epilepsy and epileptic syndromes, intractable, without status epilepticus
G40.501	Epileptic seizures related to external causes, not intractable, with status epilepticus
G40.509	Epileptic seizures related to external causes, not intractable, without status epilepticus
G40.803	Other epilepsy, intractable with status epilepticus

**CLINICAL POLICY WNC.CP.185**  
**VISUAL FIELD TESTING**



<b>ICD-10® Codes</b>	<b>Description</b>
G40.804	Other epilepsy, intractable without status epilepticus
G40.811	Lennox-Gastaut syndrome, not intractable, with status epilepticus
G40.812	Lennox-Gastaut syndrome, not intractable, without status epilepticus
G40.813	Lennox-Gastaut syndrome, intractable, with status epilepticus
G40.814	Lennox-Gastaut syndrome, intractable, without status epilepticus
G40.821	Epileptic spasms, not intractable, with status epilepticus
G40.822	Epileptic spasms, not intractable, without status epilepticus
G40.823	Epileptic spasms, intractable, with status epilepticus
G40.824	Epileptic spasms, intractable, without status epilepticus
G43.001	Migraine without aura not intractable with status migrainosus
G43.009	Migraine without aura not intractable without status migrainosus
G43.011	Migraine without aura intractable with status migrainosus
G43.019	Migraine without aura intractable without status migrainosus
G43.101	Migraine with aura not intractable with status migrainosus
G43.109	Migraine with aura not intractable without status migrainosus
G43.111	Migraine with aura intractable with status migrainosus
G43.119	Migraine with aura intractable without status migrainosus
G43.401	Hemiplegic migraine not intractable with status migrainosus
G43.409	Hemiplegic migraine not intractable without status migrainosus
G43.411	Hemiplegic migraine intractable with status migrainosus
G43.419	Hemiplegic migraine intractable without status migrainosus
G43.501	Persistent migraine aura without cerebral infarction not intractable with status migrainosus
G43.509	Persistent migraine aura without cerebral infarction not intractable without status migrainosus
G43.511	Persistent migraine aura without cerebral infarction intractable with status migrainosus
G43.519	Persistent migraine aura without cerebral infarction intractable without status migrainosus
G43.601	Persistent migraine aura with cerebral infarction not intractable with status migrainosus
G43.609	Persistent migraine aura with cerebral infarction not intractable without status migrainosus
G43.611	Persistent migraine aura with cerebral infarction intractable with status migrainosus
G43.619	Persistent migraine aura with cerebral infarction intractable without status migrainosus
G43.701	Chronic migraine without aura not intractable with status migrainosus
G43.709	Chronic migraine without aura not intractable without status migrainosus
G43.711	Chronic migraine without aura intractable with status migrainosus
G43.719	Chronic migraine without aura intractable without status migrainosus

**CLINICAL POLICY WNC.CP.185**  
**VISUAL FIELD TESTING**



ICD-10® Codes	Description
G43.801	Other migraine not intractable with status migrainosus
G43.809	Other migraine not intractable without status migrainosus
G43.811	Other migraine intractable with status migrainosus
G43.819	Other migraine intractable without status migrainosus
G43.821	Menstrual migraine not intractable with status migrainosus
G43.829	Menstrual migraine not intractable without status migrainosus
G43.831	Menstrual migraine, intractable, with status migrainosus
G43.839	Menstrual migraine intractable without status migrainosus
G43.B0	Ophthalmoplegic migraine, not intractable
G43.B1	Ophthalmoplegic migraine, intractable
G43.C0	Periodic headache syndromes in child or adult, not intractable
G43.C1	Periodic headache syndromes in child or adult, intractable
G43.E09	Chronic migraine with aura, not intractable, without status migrainosus
G43.E11	Chronic migraine with aura, intractable, with status migrainosus
G43.E19	Chronic migraine with aura, intractable, without status migrainosus
G44.001	Cluster headache syndrome intractable
G44.009	Cluster headache syndrome not intractable
G44.011	Episodic cluster headache intractable
G44.019	Episodic cluster headache not intractable
G44.021	Chronic cluster headache intractable
G44.029	Chronic cluster headache not intractable
G44.031	Episodic paroxysmal hemicrania intractable
G44.039	Episodic paroxysmal hemicrania not intractable
G44.041	Chronic paroxysmal hemicrania intractable
G44.049	Chronic paroxysmal hemicrania not intractable
G44.051	Short lasting unilateral neuralgiform headache with conjunctival injection and tearing (SUNCT),intractable
G44.059	Short lasting unilateral neuralgiform headache with conjunctival injection and tearing (SUNCT),not intractable
G44.091	Other trigeminal autonomic cephalgias (TAC), intractable
G44.099	Other trigeminal autonomic cephalgias (TAC), not intractable
G44.211	Episodic tension type headache intractable
G44.219	Episodic tension type headache not intractable
G44.221	Chronic tension-type headache, intractable
G44.229	Chronic tension-type headache, not intractable
G44.301	Post-traumatic headache unspecified intractable

**CLINICAL POLICY WNC.CP.185**  
**VISUAL FIELD TESTING**



<b>ICD-10® Codes</b>	<b>Description</b>
G44.309	Post-traumatic headache unspecified not intractable
G44.311	Acute post-traumatic headache intractable
G44.319	Acute post-traumatic headache not intractable
G44.321	Chronic post-traumatic headache intractable
G44.329	Chronic post-traumatic headache not intractable
G44.40	Drug induced headache not elsewhere classified not intractable
G44.41	Drug induced headache not elsewhere classified intractable
G44.51	Hemicrania continua
G44.52	New daily persistent headache
G45.0	Vertebro-basilar artery syndrome
G45.1	Carotid artery syndrome (hemispheric)
G45.2	Multiple and bilateral precerebral artery syndromes
G45.3	Amaurosis fugax
G45.4	Transient global amnesia
G46.0	Middle cerebral artery syndrome
G46.1	Anterior cerebral artery syndrome
G46.2	Posterior cerebral artery syndrome
G46.3	Brain stem stroke syndrome
G46.4	Cerebellar stroke syndrome
G46.5	Pure motor lacunar syndrome
G46.6	Pure sensory lacunar syndrome
G80.2	Spastic hemiplegic cerebral palsy
G81.01	Flaccid hemiplegia affection right dominant side
G81.02	Flaccid hemiplegia affection left dominant side
G81.03	Flaccid hemiplegia affecting right nondominant side
G81.04	Flaccid hemiplegia affecting left nondominant side
G81.11	Spastic hemiplegia affecting right dominant side
G81.12	Spastic hemiplegia affecting left dominant side
G81.13	Spastic hemiplegia affecting right nondominant side
G81.14	Spastic hemiplegia affecting left nondominant side
G81.91	Hemiplegia unspecified affecting right dominant side
G81.92	Hemiplegia unspecified affecting left dominant side
G81.93	Hemiplegia unspecified affecting right nondominant side
G81.94	Hemiplegia unspecified affecting left nondominant side
G91.2	(Idiopathic) normal pressure hydrocephalus
G92	Toxic encephalopathy

**CLINICAL POLICY WNC.CP.185**  
**VISUAL FIELD TESTING**



<b>ICD-10® Codes</b>	<b>Description</b>
G93.2	Benign intracranial hypertension
G93.41	Metabolic encephalopathy
G93.5	Compression of brain
H02.211	Cicatricial lagophthalmos right upper eyelid
H02.212	Cicatricial lagophthalmos right lower eyelid
H02.214	Cicatricial lagophthalmos left upper eyelid
H02.215	Cicatricial lagophthalmos left lower eyelid
H02.21A	Cicatricial lagophthalmos right eye, upper and lower eyelids
H02.21B	Cicatricial lagophthalmos left eye, upper and lower eyelids
H02.21C	Cicatricial lagophthalmos, bilateral, upper and lower eyelids
H02.221	Mechanical lagophthalmos right upper eyelid
H02.222	Mechanical lagophthalmos right lower eyelid
H02.224	Mechanical lagophthalmos left upper eyelid
H02.225	Mechanical lagophthalmos left lower eyelid
H02.22A	Mechanical lagophthalmos right eye, upper and lower eyelids
H02.22B	Mechanical lagophthalmos left eye, upper and lower eyelids
H02.22C	Mechanical lagophthalmos, bilateral, upper and lower eyelids
H02.231	Paralytic lagophthalmos right upper eyelid
H02.232	Paralytic lagophthalmos right lower eyelid
H02.234	Paralytic lagophthalmos left upper eyelid
H02.235	Paralytic lagophthalmos left lower eyelid
H02.23A	Paralytic lagophthalmos right eye, upper and lower eyelids
H02.23B	Paralytic lagophthalmos left eye, upper and lower eyelids
H02.23C	Paralytic lagophthalmos, bilateral, upper and lower eyelids
H02.31	Blepharochalasis right upper eyelid
H02.32	Blepharochalasis right lower eyelid
H02.34	Blepharochalasis left upper eyelid
H02.35	Blepharochalasis left lower eyelid
H02.411	Mechanical ptosis of right eyelid
H02.412	Mechanical ptosis of left eyelid
H02.413	Mechanical ptosis of bilateral eyelids
H02.421	Myogenic ptosis of right eyelid
H02.422	Myogenic ptosis of left eyelid
H02.423	Myogenic ptosis of bilateral eyelids
H02.431	Paralytic ptosis of right eyelid
H02.432	Paralytic ptosis of left eyelid



**CLINICAL POLICY WNC.CP.185**  
**VISUAL FIELD TESTING**



<b>ICD-10® Codes</b>	<b>Description</b>
H02.433	Paralytic ptosis of bilateral eyelids
H02.831	Dermatochalasis of right upper eyelid
H02.832	Dermatochalasis of right lower eyelid
H02.834	Dermatochalasis of left upper eyelid
H02.835	Dermatochalasis of left lower eyelid
H02.841	Edema of right upper eyelid
H02.842	Edema of right lower eyelid
H02.844	Edema of left upper eyelid
H02.845	Edema of left lower eyelid
H02.851	Elephantiasis of right upper eyelid
H02.852	Elephantiasis of right lower eyelid
H02.854	Elephantiasis of left upper eyelid
H02.855	Elephantiasis of left lower eyelid
H05.011	Cellulitis of right orbit
H05.012	Cellulitis of left orbit
H05.013	Cellulitis of bilateral orbits
H05.021	Osteomyelitis of right orbit
H05.022	Osteomyelitis of left orbit
H05.023	Osteomyelitis of bilateral orbits
H05.031	Periostitis of right orbit
H05.032	Periostitis of left orbit
H05.033	Periostitis of bilateral orbits
H05.041	Tenonitis of right orbit
H05.042	Tenonitis of left orbit
H05.043	Tenonitis of bilateral orbits
H05.111	Granuloma of right orbit
H05.112	Granuloma of left orbit
H05.113	Granuloma of bilateral orbits
H05.121	Orbital myositis, right orbit
H05.122	Orbital myositis, left orbit
H05.123	Orbital myositis, bilateral
H05.211	Displacement (lateral) of globe, right eye
H05.212	Displacement (lateral) of globe, left eye
H05.213	Displacement (lateral) of globe, bilateral
H05.221	Edema of right orbit
H05.222	Edema of left orbit

**CLINICAL POLICY WNC.CP.185**  
**VISUAL FIELD TESTING**



<b>ICD-10® Codes</b>	<b>Description</b>
H05.223	Edema of bilateral orbit
H05.231	Hemorrhage of right orbit
H05.232	Hemorrhage of left orbit
H05.233	Hemorrhage of bilateral orbit
H05.241	Constant exophthalmos, right eye
H05.242	Constant exophthalmos, left eye
H05.243	Constant exophthalmos, bilateral
H05.251	Intermittent exophthalmos, right eye
H05.252	Intermittent exophthalmos, left eye
H05.253	Intermittent exophthalmos, bilateral
H05.261	Pulsating exophthalmos, right eye
H05.262	Pulsating exophthalmos, left eye
H05.263	Pulsating exophthalmos, bilateral
H05.311	Atrophy of right orbit
H05.312	Atrophy of left orbit
H05.313	Atrophy of bilateral orbit
H05.321	Deformity of right orbit due to bone disease
H05.322	Deformity of left orbit due to bone disease
H05.323	Deformity of bilateral orbits due to bone disease
H05.331	Deformity of right orbit due to trauma or surgery
H05.332	Deformity of left orbit due to trauma or surgery
H05.333	Deformity of bilateral orbits due to trauma or surgery
H05.341	Enlargement of right orbit
H05.342	Enlargement of left orbit
H05.343	Enlargement of bilateral orbits
H05.351	Exostosis of right orbit
H05.352	Exostosis of left orbit
H05.353	Exostosis of bilateral orbits
H05.411	Enophthalmos due to atrophy of orbital tissue, right eye
H05.412	Enophthalmos due to atrophy of orbital tissue, left eye
H05.413	Enophthalmos due to atrophy of orbital tissue, bilateral
H05.421	Enophthalmos due to trauma or surgery, right eye
H05.422	Enophthalmos due to trauma or surgery, left eye
H05.423	Enophthalmos due to trauma or surgery, bilateral
H05.51	Retained (old) foreign body following penetrating wound of right orbit
H05.52	Retained (old) foreign body following penetrating wound of left orbit

**CLINICAL POLICY WNC.CP.185**  
**VISUAL FIELD TESTING**



<b>ICD-10® Codes</b>	<b>Description</b>
H05.53	Retained (old) foreign body following penetrating wound of bilateral orbits
H05.811	Cyst of right orbit
H05.812	Cyst of left orbit
H05.813	Cyst of bilateral orbits
H05.821	Myopathy of extraocular muscles, right orbit
H05.822	Myopathy of extraocular muscles, left orbit
H05.823	Myopathy of extraocular muscles, bilateral
H17.01	Adherent leukoma, right eye
H17.02	Adherent leukoma, left eye
H17.03	Adherent leukoma, bilateral
H17.11	Central corneal opacity, right eye
H17.12	Central corneal opacity, left eye
H17.13	Central corneal opacity, bilateral
H17.811	Minor opacity of cornea, right eye
H17.812	Minor opacity of cornea, left eye
H17.813	Minor opacity of cornea, bilateral
H17.821	Peripheral opacity of cornea, right eye
H17.822	Peripheral opacity of cornea, left eye
H17.823	Peripheral opacity of cornea, bilateral
H20.011	Primary iridocyclitis, right eye
H20.012	Primary iridocyclitis, left eye
H20.013	Primary iridocyclitis, bilateral
H20.021	Recurrent acute iridocyclitis, right eye
H20.022	Recurrent acute iridocyclitis, left eye
H20.023	Recurrent acute iridocyclitis, bilateral
H20.031	Secondary infectious iridocyclitis, right eye
H20.032	Secondary infectious iridocyclitis, left eye
H20.033	Secondary infectious iridocyclitis, bilateral
H20.041	Secondary noninfectious iridocyclitis, right eye
H20.042	Secondary noninfectious iridocyclitis, left eye
H20.043	Secondary noninfectious iridocyclitis, bilateral
H20.051	Hypopyon, right eye
H20.052	Hypopyon, left eye
H20.053	Hypopyon, bilateral
H20.11	Chronic iridocyclitis, right eye
H20.12	Chronic iridocyclitis, left eye

**CLINICAL POLICY WNC.CP.185**  
**VISUAL FIELD TESTING**



<b>ICD-10® Codes</b>	<b>Description</b>
H20.13	Chronic iridocyclitis, bilateral
H20.21	Lens-induced iridocyclitis, right eye
H20.22	Lens-induced iridocyclitis, left eye
H20.23	Lens-induced iridocyclitis, bilateral
H20.811	Fuchs' heterochromic cyclitis, right eye
H20.812	Fuchs' heterochromic cyclitis, left eye
H20.813	Fuchs' heterochromic cyclitis, bilateral
H20.821	Vogt-Koyanagi syndrome, right eye
H20.822	Vogt-Koyanagi syndrome, left eye
H20.823	Vogt-Koyanagi syndrome, bilateral
H21.01	Hyphema, right eye
H21.02	Hyphema, left eye
H21.03	Hyphema, bilateral
H21.211	Degeneration of chamber angle, right eye
H21.212	Degeneration of chamber angle, left eye
H21.213	Degeneration of chamber angle, bilateral
H21.221	Degeneration of ciliary body, right eye
H21.222	Degeneration of ciliary body, left eye
H21.223	Degeneration of ciliary body, bilateral
H21.231	Degeneration of iris (pigmentary), right eye
H21.232	Degeneration of iris (pigmentary), left eye
H21.233	Degeneration of iris (pigmentary), bilateral
H21.241	Degeneration of pupillary margin, right eye
H21.242	Degeneration of pupillary margin, left eye
H21.243	Degeneration of pupillary margin, bilateral
H21.251	Iridoschisis, right eye
H21.252	Iridoschisis, left eye
H21.253	Iridoschisis, bilateral
H21.261	Iris atrophy (essential) (progressive), right eye
H21.262	Iris atrophy (essential) (progressive), left eye
H21.263	Iris atrophy (essential) (progressive), bilateral
H21.271	Miotic pupillary cyst, right eye
H21.272	Miotic pupillary cyst, left eye
H21.273	Miotic pupillary cyst, bilateral
H21.301	Idiopathic cysts of iris, ciliary body or anterior chamber, right eye
H21.302	Idiopathic cysts of iris, ciliary body or anterior chamber, left eye

**CLINICAL POLICY WNC.CP.185**  
**VISUAL FIELD TESTING**



<b>ICD-10® Codes</b>	<b>Description</b>
H21.303	Idiopathic cysts of iris, ciliary body or anterior chamber, bilateral
H21.311	Exudative cysts of iris or anterior chamber, right eye
H21.312	Exudative cysts of iris or anterior chamber, left eye
H21.313	Exudative cysts of iris or anterior chamber, bilateral
H21.321	Implantation cysts of iris, ciliary body or anterior chamber, right eye
H21.322	Implantation cysts of iris, ciliary body or anterior chamber, left eye
H21.323	Implantation cysts of iris, ciliary body or anterior chamber, bilateral
H21.331	Parasitic cyst of iris, ciliary body or anterior chamber, right eye
H21.332	Parasitic cyst of iris, ciliary body or anterior chamber, left eye
H21.333	Parasitic cyst of iris, ciliary body or anterior chamber, bilateral
H21.341	Primary cyst of pars plana, right eye
H21.342	Primary cyst of pars plana, left eye
H21.343	Primary cyst of pars plana, bilateral
H21.351	Exudative cyst of pars plana, right eye
H21.352	Exudative cyst of pars plana, left eye
H21.353	Exudative cyst of pars plana, bilateral
H21.41	Pupillary membranes, right eye
H21.42	Pupillary membranes, left eye
H21.43	Pupillary membranes, bilateral
H21.511	Anterior synechiae (iris), right eye
H21.512	Anterior synechiae (iris), left eye
H21.513	Anterior synechiae (iris), bilateral
H21.521	Goniosynechiae, right eye
H21.522	Goniosynechiae, left eye
H21.523	Goniosynechiae, bilateral
H21.531	Iridodialysis, right eye
H21.532	Iridodialysis, left eye
H21.533	Iridodialysis, bilateral
H21.541	Posterior synechiae (iris), right eye
H21.542	Posterior synechiae (iris), left eye
H21.543	Posterior synechiae (iris), bilateral
H21.551	Recession of chamber angle, right eye
H21.552	Recession of chamber angle, left eye
H21.553	Recession of chamber angle, bilateral
H21.561	Pupillary abnormality, right eye
H21.562	Pupillary abnormality, left eye

**CLINICAL POLICY WNC.CP.185**  
**VISUAL FIELD TESTING**



<b>ICD-10® Codes</b>	<b>Description</b>
H21.563	Pupillary abnormality, bilateral
H21.81	Floppy iris syndrome
H21.82	Plateau iris syndrome (post-iridectomy) (postprocedural)
H30.011	Focal chorioretinal inflammation, juxtapapillary, right eye
H30.012	Focal chorioretinal inflammation, juxtapapillary, left eye
H30.013	Focal chorioretinal inflammation, juxtapapillary, bilateral
H30.021	Focal chorioretinal inflammation of posterior pole, right eye
H30.022	Focal chorioretinal inflammation of posterior pole, left eye
H30.023	Focal chorioretinal inflammation of posterior pole, bilateral
H30.031	Focal chorioretinal inflammation, peripheral, right eye
H30.032	Focal chorioretinal inflammation, peripheral, left eye
H30.033	Focal chorioretinal inflammation, peripheral, bilateral
H30.041	Focal chorioretinal inflammation, macular or paramacular, right eye
H30.042	Focal chorioretinal inflammation, macular or paramacular, left eye
H30.043	Focal chorioretinal inflammation, macular or paramacular, bilateral
H30.111	Disseminated chorioretinal inflammation of posterior pole, right eye
H30.112	Disseminated chorioretinal inflammation of posterior pole, left eye
H30.113	Disseminated chorioretinal inflammation of posterior pole, bilateral
H30.121	Disseminated chorioretinal inflammation, peripheral right eye
H30.122	Disseminated chorioretinal inflammation, peripheral, left eye
H30.123	Disseminated chorioretinal inflammation, peripheral, bilateral
H30.131	Disseminated chorioretinal inflammation, generalized, right eye
H30.132	Disseminated chorioretinal inflammation, generalized, left eye
H30.133	Disseminated chorioretinal inflammation, generalized, bilateral
H30.141	Acute posterior multifocal placoid pigment epitheliopathy, right eye
H30.142	Acute posterior multifocal placoid pigment epitheliopathy, left eye
H30.143	Acute posterior multifocal placoid pigment epitheliopathy, bilateral
H30.21	Posterior cyclitis, right eye
H30.22	Posterior cyclitis, left eye
H30.23	Posterior cyclitis, bilateral
H30.811	Harada's disease, right eye
H30.812	Harada's disease, left eye
H30.813	Harada's disease, bilateral
H31.011	Macula scars of posterior pole (postinflammatory) (post-traumatic), right eye
H31.012	Macula scars of posterior pole (postinflammatory) (post-traumatic), left eye
H31.013	Macula scars of posterior pole (postinflammatory) (post-traumatic), bilateral

**CLINICAL POLICY WNC.CP.185**  
**VISUAL FIELD TESTING**



<b>ICD-10® Codes</b>	<b>Description</b>
H31.021	Solar retinopathy, right eye
H31.022	Solar retinopathy, left eye
H31.023	Solar retinopathy, bilateral
H31.111	Age-related choroidal atrophy, right eye
H31.112	Age-related choroidal atrophy, left eye
H31.113	Age-related choroidal atrophy, bilateral
H31.121	Diffuse secondary atrophy of choroid, right eye
H31.122	Diffuse secondary atrophy of choroid, left eye
H31.123	Diffuse secondary atrophy of choroid, bilateral
H31.21	Choroideremia
H31.22	Choroidal dystrophy (central areolar) (generalized) (peripapillary)
H31.23	Gyrate atrophy, choroid
H31.311	Expulsive choroidal hemorrhage, right eye
H31.312	Expulsive choroidal hemorrhage, left eye
H31.313	Expulsive choroidal hemorrhage, bilateral
H31.321	Choroidal rupture, right eye
H31.322	Choroidal rupture, left eye
H31.323	Choroidal rupture, bilateral
H31.411	Hemorrhagic choroidal detachment, right eye
H31.412	Hemorrhagic choroidal detachment, left eye
H31.413	Hemorrhagic choroidal detachment, bilateral
H31.421	Serous choroidal detachment, right eye
H31.422	Serous choroidal detachment, left eye
H31.423	Serous choroidal detachment, bilateral
H33.011	Retinal detachment with single break, right eye
H33.012	Retinal detachment with single break, left eye
H33.013	Retinal detachment with single break, bilateral
H33.021	Retinal detachment with multiple breaks, right eye
H33.022	Retinal detachment with multiple breaks, left eye
H33.023	Retinal detachment with multiple breaks, bilateral
H33.031	Retinal detachment with giant retinal tear, right eye
H33.032	Retinal detachment with giant retinal tear, left eye
H33.033	Retinal detachment with giant retinal tear, bilateral
H33.041	Retinal detachment with retinal dialysis, right eye
H33.042	Retinal detachment with retinal dialysis, left eye
H33.043	Retinal detachment with retinal dialysis, bilateral



**CLINICAL POLICY WNC.CP.185**  
**VISUAL FIELD TESTING**



<b>ICD-10® Codes</b>	<b>Description</b>
H33.051	Total retinal detachment, right eye
H33.052	Total retinal detachment, left eye
H33.053	Total retinal detachment, bilateral
H33.111	Cyst of ora serrata, right eye
H33.112	Cyst of ora serrata, left eye
H33.113	Cyst of ora serrata, bilateral
H33.121	Parasitic cyst of retina, right eye
H33.122	Parasitic cyst of retina, left eye
H33.123	Parasitic cyst of retina, bilateral
H33.20	Serous retinal detachment, unspecified eye
H33.21	Serous retinal detachment, right eye
H33.22	Serous retinal detachment, left eye
H33.23	Serous retinal detachment, bilateral
H33.311	Horseshoe tear of retina without detachment, right eye
H33.312	Horseshoe tear of retina without detachment, left eye
H33.313	Horseshoe tear of retina without detachment, bilateral
H33.321	Round hole, right eye
H33.322	Round hole, left eye
H33.323	Round hole, bilateral
H33.331	Multiple defects of retina without detachment, right eye
H33.332	Multiple defects of retina without detachment, left eye
H33.333	Multiple defects of retina without detachment, bilateral
H33.41	Traction detachment of retina, right eye
H33.42	Traction detachment of retina, left eye
H33.43	Traction detachment of retina, bilateral
H34.01	Transient retinal artery occlusion, right eye
H34.02	Transient retinal artery occlusion, left eye
H34.03	Transient retinal artery occlusion, bilateral
H34.11	Central retinal artery occlusion, right eye
H34.12	Central retinal artery occlusion, left eye
H34.13	Central retinal artery occlusion, bilateral
H34.211	Partial retinal artery occlusion, right eye
H34.212	Partial retinal artery occlusion, left eye
H34.213	Partial retinal artery occlusion, bilateral
H34.231	Retinal artery branch occlusion, right eye
H34.232	Retinal artery branch occlusion, left eye

**CLINICAL POLICY WNC.CP.185**  
**VISUAL FIELD TESTING**



<b>ICD-10® Codes</b>	<b>Description</b>
H34.233	Retinal artery branch occlusion, bilateral
H34.8110	Central retinal vein occlusion, right eye, with macular edema
H34.8111	Central retinal vein occlusion, right eye, with retinal neovascularization
H34.8112	Central retinal vein occlusion, right eye, stable
H34.8120	Central retinal vein occlusion, left eye, with macular edema
H34.8121	Central retinal vein occlusion, left eye with retinal neovascularization
H34.8122	Central retinal vein occlusion, left eye, stable
H34.8130	Central retinal vein occlusion, bilateral, with macular edema
H34.8131	Central retinal vein occlusion, bilateral, with retinal neovascularization
H34.8132	Central retinal vein occlusion, bilateral, stable
H34.821	Venous engorgement, right eye
H34.822	Venous engorgement, left eye
H34.823	Venous engorgement, bilateral
H34.8310	Tributary (branch) retinal vein occlusion, right eye, with macular edema
H34.8311	Tributary (branch) retinal vein occlusion, right eye, with retinal neovascularization
H34.8312	Tributary (branch) retinal vein occlusion, right eye, stable
H34.8320	Tributary (branch) retinal vein occlusion, left eye, with macular edema
H34.8321	Tributary (branch) retinal vein occlusion, left eye, with retinal neovascularization
H34.8322	Tributary (branch) retinal vein occlusion, left eye, stable
H34.8330	Tributary (branch) retinal vein occlusion, bilateral, with macular edema
H34.8331	Tributary (branch) retinal vein occlusion, bilateral, with retinal neovascularization
H34.8332	Tributary (branch) retinal vein occlusion, bilateral, stable
H35.011	Changes in retinal vascular appearance, right eye
H35.012	Changes in retinal vascular appearance, left eye
H35.013	Changes in retinal vascular appearance, bilateral
H35.021	Exudative retinopathy, right eye
H35.022	Exudative retinopathy, left eye
H35.023	Exudative retinopathy, bilateral
H35.031	Hypertensive retinopathy, right eye
H35.032	Hypertensive retinopathy, left eye
H35.033	Hypertensive retinopathy, bilateral
H35.061	Retinal vasculitis, right eye
H35.062	Retinal vasculitis, left eye
H35.063	Retinal vasculitis, bilateral
H35.071	Retinal telangiectasis, right eye
H35.072	Retinal telangiectasis, left eye

**CLINICAL POLICY WNC.CP.185**  
**VISUAL FIELD TESTING**



<b>ICD-10® Codes</b>	<b>Description</b>
H35.073	Retinal telangiectasis, bilateral
H35.111	Retinopathy of prematurity, stage 0, right eye
H35.112	Retinopathy of prematurity, stage 0, left eye
H35.113	Retinopathy of prematurity, stage 0, bilateral
H35.121	Retinopathy of prematurity, stage 1, right eye
H35.122	Retinopathy of prematurity, stage 1, left eye
H35.123	Retinopathy of prematurity, stage 1, bilateral
H35.131	Retinopathy of prematurity, stage 2, right eye
H35.132	Retinopathy of prematurity, stage 2, left eye
H35.133	Retinopathy of prematurity, stage 2, bilateral
H35.141	Retinopathy of prematurity, stage 3, right eye
H35.142	Retinopathy of prematurity, stage 3, left eye
H35.143	Retinopathy of prematurity, stage 3, bilateral
H35.151	Retinopathy of prematurity, stage 4, right eye
H35.152	Retinopathy of prematurity, stage 4, left eye
H35.153	Retinopathy of prematurity, stage 4, bilateral
H35.161	Retinopathy of prematurity, stage 5, right eye
H35.162	Retinopathy of prematurity, stage 5, left eye
H35.163	Retinopathy of prematurity, stage 5, bilateral
H35.171	Retrolental fibroplasia, right eye
H35.172	Retrolental fibroplasia, left eye
H35.173	Retrolental fibroplasia, bilateral
H35.3111	Nonexudative age-related macular degeneration, right eye, early dry stage
H35.3112	Nonexudative age-related macular degeneration, right eye, intermediate dry stage
H35.3113	Nonexudative age-related macular degeneration, right eye, advanced atrophic without subfoveal involvement
H35.3114	Nonexudative age-related macular degeneration, right eye, advanced atrophic with subfoveal involvement
H35.3121	Nonexudative age-related macular degeneration, left eye, early dry stage
H35.3122	Nonexudative age-related macular degeneration, left eye, intermediate dry stage
H35.3123	Nonexudative age-related macular degeneration, left eye, advanced atrophic without subfoveal involvement
H35.3124	Nonexudative age-related macular degeneration, left eye, advanced atrophic with subfoveal involvement
H35.3131	Nonexudative age-related macular degeneration, bilateral, early dry stage
H35.3132	Nonexudative age-related macular degeneration, bilateral, intermediate dry stage

**CLINICAL POLICY WNC.CP.185**  
**VISUAL FIELD TESTING**



<b>ICD-10® Codes</b>	<b>Description</b>
H35.3133	Nonexudative age-related macular degeneration, bilateral, advanced atrophic without subfoveal involvement
H35.3134	Nonexudative age-related macular degeneration, bilateral, advanced atrophic with subfoveal involvement
H35.3211	Exudative age-related macular degeneration, right eye with active choroidal neovascularization
H35.3212	Exudative age-related macular degeneration, right eye, with inactive choroidal neovascularization
H35.3213	Exudative age-related macular degeneration, right eye, with inactive scar
H35.3221	Exudative age-related macular degeneration, left eye with active choroidal neovascularization
H35.3222	Exudative age-related macular degeneration, left eye, with inactive choroidal neovascularization
H35.3223	Exudative age-related macular degeneration, left eye, with inactive scar
H35.3231	Exudative age-related macular degeneration, bilateral, with active choroidal neovascularization
H35.3232	Exudative age-related macular degeneration, bilateral, with inactive choroidal neovascularization
H35.3233	Exudative age-related macular degeneration, bilateral, with inactive scar
H35.33	Angioid streaks of macula
H35.341	Macular cyst, hole, or pseudohole, right eye
H35.342	Macular cyst, hole, or pseudohole, left eye
H35.343	Macular cyst, hole, or pseudohole, bilateral
H35.351	Cystoid macular degeneration, right eye
H35.352	Cystoid macular degeneration, left eye
H35.353	Cystoid macular degeneration, bilateral
H35.361	Drusen (degenerative) of macula, right eye
H35.362	Drusen (degenerative) of macula, left eye
H35.363	Drusen (degenerative) of macula, bilateral
H35.371	Puckering of macula, right eye
H35.372	Puckering of macula, left eye
H35.373	Puckering of macula, bilateral
H35.381	Toxic maculopathy, right eye
H35.382	Toxic maculopathy, left eye
H35.383	Toxic maculopathy, bilateral
H35.411	Lattice degeneration of retina, right eye

**CLINICAL POLICY WNC.CP.185**  
**VISUAL FIELD TESTING**



<b>ICD-10® Codes</b>	<b>Description</b>
H35.412	Lattice degeneration of retina, left eye
H35.413	Lattice degeneration of retina, bilateral
H35.421	Microcystoid degeneration of retina, right eye
H35.422	Microcystoid degeneration of retina, left eye
H35.423	Microcystoid degeneration of retina, bilateral
H35.431	Paving stone degeneration of retina, right eye
H35.432	Paving stone degeneration of retina, left eye
H35.433	Paving stone degeneration of retina, bilateral
H35.441	Age-related reticular degeneration of retina, right eye
H35.442	Age-related reticular degeneration of retina, left eye
H35.443	Age-related reticular degeneration of retina, bilateral
H35.451	Secondary pigmentary degeneration, right eye
H35.452	Secondary pigmentary degeneration, left eye
H35.453	Secondary pigmentary degeneration, bilateral
H35.461	Secondary vitreoretinal degeneration, right eye
H35.462	Secondary vitreoretinal degeneration, left eye
H35.463	Secondary vitreoretinal degeneration, bilateral
H35.51	Vitreoretinal dystrophy
H35.52	Pigmentary retinal dystrophy
H35.53	Other dystrophies primarily involving the sensory retina
H35.54	Dystrophies primarily involving the retinal pigment epithelium
H35.61	Retinal hemorrhage, right eye
H35.62	Retinal hemorrhage, left eye
H35.63	Retinal hemorrhage, bilateral
H35.711	Central serous chorioretinopathy, right eye
H35.712	Central serous chorioretinopathy, left eye
H35.713	Central serous chorioretinopathy, bilateral
H35.721	Serous detachment of retinal pigment epithelium, right eye
H35.722	Serous detachment of retinal pigment epithelium, left eye
H35.723	Serous detachment of retinal pigment epithelium, bilateral
H35.731	Hemorrhagic detachment of retinal pigment epithelium, right eye
H35.732	Hemorrhagic detachment of retinal pigment epithelium, left eye
H35.733	Hemorrhagic detachment of retinal pigment epithelium, bilateral
H35.81	Retinal edema
H35.82	Retinal ischemia
H36.811	Nonproliferative sickle-cell retinopathy, right eye

**CLINICAL POLICY WNC.CP.185**  
**VISUAL FIELD TESTING**



<b>ICD-10® Codes</b>	<b>Description</b>
H36.812	Nonproliferative sickle-cell retinopathy, left eye
H36.813	Nonproliferative sickle-cell retinopathy, bilateral
H36.821	Proliferative sickle-cell retinopathy, right eye
H36.822	Proliferative sickle-cell retinopathy, left eye
H36.823	Proliferative sickle-cell retinopathy, bilateral
H40.011	Open angle with borderline findings, low risk, right eye
H40.012	Open angle with borderline findings, low risk, left eye
H40.013	Open angle with borderline findings, low risk, bilateral
H40.021	Open angle with borderline findings, high risk, right eye
H40.022	Open angle with borderline findings, high risk, left eye
H40.023	Open angle with borderline findings, high risk, bilateral
H40.031	Anatomical narrow angle, right eye
H40.032	Anatomical narrow angle, left eye
H40.033	Anatomical narrow angle, bilateral
H40.041	Steroid responder, right eye
H40.042	Steroid responder, left eye
H40.043	Steroid responder, bilateral
H40.051	Ocular hypertension, right eye
H40.052	Ocular hypertension, left eye
H40.053	Ocular hypertension, bilateral
H40.061	Primary angle closure without glaucoma damage, right eye
H40.062	Primary angle closure without glaucoma damage, left eye
H40.063	Primary angle closure without glaucoma damage, bilateral
H40.1111	Primary open-angle glaucoma, right eye, mild stage
H40.1112	Primary open angle glaucoma, right eye, moderate stage
H40.1113	Primary open angle glaucoma, right eye, severe stage
H40.1121	Primary open-angle glaucoma, left eye, mild stage
H40.1122	Primary open angle glaucoma, left eye, moderate stage
H40.1123	Primary open angle glaucoma, left eye, severe stage
H40.1131	Primary open-angle glaucoma, bilateral, mild stage
H40.1132	Primary open angle glaucoma, bilateral, moderate stage
H40.1133	Primary open angle glaucoma, bilateral, severe stage
H40.1211	Low-tension glaucoma, right eye, mild stage
H40.1212	Low-tension glaucoma, right eye, moderate stage
H40.1213	Low-tension glaucoma, right eye, severe stage
H40.1221	Low-tension glaucoma, left eye, mild stage

**CLINICAL POLICY WNC.CP.185**  
**VISUAL FIELD TESTING**



<b>ICD-10® Codes</b>	<b>Description</b>
H40.1222	Low-tension glaucoma, left eye, moderate stage
H40.1223	Low-tension glaucoma, left eye, severe stage
H40.1231	Low-tension glaucoma, bilateral, mild stage
H40.1232	Low-tension glaucoma, bilateral, moderate stage
H40.1233	Low-tension glaucoma, bilateral, severe stage
H40.1311	Pigmentary glaucoma, right eye, mild stage
H40.1312	Pigmentary glaucoma, right eye, moderate stage
H40.1313	Pigmentary glaucoma, right eye, severe stage
H40.1321	Pigmentary glaucoma, left eye, mild stage
H40.1322	Pigmentary glaucoma, left eye, moderate stage
H40.1323	Pigmentary glaucoma, left eye, severe stage
H40.1331	Pigmentary glaucoma, bilateral, mild stage
H40.1332	Pigmentary glaucoma, bilateral, moderate stage
H40.1333	Pigmentary glaucoma, bilateral, severe stage
H40.1411	Capsular glaucoma with pseudoexfoliation of lens, right eye, mild stage
H40.1412	Capsular glaucoma with pseudoexfoliation of lens, right eye, moderate stage
H40.1413	Capsular glaucoma with pseudoexfoliation of lens, right eye, severe stage
H40.1421	Capsular glaucoma with pseudoexfoliation of lens, left eye, mild stage
H40.1422	Capsular glaucoma with pseudoexfoliation of lens, left eye, moderate stage
H40.1423	Capsular glaucoma with pseudoexfoliation of lens, left eye, severe stage
H40.1431	Capsular glaucoma with pseudoexfoliation of lens, bilateral, mild stage
H40.1432	Capsular glaucoma with pseudoexfoliation of lens, bilateral, moderate stage
H40.1433	Capsular glaucoma with pseudoexfoliation of lens, bilateral, severe stage
H40.151	Residual stage of open-angle glaucoma, right eye
H40.152	Residual stage of open-angle glaucoma, left eye
H40.153	Residual stage of open-angle glaucoma, bilateral
H40.211	Acute angle-closure glaucoma, right eye
H40.212	Acute angle-closure glaucoma, left eye
H40.213	Acute angle-closure glaucoma, bilateral
H40.2211	Chronic angle-closure glaucoma, right eye, mild stage
H40.2212	Chronic angle-closure glaucoma, right eye, moderate stage
H40.2213	Chronic angle-closure glaucoma, right eye, severe stage
H40.2221	Chronic angle-closure glaucoma, left eye, mild stage
H40.2222	Chronic angle-closure glaucoma, left eye, moderate stage
H40.2223	Chronic angle-closure glaucoma, left eye, severe stage
H40.2231	Chronic angle-closure glaucoma, bilateral, mild stage



**CLINICAL POLICY WNC.CP.185**  
**VISUAL FIELD TESTING**



<b>ICD-10® Codes</b>	<b>Description</b>
H40.2232	Chronic angle-closure glaucoma, bilateral, moderate stage
H40.2233	Chronic angle-closure glaucoma, bilateral, severe stage
H40.231	Intermittent angle-closure glaucoma, right eye
H40.232	Intermittent angle-closure glaucoma, left eye
H40.233	Intermittent angle-closure glaucoma, bilateral
H40.241	Residual stage of angle-closure glaucoma, right eye
H40.242	Residual stage of angle-closure glaucoma, left eye
H40.243	Residual stage of angle-closure glaucoma, bilateral
H40.31X1	Glaucoma secondary to eye trauma, right eye, mild stage
H40.31X2	Glaucoma secondary to eye trauma, right eye, moderate stage
H40.31X3	Glaucoma secondary to eye trauma, right eye, severe stage
H40.32X1	Glaucoma secondary to eye trauma, left eye, mild stage
H40.32X2	Glaucoma secondary to eye trauma, left eye, moderate stage
H40.32X3	Glaucoma secondary to eye trauma, left eye, severe stage
H40.33X1	Glaucoma secondary to eye trauma, bilateral, mild stage
H40.33X2	Glaucoma secondary to eye trauma, bilateral, moderate stage
H40.33X3	Glaucoma secondary to eye trauma, bilateral, severe stage
H40.41X1	Glaucoma secondary to eye inflammation, right eye, mild stage
H40.41X2	Glaucoma secondary to eye inflammation, right eye, moderate stage
H40.41X3	Glaucoma secondary to eye inflammation, right eye, severe stage
H40.42X1	Glaucoma secondary to eye inflammation, left eye, mild stage
H40.42X2	Glaucoma secondary to eye inflammation, left eye, moderate stage
H40.42X3	Glaucoma secondary to eye inflammation, left eye, severe stage
H40.43X1	Glaucoma secondary to eye inflammation, bilateral, mild stage
H40.43X2	Glaucoma secondary to eye inflammation, bilateral, moderate stage
H40.43X3	Glaucoma secondary to eye inflammation, bilateral, severe stage
H40.51X1	Glaucoma secondary to other eye disorders, right eye, mild stage
H40.51X2	Glaucoma secondary to other eye disorders, right eye, moderate stage
H40.51X3	Glaucoma secondary to other eye disorders, right eye, severe stage
H40.52X1	Glaucoma secondary to other eye disorders, left eye, mild stage
H40.52X2	Glaucoma secondary to other eye disorders, left eye, moderate stage
H40.52X3	Glaucoma secondary to other eye disorders, left eye, severe stage
H40.53X1	Glaucoma secondary to other eye disorders, bilateral, mild stage
H40.53X2	Glaucoma secondary to other eye disorders, bilateral, moderate stage
H40.53X3	Glaucoma secondary to other eye disorders, bilateral, severe stage
H40.61X1	Glaucoma secondary to drugs, right eye, mild stage

**CLINICAL POLICY WNC.CP.185**  
**VISUAL FIELD TESTING**



<b>ICD-10® Codes</b>	<b>Description</b>
H40.61X2	Glaucoma secondary to drugs, right eye, moderate stage
H40.61X3	Glaucoma secondary to drugs, right eye, severe stage
H40.62X1	Glaucoma secondary to drugs, left eye, mild stage
H40.62X2	Glaucoma secondary to drugs, left eye, moderate stage
H40.62X3	Glaucoma secondary to drugs, left eye, severe stage
H40.63X1	Glaucoma secondary to drugs, bilateral, mild stage
H40.63X2	Glaucoma secondary to drugs, bilateral, moderate stage
H40.63X3	Glaucoma secondary to drugs, bilateral, severe stage
H40.811	Glaucoma with increased episcleral venous pressure, right eye
H40.812	Glaucoma with increased episcleral venous pressure, left eye
H40.813	Glaucoma with increased episcleral venous pressure, bilateral
H40.821	Hypersecretion glaucoma, right eye
H40.822	Hypersecretion glaucoma, left eye
H40.823	Hypersecretion glaucoma, bilateral
H40.831	Aqueous misdirection, right eye
H40.832	Aqueous misdirection, left eye
H40.833	Aqueous misdirection, bilateral
H43.01	Vitreous prolapse, right eye
H43.02	Vitreous prolapse, left eye
H43.03	Vitreous prolapse, bilateral
H43.11	Vitreous hemorrhage, right eye
H43.12	Vitreous hemorrhage, left eye
H43.13	Vitreous hemorrhage, bilateral
H43.21	Crystalline deposits in vitreous body, right eye
H43.22	Crystalline deposits in vitreous body, left eye
H43.23	Crystalline deposits in vitreous body, bilateral
H43.311	Vitreous membranes and strands, right eye
H43.312	Vitreous membranes and strands, left eye
H43.313	Vitreous membranes and strands, bilateral
H43.821	Vitreomacular adhesion, right eye
H43.822	Vitreomacular adhesion, left eye
H43.823	Vitreomacular adhesion, bilateral
H44.21	Degenerative myopia, right eye
H44.22	Degenerative myopia, left eye
H44.23	Degenerative myopia, bilateral
H44.2A1	Degenerative myopia with choroidal neovascularization, right eye

**CLINICAL POLICY WNC.CP.185**  
**VISUAL FIELD TESTING**



<b>ICD-10® Codes</b>	<b>Description</b>
H44.2A2	Degenerative myopia with choroidal neovascularization, left eye
H44.2A3	Degenerative myopia with choroidal neovascularization, bilateral
H44.2B1	Degenerative myopia with macular hole, right eye
H44.2B2	Degenerative myopia with macular hole, left eye
H44.2B3	Degenerative myopia with macular hole, bilateral
H44.2C1	Degenerative myopia with retinal detachment, right eye
H44.2C2	Degenerative myopia with retinal detachment, left eye
H44.2C3	Degenerative myopia with retinal detachment, bilateral
H44.2D1	Degenerative myopia with foveoschisis, right eye
H44.2D2	Degenerative myopia with foveoschisis, left eye
H44.2D3	Degenerative myopia with foveoschisis, bilateral
H44.2E1	Degenerative myopia with other maculopathy, right eye
H44.2E2	Degenerative myopia with other maculopathy, left eye
H44.2E3	Degenerative myopia with other maculopathy, bilateral
H44.311	Chalcosis, right eye
H44.312	Chalcosis, left eye
H44.313	Chalcosis, bilateral
H44.321	Siderosis of eye, right eye
H44.322	Siderosis of eye, left eye
H44.323	Siderosis of eye, bilateral
H44.411	Flat anterior chamber hypotony of right eye
H44.412	Flat anterior chamber hypotony of left eye
H44.413	Flat anterior chamber hypotony, bilateral
H44.421	Hypotony of right eye due to ocular fistula
H44.422	Hypotony of left eye due to ocular fistula
H44.423	Hypotony of bilateral eyes due to ocular fistula
H44.431	Hypotony of eye due to other ocular disorders, right eye
H44.432	Hypotony of eye due to other ocular disorders, left eye
H44.433	Hypotony of eye due to other ocular disorders, bilateral
H44.441	Primary hypotony of right eye
H44.442	Primary hypotony of left eye
H44.443	Primary hypotony of eye, bilateral
H44.511	Absolute glaucoma, right eye
H44.512	Absolute glaucoma, left eye
H44.513	Absolute glaucoma, bilateral
H44.521	Atrophy of globe, right eye

**CLINICAL POLICY WNC.CP.185**  
**VISUAL FIELD TESTING**



<b>ICD-10® Codes</b>	<b>Description</b>
H44.522	Atrophy of globe, left eye
H44.523	Atrophy of globe, bilateral
H44.531	Leucocoria, right eye
H44.532	Leucocoria, left eye
H44.533	Leucocoria, bilateral
H44.611	Retained (old) magnetic foreign body in anterior chamber, right eye
H44.612	Retained (old) magnetic foreign body in anterior chamber, left eye
H44.613	Retained (old) magnetic foreign body in anterior chamber, bilateral
H44.621	Retained (old) magnetic foreign body in iris or ciliary body, right eye
H44.622	Retained (old) magnetic foreign body in iris or ciliary body, left eye
H44.623	Retained (old) magnetic foreign body in iris or ciliary body, bilateral
H44.631	Retained (old) magnetic foreign body in lens, right eye
H44.632	Retained (old) magnetic foreign body in lens, left eye
H44.633	Retained (old) magnetic foreign body in lens, bilateral
H44.641	Retained (old) magnetic foreign body in posterior wall of globe, right eye
H44.642	Retained (old) magnetic foreign body in posterior wall of globe, left eye
H44.643	Retained (old) magnetic foreign body in posterior wall of globe, bilateral
H44.651	Retained (old) magnetic foreign body in vitreous body, right eye
H44.652	Retained (old) magnetic foreign body in vitreous body, left eye
H44.653	Retained (old) magnetic foreign body in vitreous body, bilateral
H44.691	Retained (old) intraocular foreign body, magnetic, in other or multiple sites, right eye
H44.692	Retained (old) intraocular foreign body, magnetic, in other or multiple sites, left eye
H44.693	Retained (old) intraocular foreign body, magnetic, in other or multiple sites, bilateral
H44.711	Retained (nonmagnetic) (old) foreign body in anterior chamber, right eye
H44.712	Retained (nonmagnetic) (old) foreign body in anterior chamber, left eye
H44.713	Retained (nonmagnetic) (old) foreign body in anterior chamber, bilateral
H44.721	Retained (nonmagnetic) (old) foreign body in iris or ciliary body, right eye
H44.722	Retained (nonmagnetic) (old) foreign body in iris or ciliary body, left eye
H44.723	Retained (nonmagnetic) (old) foreign body in iris or ciliary body, bilateral
H44.731	Retained (nonmagnetic) (old) foreign body in lens, right eye
H44.732	Retained (nonmagnetic) (old) foreign body in lens, left eye
H44.733	Retained (nonmagnetic) (old) foreign body in lens, bilateral
H44.741	Retained (nonmagnetic) (old) foreign body in posterior wall of globe, right eye
H44.742	Retained (nonmagnetic) (old) foreign body in posterior wall of globe, left eye
H44.743	Retained (nonmagnetic) (old) foreign body in posterior wall of globe, bilateral
H44.751	Retained (nonmagnetic) (old) foreign body in vitreous body, right eye

**CLINICAL POLICY WNC.CP.185**  
**VISUAL FIELD TESTING**



<b>ICD-10® Codes</b>	<b>Description</b>
H44.752	Retained (nonmagnetic) (old) foreign body in vitreous body, left eye
H44.753	Retained (nonmagnetic) (old) foreign body in vitreous body, bilateral
H44.791	Retained (old) intraocular foreign body, nonmagnetic, in other or multiple sites, right eye
H44.792	Retained (old) intraocular foreign body, nonmagnetic, in other or multiple sites, left eye
H44.793	Retained (old) intraocular foreign body, nonmagnetic, in other or multiple sites, bilateral
H44.811	Hemophthalmos, right eye
H44.812	Hemophthalmos, left eye
H44.813	Hemophthalmos, bilateral
H44.821	Luxation of globe right eye
H44.822	Luxation of globe left eye
H44.823	Luxation of globe bilateral
H46.01	Optic papillitis, right eye
H46.02	Optic papillitis, left eye
H46.03	Optic papillitis, bilateral
H46.11	Retrobulbar neuritis, right eye
H46.12	Retrobulbar neuritis, left eye
H46.13	Retrobulbar neuritis, bilateral
H46.2	Nutritional optic neuropathy
H46.3	Toxic optic neuropathy
H47.011	Ischemic optic neuropathy, right eye
H47.012	Ischemic optic neuropathy, left eye
H47.013	Ischemic optic neuropathy, bilateral
H47.021	Hemorrhage in optic nerve sheath, right eye
H47.022	Hemorrhage in optic nerve sheath, left eye
H47.023	Hemorrhage in optic nerve sheath, bilateral
H47.031	Optic nerve hypoplasia, right eye
H47.032	Optic nerve hypoplasia, left eye
H47.033	Optic nerve hypoplasia, bilateral
H47.11	Papilledema associated with increased intracranial pressure
H47.12	Papilledema associated with decreased ocular pressure
H47.13	Papilledema associated with retinal disorder
H47.141	Foster-Kennedy syndrome, right eye
H47.142	Foster-Kennedy syndrome, left eye
H47.143	Foster-Kennedy syndrome, bilateral
H47.211	Primary optic atrophy, right eye
H47.212	Primary optic atrophy, left eye

**CLINICAL POLICY WNC.CP.185**  
**VISUAL FIELD TESTING**



<b>ICD-10® Codes</b>	<b>Description</b>
H47.213	Primary optic atrophy, bilateral
H47.22	Hereditary optic atrophy
H47.231	Glaucomatous optic atrophy, right eye
H47.232	Glaucomatous optic atrophy, left eye
H47.233	Glaucomatous optic atrophy, bilateral
H47.311	Coloboma of optic disc, right eye
H47.312	Coloboma of optic disc, left eye
H47.313	Coloboma of optic disc, bilateral
H47.321	Drusen of optic disc, right eye
H47.322	Drusen of optic disc, left eye
H47.323	Drusen of optic disc, bilateral
H47.331	Pseudopapilledema of optic disc, right eye
H47.332	Pseudopapilledema of optic disc, left eye
H47.333	Pseudopapilledema of optic disc, bilateral
H47.41	Disorders of optic chiasm in (due to) inflammatory disorders
H47.42	Disorders of optic chiasm in (due to) neoplasm
H47.43	Disorders of optic chiasm in (due to) vascular disorders
H47.511	Disorders of visual pathways in (due to) inflammatory disorders, right side
H47.512	Disorders of visual pathways in (due to) inflammatory disorders, left side
H47.521	Disorders of visual pathways in (due to) neoplasm, right side
H47.522	Disorders of visual pathways in (due to) neoplasm, left side
H47.531	Disorders of visual pathways in (due to) vascular disorders, right side
H47.532	Disorders of visual pathways in (due to) vascular disorders, left side
H47.611	Cortical blindness, right side of brain
H47.612	Cortical blindness, left side of brain
H47.621	Disorders of visual cortex in (due to) inflammatory disorders, right side of brain
H47.622	Disorders of visual cortex in (due to) inflammatory disorders, left side of brain
H47.631	Disorders of visual cortex in (due to) neoplasm, right side of brain
H47.632	Disorders of visual cortex in (due to) neoplasm, left side of brain
H47.641	Disorders of visual cortex in (due to) vascular disorders, right side of brain
H47.642	Disorders of visual cortex in (due to) vascular disorders, left side of brain
H49.01	Third (oculomotor) nerve palsy right eye
H49.02	Third (oculomotor) nerve palsy left eye
H49.03	Third (oculomotor) nerve palsy bilateral
H49.11	Fourth (trochlear) nerve palsy right eye
H49.12	Fourth (trochlear) nerve palsy left eye

**CLINICAL POLICY WNC.CP.185**  
**VISUAL FIELD TESTING**



<b>ICD-10® Codes</b>	<b>Description</b>
H49.13	Fourth (trochlear) nerve palsy bilateral
H49.21	Sixth (abducent) nerve palsy right eye
H49.22	Sixth (abducent) nerve palsy left eye
H49.23	Sixth (abducent) nerve palsy bilateral
H49.31	Total (external) ophthalmoplegia right eye
H49.32	Total (external) ophthalmoplegia left eye
H49.33	Total (external) ophthalmoplegia bilateral
H49.41	Progressive external ophthalmoplegia right eye
H49.42	Progressive external ophthalmoplegia left eye
H49.43	Progressive external ophthalmoplegia bilateral
H51.0	Palsy (spasm) of conjugate gaze
H51.11	Convergence insufficiency
H51.12	Convergence excess
H51.21	Internuclear ophthalmoplegia right eye
H51.22	Internuclear ophthalmoplegia left eye
H51.23	Internuclear ophthalmoplegia bilateral
H53.011	Deprivation amblyopia, right eye
H53.012	Deprivation amblyopia, left eye
H53.013	Deprivation amblyopia, bilateral
H53.021	Refractive amblyopia, right eye
H53.022	Refractive amblyopia, left eye
H53.023	Refractive amblyopia, bilateral
H53.031	Strabismic amblyopia, right eye
H53.032	Strabismic amblyopia, left eye
H53.033	Strabismic amblyopia, bilateral
H53.11	Day blindness
H53.121	Transient visual loss right eye
H53.122	Transient visual loss left eye
H53.123	Transient visual loss bilateral
H53.131	Sudden visual loss right eye
H53.132	Sudden visual loss left eye
H53.133	Sudden visual loss bilateral
H53.15	Visual distortions of shape and size
H53.16	Psychophysical visual disturbances
H53.2	Diplopia
H53.411	Scotoma involving central area, right eye



**CLINICAL POLICY WNC.CP.185**  
**VISUAL FIELD TESTING**



<b>ICD-10® Codes</b>	<b>Description</b>
H53.412	Scotoma involving central area, left eye
H53.413	Scotoma involving central area, bilateral
H53.421	Scotoma of blind spot area, right eye
H53.422	Scotoma of blind spot area, left eye
H53.423	Scotoma of blind spot area, bilateral
H53.431	Sector or arcuate defects, right eye
H53.432	Sector or arcuate defects, left eye
H53.433	Sector or arcuate defects, bilateral
H53.451	Other localized visual field defect, right eye
H53.452	Other localized visual field defect, left eye
H53.453	Other localized visual field defect, bilateral
H53.461	Homonymous bilateral field defects, right side
H53.462	Homonymous bilateral field defects, left side
H53.47	Heteronymous bilateral field defects
H53.481	Generalized contraction of visual field, right eye
H53.482	Generalized contraction of visual field, left eye
H53.483	Generalized contraction of visual field, bilateral
H53.52	Acquired color vision deficiency
H53.61	Abnormal dark adaptation curve
H53.62	Acquired night blindness
H53.63	Congenital night blindness
H53.71	Glare sensitivity
H53.72	Impaired contrast sensitivity
H54.0X33	Blindness right eye category 3, blindness left eye category 3
H54.0X34	Blindness right eye category 3, blindness left eye category 4
H54.0X35	Blindness right eye category 3, blindness left eye category 5
H54.0X43	Blindness right eye category 4, blindness left eye category 3
H54.0X44	Blindness right eye category 4, blindness left eye category 4
H54.0X45	Blindness right eye category 4, blindness left eye category 5
H54.0X53	Blindness right eye category 5, blindness left eye category 3
H54.0X54	Blindness right eye category 5, blindness left eye category 4
H54.0X55	Blindness right eye category 5, blindness left eye category 5
H54.1131	Blindness right eye category 3, low vision left eye category 1
H54.1132	Blindness right eye category 3, low vision left eye category 2
H54.1141	Blindness right eye category 4, low vision left eye category 1
H54.1142	Blindness right eye category 4, low vision left eye category 2

**CLINICAL POLICY WNC.CP.185**  
**VISUAL FIELD TESTING**



<b>ICD-10® Codes</b>	<b>Description</b>
H54.1151	Blindness right eye category 5, low vision left eye category 1
H54.1152	Blindness right eye category 5, low vision left eye category 2
H54.1213	Low vision right eye category 1, blindness left eye category 3
H54.1214	Low vision right eye category 1, blindness left eye category 4
H54.1215	Low vision right eye category 1, blindness left eye category 5
H54.1223	Low vision right eye category 2, blindness left eye category 3
H54.1224	Low vision right eye category 2, blindness left eye category 4
H54.1225	Low vision right eye category 2, blindness left eye category 5
H54.2X11	Low vision right eye category 1, low vision left eye category 1
H54.2X12	Low vision right eye category 1, low vision left eye category 2
H54.2X21	Low vision right eye category 2, low vision left eye category 1
H54.2X22	Low vision right eye category 2, low vision left eye category 2
H54.413A	Blindness right eye category 3, normal vision left eye
H54.414A	Blindness right eye category 4, normal vision left eye
H54.415A	Blindness right eye category 5, normal vision left eye
H54.42A3	Blindness left eye category 3, normal vision right eye
H54.42A4	Blindness left eye category 4, normal vision right eye
H54.42A5	Blindness left eye category 5, normal vision right eye
H54.511A	Low vision right eye category 1, normal vision left eye
H54.512A	Low vision right eye category 2, normal vision left eye
H54.52A1	Low vision left eye category 1, normal vision right eye
H54.52A2	Low vision left eye category 2, normal vision right eye
H54.61	Unqualified visual loss, right eye, normal vision left eye
H54.62	Unqualified visual loss, left eye, normal vision right eye
H54.8	Legal blindness, as defined in USA
H55.01	Congenital nystagmus
H55.02	Latent nystagmus
H55.03	Visual deprivation nystagmus
H55.04	Dissociated nystagmus
H55.81	Deficient Saccadic eye movements
H57.01	Argyll Robertson pupil, atypical
H57.02	Anisocoria
H57.03	Miosis
H57.04	Mydriasis
H57.051	Tonic pupil, right eye
H57.052	Tonic pupil, left eye

**CLINICAL POLICY WNC.CP.185**  
**VISUAL FIELD TESTING**



<b>ICD-10® Codes</b>	<b>Description</b>
H57.053	Tonic pupil, bilateral
H57.811	Brow ptosis, right
H57.812	Brow ptosis, left
H57.813	Brow ptosis, bilateral
H59.41	Inflammation (infection) of postprocedural bleb stage 1
H59.42	Inflammation (infection) of postprocedural bleb stage 2
H59.43	Inflammation (infection) of postprocedural bleb stage 3
I60.01	Nontraumatic subarachnoid hemorrhage from right carotid siphon and bifurcation
I60.02	Nontraumatic subarachnoid hemorrhage from left carotid siphon and bifurcation
I60.11	Nontraumatic subarachnoid hemorrhage from right middle cerebral artery
I60.12	Nontraumatic subarachnoid hemorrhage from left middle cerebral artery
I60.2	Nontraumatic subarachnoid hemorrhage from anterior communicating artery
I60.31	Nontraumatic subarachnoid hemorrhage from right posterior communicating artery
I60.32	Nontraumatic subarachnoid hemorrhage from left posterior communicating artery
I60.4	Nontraumatic subarachnoid hemorrhage from basilar artery
I60.51	Nontraumatic subarachnoid hemorrhage from right vertebral artery
I60.52	Nontraumatic subarachnoid hemorrhage from left vertebral artery
I60.6	Nontraumatic subarachnoid hemorrhage from other intracranial arteries
I61.0	Nontraumatic intracerebral hemorrhage in hemisphere, subcortical
I61.1	Nontraumatic intracerebral hemorrhage in hemisphere, cortical
I61.3	Nontraumatic intracerebral hemorrhage in brain stem
I61.4	Nontraumatic intracerebral hemorrhage in cerebellum
I61.5	Nontraumatic intracerebral hemorrhage in intraventricular
I61.6	Nontraumatic intracerebral hemorrhage in multiple localized
I62.01	Nontraumatic acute subdural hemorrhage
I62.02	Nontraumatic subacute subdural hemorrhage
I62.03	Nontraumatic chronic subdural hemorrhage
I62.1	Nontraumatic extradural hemorrhage
I63.011	Cerebral infarction due to thrombosis of right vertebral artery
I63.012	Cerebral infarction due to thrombosis of left vertebral artery
I63.013	Cerebral infarction due to thrombosis of bilateral vertebral arteries
I63.02	Cerebral infarction due to thrombosis of basilar artery
I63.031	Cerebral infarction due to thrombosis of right carotid artery
I63.032	Cerebral infarction due to thrombosis of left carotid artery
I63.033	Cerebral infarction due to thrombosis of bilateral carotid arteries
I63.09	Cerebral infarction due to thrombosis of other precerebral artery

**CLINICAL POLICY WNC.CP.185**  
**VISUAL FIELD TESTING**



<b>ICD-10® Codes</b>	<b>Description</b>
I63.111	Cerebral infarction due to embolism of right vertebral artery
I63.112	Cerebral infarction due to embolism of left vertebral artery
I63.113	Cerebral infarction due to embolism of bilateral vertebral arteries
I63.12	Cerebral infarction due to embolism of basilar artery
I63.131	Cerebral infarction due to embolism of right carotid artery
I63.132	Cerebral infarction due to embolism of left carotid artery
I63.133	Cerebral infarction due to embolism of bilateral carotid arteries
I63.19	Cerebral infarction due to embolism of other precerebral artery
I63.311	Cerebral infarction due to thrombosis of right middle cerebral artery
I63.312	Cerebral infarction due to thrombosis of left middle cerebral artery
I63.313	Cerebral infarction due to thrombosis of bilateral middle cerebral arteries
I63.321	Cerebral infarction due to thrombosis of right anterior cerebral artery
I63.322	Cerebral infarction due to thrombosis of left anterior cerebral artery
I63.323	Cerebral infarction due to thrombosis of bilateral anterior cerebral arteries
I63.331	Cerebral infarction due to thrombosis of right posterior cerebral artery
I63.332	Cerebral infarction due to thrombosis of left posterior cerebral artery
I63.333	Cerebral infarction due to thrombosis of bilateral posterior cerebral arteries
I63.341	Cerebral infarction due to thrombosis of right cerebellar artery
I63.342	Cerebral infarction due to thrombosis of left cerebellar artery
I63.343	Cerebral infarction due to thrombosis of bilateral cerebellar arteries
I63.39	Cerebral infarction due to thrombosis of other cerebral artery
I63.411	Cerebral infarction due to embolism of right middle cerebral artery
I63.412	Cerebral infarction due to embolism of left middle cerebral artery
I63.413	Cerebral infarction due to embolism of bilateral middle cerebral arteries
I63.421	Cerebral infarction due to embolism of right anterior cerebral artery
I63.422	Cerebral infarction due to embolism of left anterior cerebral artery
I63.423	Cerebral infarction due to embolism of bilateral anterior cerebral arteries
I63.431	Cerebral infarction due to embolism of right posterior cerebral artery
I63.432	Cerebral infarction due to embolism of left posterior cerebral artery
I63.433	Cerebral infarction due to embolism of bilateral posterior cerebral arteries
I63.441	Cerebral infarction due to embolism of right cerebellar artery
I63.442	Cerebral infarction due to embolism of left cerebellar artery
I63.443	Cerebral infarction due to embolism of bilateral cerebellar arteries
I63.49	Cerebral infarction due to embolism of other cerebellar artery
I63.6	Cerebral infarction due to cerebral venous thrombosis nonpyogenic
I65.01	Occlusion and stenosis of right vertebral artery

**CLINICAL POLICY WNC.CP.185**  
**VISUAL FIELD TESTING**



<b>ICD-10® Codes</b>	<b>Description</b>
I65.02	Occlusion and stenosis of left vertebral artery
I65.03	Occlusion and stenosis of bilateral vertebral arteries
I65.1	Occlusion and stenosis of basilar artery
I65.21	Occlusion and stenosis of right carotid artery
I65.22	Occlusion and stenosis of left carotid artery
I65.23	Occlusion and stenosis of bilateral carotid arteries
I65.8	Occlusion and stenosis of other precerebral arteries
I66.01	Occlusion and stenosis of right middle cerebral artery
I66.02	Occlusion and stenosis of left middle cerebral artery
I66.03	Occlusion and stenosis of bilateral middle cerebral arteries
I66.11	Occlusion and stenosis of right anterior cerebral artery
I66.12	Occlusion and stenosis of left anterior cerebral artery
I66.13	Occlusion and stenosis of bilateral anterior cerebral arteries
I66.21	Occlusion and stenosis of right posterior cerebral artery
I66.22	Occlusion and stenosis of left posterior cerebral artery
I66.23	Occlusion and stenosis of bilateral posterior cerebral arteries
I66.3	Occlusion and stenosis of cerebellar arteries
I67.1	Cerebral aneurysm, nonruptured
I67.2	Cerebral atherosclerosis
I67.4	Hypertensive encephalopathy
I67.5	Moyamoya disease
I67.6	Nonpyogenic thrombosis of intracranial nervous system
I67.81	Acute cerebrovascular insufficiency
I67.82	Cerebral ischemia
I67.83	Posterior reversible encephalopathy syndrome
I67.841	Reversible cerebrovascular vasoconstriction syndrome
I67.850	Cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy
I68.0	Cerebral amyloid angiopathy
M31.5	Giant cell arteritis with polymyalgia rheumatica
M31.6	Other giant cell arteritis
Q10.0	Congenital ptosis
Q14.0	Congenital malformation of vitreous humor
Q14.1	Congenital malformation of retina
Q14.2	Congenital malformation of optic disc
Q14.3	Congenital malformation of choroid

**CLINICAL POLICY WNC.CP.185**  
**VISUAL FIELD TESTING**



<b>ICD-10® Codes</b>	<b>Description</b>
Q15.0	Congenital glaucoma
Q85.01	Neurofibromatosis, type 1
Q85.03	Schwannomatosis
S04.011A	Injury of optic nerve, right eye, initial encounter
S04.011D	Injury of optic nerve, right eye, subsequent encounter
S04.011S	Injury of optic nerve, right eye, sequela
S04.012A	Injury of optic nerve, left eye, initial encounter
S04.012D	Injury of optic nerve, left eye, subsequent encounter
S04.012S	Injury of optic nerve, left eye, sequela
S04.02XA	Injury of optic chiasm, initial encounter
S04.02XD	Injury of optic chiasm, subsequent encounter
S04.02XS	Injury of optic chiasm, sequela
S04.031A	Injury of optic tract and pathways, right eye, initial encounter
S04.031D	Injury of optic tract and pathways, right eye, subsequent encounter
S04.031S	Injury of optic tract and pathways, right eye, sequela
S04.032A	Injury of optic tract and pathways, left eye, initial encounter
S04.032D	Injury of optic tract and pathways, left eye, subsequent encounter
S04.032S	Injury of optic tract and pathways, left eye, sequela
S04.041A	Injury of visual cortex, right eye, initial encounter
S04.041D	Injury of visual cortex, right eye, subsequent encounter
S04.041S	Injury of visual cortex, right eye, sequela
S04.042A	Injury of visual cortex, left eye, initial encounter
S04.042D	Injury of visual cortex, left eye, subsequent encounter
S04.042S	Injury of visual cortex, left eye, sequela
S04.11XA	Injury of oculomotor nerve right side initial encounter
S04.11XD	Injury of oculomotor nerve right side subsequent encounter
S04.11XS	Injury of oculomotor nerve right side sequela
S04.12XA	Injury of oculomotor nerve left side initial encounter
S04.12XD	Injury of oculomotor nerve left side subsequent encounter
S04.12XS	Injury of oculomotor nerve left side sequela
S05.11XA	Contusion of eyeball and orbital tissues, right eye, initial encounter
S05.11XD	Contusion of eyeball and orbital tissues, right eye, subsequent encounter
S05.11XS	Contusion of eyeball and orbital tissues, right eye, sequela
S05.12XA	Contusion of eyeball and orbital tissues, left eye, initial encounter
S05.12XD	Contusion of eyeball and orbital tissues, left eye, subsequent encounter
S05.12XS	Contusion of eyeball and orbital tissues, left eye, sequela

**CLINICAL POLICY WNC.CP.185**  
**VISUAL FIELD TESTING**



<b>ICD-10® Codes</b>	<b>Description</b>
S06.0X0A	Concussion without loss of consciousness, initial encounter
S06.0X0D	Concussion without loss of consciousness, subsequent encounter
S06.0X0S	Concussion without loss of consciousness, sequela
S06.0X1A	Concussion with loss of consciousness of 30 minutes or less, initial encounter
S06.0X1D	Concussion with loss of consciousness of 30 minutes or less, subsequent encounter
S06.0X1S	Concussion with loss of consciousness of 30 minutes or less, sequela
S06.0X9A	Concussion with loss of consciousness of unspecified duration, initial encounter
S06.0X9D	Concussion with loss of consciousness of unspecified duration, subsequent encounter
S06.0X9S	Concussion with loss of consciousness of unspecified duration, sequela
S06.1X0A	Traumatic cerebral edema without loss of consciousness, initial encounter
S06.1X1A	Traumatic cerebral edema with loss of consciousness of 30 minutes or less, initial encounter
S06.1X2A	Traumatic cerebral edema with loss of consciousness of 31 minutes to 59 minutes, initial encounter
S06.1X3A	Traumatic cerebral edema with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter
S06.1X4A	Traumatic cerebral edema with loss of consciousness of 6 hours to 24 hours, initial encounter
S06.1X5A	Traumatic cerebral edema with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter
S06.1X6A	Traumatic cerebral edema with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter
S06.1X9A	Traumatic cerebral edema with loss of consciousness of unspecified duration, initial encounter
S06.2XAA	Diffuse traumatic brain injury with loss of consciousness status unknown, initial encounter
S06.2X0A	Diffuse traumatic brain injury without loss of consciousness, initial encounter
S06.2X1A	Diffuse traumatic brain injury with loss of consciousness of 30 minutes or less, initial encounter
S06.2X2A	Diffuse traumatic brain injury with loss of consciousness of 31 minutes to 59 minutes, initial encounter
S06.2X3A	Diffuse traumatic brain injury with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter
S06.2X4A	Diffuse traumatic brain injury with loss of consciousness of 6 hours to 24 hours, initial encounter
S06.2X5A	Diffuse traumatic brain injury with loss of consciousness greater than 24 hours with return to pre-existing conscious levels, initial encounter



**CLINICAL POLICY WNC.CP.185**  
**VISUAL FIELD TESTING**



<b>ICD-10® Codes</b>	<b>Description</b>
S06.2X6A	Diffuse traumatic brain injury with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter
S06.2X9A	Diffuse traumatic brain injury with loss of consciousness of unspecified duration, initial encounter
S06.30AA	Unspecified focal traumatic brain injury with loss of consciousness status unknown, initial encounter
S06.300A	Unspecified focal traumatic brain injury without loss of consciousness, initial encounter
S06.301A	Unspecified focal traumatic brain injury with loss of consciousness of 30 minutes or less, initial encounter
S06.302A	Unspecified focal traumatic brain injury with loss of consciousness of 31 minutes to 59 minutes, initial encounter
S06.303A	Unspecified focal traumatic brain injury with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter
S06.304A	Unspecified focal traumatic brain injury with loss of consciousness of 6 hours to 24 hours, initial encounter
S06.305A	Unspecified focal traumatic brain injury with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter
S06.306A	Unspecified focal traumatic brain injury with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter
S06.309A	Unspecified focal traumatic brain injury with loss of consciousness of unspecified duration, initial encounter
S06.31AA	Contusion and laceration of right cerebrum with loss of consciousness status unknown, initial encounter
S06.310A	Contusion and laceration of right cerebrum without loss of consciousness, initial encounter
S06.311A	Contusion and laceration of right cerebrum with loss of consciousness of 30 minutes or less, initial encounter
S06.312A	Contusion and laceration of right cerebrum with loss of consciousness of 31 minutes to 59 minutes, initial encounter
S06.313A	Contusion and laceration of right cerebrum with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter
S06.314A	Contusion and laceration of right cerebrum with loss of consciousness of 6 hours to 24 hours, initial encounter
S06.315A	Contusion and laceration of right cerebrum with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter

**CLINICAL POLICY WNC.CP.185**  
**VISUAL FIELD TESTING**



<b>ICD-10® Codes</b>	<b>Description</b>
S06.316A	Contusion and laceration of right cerebrum with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter
S06.319A	Contusion and laceration of right cerebrum with loss of consciousness of unspecified duration, initial encounter
S06.32AA	Contusion and laceration of left cerebrum with loss of consciousness status unknown, initial encounter
S06.320A	Contusion and laceration of left cerebrum without loss of consciousness, initial encounter
S06.321A	Contusion and laceration of left cerebrum with loss of consciousness of 30 minutes or less, initial encounter
S06.322A	Contusion and laceration of left cerebrum with loss of consciousness of 31 minutes to 59 minutes, initial encounter
S06.323A	Contusion and laceration of left cerebrum with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter
S06.324A	Contusion and laceration of left cerebrum with loss of consciousness of 6 hours to 24 hours, initial encounter
S06.325A	Contusion and laceration of left cerebrum with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter
S06.326A	Contusion and laceration of left cerebrum with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter
S06.329A	Contusion and laceration of left cerebrum with loss of consciousness of unspecified duration, initial encounter
S06.34AA	Traumatic hemorrhage of right cerebrum with loss of consciousness status unknown, initial encounter
S06.340A	Traumatic hemorrhage of right cerebrum without loss of consciousness, initial encounter
S06.341A	Traumatic hemorrhage of right cerebrum with loss of consciousness of 30 minutes or less, initial encounter
S06.342A	Traumatic hemorrhage of right cerebrum with loss of consciousness of 31 minutes to 59 minutes, initial encounter
S06.343A	Traumatic hemorrhage of right cerebrum with loss of consciousness of 1 hours to 5 hours 59 minutes, initial encounter
S06.344A	Traumatic hemorrhage of right cerebrum with loss of consciousness of 6 hours to 24 hours, initial encounter
S06.345A	Traumatic hemorrhage of right cerebrum with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter

**CLINICAL POLICY WNC.CP.185**  
**VISUAL FIELD TESTING**



<b>ICD-10® Codes</b>	<b>Description</b>
S06.346A	Traumatic hemorrhage of right cerebrum with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter
S06.349A	Traumatic hemorrhage of right cerebrum with loss of consciousness of unspecified duration, initial encounter
S06.35AA	Traumatic hemorrhage of left cerebrum with loss of consciousness status unknown, initial encounter
S06.350A	Traumatic hemorrhage of left cerebrum without loss of consciousness, initial encounter
S06.351A	Traumatic hemorrhage of left cerebrum with loss of consciousness of 30 minutes or less, initial encounter
S06.352A	Traumatic hemorrhage of left cerebrum with loss of consciousness of 31 minutes to 59 minutes, initial encounter
S06.353A	Traumatic hemorrhage of left cerebrum with loss of consciousness of 1 hours to 5 hours 59 minutes, initial encounter
S06.354A	Traumatic hemorrhage of left cerebrum with loss of consciousness of 6 hours to 24 hours, initial encounter
S06.355A	Traumatic hemorrhage of left cerebrum with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter
S06.356A	Traumatic hemorrhage of left cerebrum with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter
S06.359A	Traumatic hemorrhage of left cerebrum with loss of consciousness of unspecified duration, initial encounter
S06.37AA	Contusion, laceration, and hemorrhage of cerebellum with loss of consciousness status unknown, initial encounter
S06.370A	Contusion, laceration, and hemorrhage of cerebellum without loss of consciousness, initial encounter
S06.371A	Contusion, laceration, and hemorrhage of cerebellum with loss of consciousness of 30 minutes or less, initial encounter
S06.372A	Contusion, laceration, and hemorrhage of cerebellum with loss of consciousness of 31 minutes to 59 minutes, initial encounter
S06.373A	Contusion, laceration, and hemorrhage of cerebellum with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter
S06.374A	Contusion, laceration, and hemorrhage of cerebellum with loss of consciousness of 6 hours to 24 hours, initial encounter
S06.375A	Contusion, laceration, and hemorrhage of cerebellum with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter

**CLINICAL POLICY WNC.CP.185**  
**VISUAL FIELD TESTING**



<b>ICD-10® Codes</b>	<b>Description</b>
S06.376A	Contusion, laceration, and hemorrhage of cerebellum with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter
S06.379A	Contusion, laceration, and hemorrhage of cerebellum with loss of consciousness of unspecified duration, initial encounter
S06.38AA	Contusion, laceration, and hemorrhage of brainstem with loss of consciousness status unknown, initial encounter
S06.380A	Contusion, laceration, and hemorrhage of brainstem without loss of consciousness, initial encounter
S06.381A	Contusion, laceration, and hemorrhage of brainstem with loss of consciousness of 30 minutes or less, initial encounter
S06.382A	Contusion, laceration, and hemorrhage of brainstem with loss of consciousness of 31 minutes to 59 minutes, initial encounter
S06.383A	Contusion, laceration, and hemorrhage of brainstem with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter
S06.384A	Contusion, laceration, and hemorrhage of brainstem with loss of consciousness of 6 hours to 24 hours, initial encounter
S06.385A	Contusion, laceration, and hemorrhage of brainstem with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter
S06.386A	Contusion, laceration, and hemorrhage of brainstem with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter
S06.389A	Contusion, laceration, and hemorrhage of brainstem with loss of consciousness of unspecified duration, initial encounter
S06.4XAA	Epidural hemorrhage with loss of consciousness status unknown, initial encounter
S06.4X0A	Epidural hemorrhage without loss of consciousness, initial encounter
S06.4X1A	Epidural hemorrhage with loss of consciousness of 30 minutes or less, initial encounter
S06.4X2A	Epidural hemorrhage with loss of consciousness of 31 minutes to 59 minutes, initial encounter
S06.4X3A	Epidural hemorrhage with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter
S06.4X4A	Epidural hemorrhage with loss of consciousness of 6 hours to 24 hours, initial encounter
S06.4X5A	Epidural hemorrhage with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter
S06.4X6A	Epidural hemorrhage with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter
S06.4X9A	Epidural hemorrhage with loss of consciousness of unspecified duration, initial encounter

**CLINICAL POLICY WNC.CP.185**  
**VISUAL FIELD TESTING**



<b>ICD-10® Codes</b>	<b>Description</b>
S06.5XAA	Traumatic subdural hemorrhage with loss of consciousness status unknown, initial encounter
S06.5X0A	Traumatic subdural hemorrhage without loss of consciousness, initial encounter
S06.5X1A	Traumatic subdural hemorrhage with loss of consciousness of 30 minutes or less, initial encounter
S06.5X2A	Traumatic subdural hemorrhage with loss of consciousness of 31 minutes to 59 minutes, initial encounter
S06.5X3A	Traumatic subdural hemorrhage with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter
S06.5X4A	Traumatic subdural hemorrhage with loss of consciousness of 6 hours to 24 hours, initial encounter
S06.5X5A	Traumatic subdural hemorrhage with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter
S06.5X6A	Traumatic subdural hemorrhage with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter
S06.5X9A	Traumatic subdural hemorrhage with loss of consciousness of unspecified duration, initial encounter
S06.6XAA	Traumatic subarachnoid hemorrhage with loss of consciousness status unknown, initial encounter
S06.6X0A	Traumatic subarachnoid hemorrhage without loss of consciousness, initial encounter
S06.6X1A	Traumatic subarachnoid hemorrhage with loss of consciousness of 30 minutes or less, initial encounter
S06.6X2A	Traumatic subarachnoid hemorrhage with loss of consciousness of 31 minutes to 59 minutes, initial encounter
S06.6X3A	Traumatic subarachnoid hemorrhage with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter
S06.6X4A	Traumatic subarachnoid hemorrhage with loss of consciousness of 6 hours to 24 hours, initial encounter
S06.6X5A	Traumatic subarachnoid hemorrhage with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter
S06.6X6A	Traumatic subarachnoid hemorrhage with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter
S06.6X9A	Traumatic subarachnoid hemorrhage with loss of consciousness of unspecified duration, initial encounter
S06.81AA	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness status unknown, initial encounter

**CLINICAL POLICY WNC.CP.185**  
**VISUAL FIELD TESTING**



<b>ICD-10® Codes</b>	<b>Description</b>
S06.810A	Injury of right internal carotid artery, intracranial portion, not elsewhere classified without loss of consciousness, initial encounter
S06.811A	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of 30 minutes or less, initial encounter
S06.812A	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of 31 minutes to 59 minutes, initial encounter
S06.813A	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter
S06.814A	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of 6 hours to 24 hours, initial encounter
S06.815A	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter
S06.816A	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter
S06.819A	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of unspecified duration, initial encounter
S06.82AA	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness status unknown, initial encounter
S06.820A	Injury of left internal carotid artery, intracranial portion, not elsewhere classified without loss of consciousness, initial encounter
S06.821A	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of 30 minutes or less, initial encounter
S06.822A	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of 31 minutes to 59 minutes, initial encounter
S06.823A	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter
S06.824A	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of 6 hours to 24 hours, initial encounter
S06.825A	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter
S06.826A	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter
S06.829A	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of unspecified duration, initial encounter

**CLINICAL POLICY WNC.CP.185**  
**VISUAL FIELD TESTING**



ICD-10® Codes	Description
T37.2X5A	Adverse effect of antimalarials and drugs acting on other blood protozoa, initial encounter
T37.2X5D	Adverse effect of antimalarials and drugs acting on other blood protozoa, subsequent encounter
T37.2X5S	Adverse effect of antimalarials and drugs acting on other blood protozoa, sequela encounter
Z03.89 <sup>1</sup>	Encounter for observation for other suspected diseases and conditions ruled out
Z04.71	Encounter for examination and observation following alleged adult physical abuse
Z04.72	Encounter for examination and observation following alleged child physical abuse
Z09 <sup>2</sup>	Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm
Z79.899 <sup>2</sup>	Other long term (current) drug therapy

<sup>1</sup> Use Z03.89 only when testing is necessary for baseline prior to initiation of high-risk medication.

<sup>2</sup> Must be used in conjunction with the appropriate systemic disease.

Reviews, Revisions, and Approvals	Reviewed Date	Approval Date
Original approval date	03/21	06/21
Reviewed CPT and ICD-10-CM codes.	10/21	11/21
Annual Review; Updated References; Updated ICD-10 codes to include traumatic brain injuries, hypotony, corneal opacities and lagophthalmos.	11/22	11/22
NCHC verbiage removed from NC Guidance Verbiage.	04/23	04/23
Annual Review; Reviewed CPT and ICD-10-CM codes.	08/23	08/23
Annual Review. Removed HCPCS code table. Reviewed CPT and ICD-10-CM codes. Added ICD-10 codes for sickle cell retinopathy and chronic migraine with aura including G43.E09-E19 H36.811-13 H36.821-23 Added S06.2XAA S06.30AA S06.31AA S06.32AA S06.34AA S06.35AA S06.37AA S06.38AA S06.4XAA S06.5XAA S06.6XAA S06.81AA S06.82AA.	08/24	08/24

## References

1. Maria F Delgado, et al. Automated perimetry: a report by the American Academy of Ophthalmology, American Academy of Ophthalmology. Ophthalmic Technology



- Assessment Committee 2001-2002 Glaucoma Panel. December 2002. Volume 109, Issue 12, P2362-2374.
2. Visual Field Test Basic Level, Mayfield Clinic and Spine Institute, ©Mayfield Clinic 2010, Updated April 2018. Accessed July 2020: <https://www.mayfieldclinic.com/pe-visualfieldtest.htm>
  3. Henry. D. Jampel, MD, MHS, et al. Assessment of Visual Function in Glaucoma: A report by the American Academy of Ophthalmology. May 1, 2011. Ophthalmic Technology Assessment, Volume 118, Issue 5, P986-1002.
  4. “A History of Perimetry and Visual Field Testing,” Johnson, Chris A.; Wall, Michael; Thompson, H. Stanley, Optometry and Vision Science: January 2011 – Volume 88 – Issue 1 – pp E8 – E15
  5. American Academy of Ophthalmology, Preferred Practice Pattern® Guidelines, Primary Angle-Closure Disease, San Francisco, CA, American Academy of Ophthalmology, 2020, <https://www.aao.org/preferred-practice-pattern/primary-angle-closure-disease-ppp>
  6. American Academy of Ophthalmology, Preferred Practice Pattern® Guidelines, Primary Open-Angle Glaucoma, San Francisco, CA, American Academy of Ophthalmology, 2020, <https://www.aao.org/preferred-practice-pattern/primary-open-angle-glaucoma-ppp>
  7. American Academy of Ophthalmology, Preferred Practice Pattern® Guidelines, Primary Open-Angle Glaucoma Suspect, San Francisco, CA, American Academy of Ophthalmology, 2020, <https://www.aao.org/preferred-practice-pattern/primary-open-angle-glaucoma-suspect-ppp>

### **North Carolina Guidance**

#### *Eligibility Requirements*

- a. An eligible beneficiary shall be enrolled in the NC Medicaid Program (Medicaid is NC Medicaid program, unless context clearly indicates otherwise);
- b. Provider(s) shall verify each Medicaid beneficiary’s eligibility each time a service is rendered.
- c. The Medicaid beneficiary may have service restrictions due to their eligibility category that would make them ineligible for this service.

#### *EPSDT Special Provision: Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age*

- a. 42 U.S.C. § 1396d(r) [1905(r) of the Social Security Act]  
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that requires the state Medicaid agency to cover services, products, or procedures for Medicaid beneficiary under 21 years of age if the service is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening examination (includes any evaluation by a physician or other licensed practitioner).

This means EPSDT covers most of the medical or remedial care a child needs to improve or maintain his or her health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

Medically necessary services will be provided in the most economic mode, as long as the treatment made available is similarly efficacious to the service requested by the beneficiary's physician, therapist, or other licensed practitioner; the determination process does not delay the delivery of the needed service; and the determination does not limit the beneficiary's right to a free choice of providers.

EPSDT does not require the state Medicaid agency to provide any service, product or procedure:

1. that is unsafe, ineffective, or experimental or investigational.
2. that is not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

Service limitations on scope, amount, duration, frequency, location of service, and other specific criteria described in clinical coverage policies may be exceeded or may not apply as long as the provider's documentation shows that the requested service is medically necessary "to correct or ameliorate a defect, physical or mental illness, or a condition" [health problem]; that is, provider documentation shows how the service, product, or procedure meets all EPSDT criteria, including to correct or improve or maintain the beneficiary's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

#### **EPSDT and Prior Approval Requirements**

1. If the service, product, or procedure requires prior approval, the fact that the beneficiary is under 21 years of age does NOT eliminate the requirement for prior approval.
2. **IMPORTANT ADDITIONAL INFORMATION** about EPSDT and prior approval is found in the *NCTracks Provider Claims and Billing Assistance Guide*, and on the EPSDT provider page. The Web addresses are specified below:

*NCTracks Provider Claims and Billing Assistance Guide:*

<https://www.nctracks.nc.gov/content/public/providers/provider-manuals.html>

*EPSDT provider page:* <https://medicaid.ncdhhs.gov/>

#### *Provider(s) Eligible to Bill for the Procedure, Product, or Service*

To be eligible to bill for the procedure, product, or service related to this policy, the provider(s) shall:

- a. meet Medicaid qualifications for participation;
- b. have a current and signed Department of Health and Human Services (DHHS) Provider Administrative Participation Agreement; 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.

#### *Compliance*

**CLINICAL POLICY WNC.CP.185**  
**VISUAL FIELD TESTING**



Provider(s) shall comply with the following in effect at the time the service is rendered:

- a. All applicable agreements, federal, state and local laws and regulations including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements; and
- b. All NC Medicaid's clinical (medical) coverage policies, guidelines, policies, provider manuals, implementation updates, and bulletins published by the Centers for Medicare and Medicaid Services (CMS), DHHS, DHHS division(s) or fiscal contractor(s).

*Claims-Related Information*

Provider(s) shall comply with the NC Tracks Provider Claims and Billing Assistance Guide, Medicaid bulletins, fee schedules, NC Medicaid's clinical coverage policies and any other relevant documents for specific coverage and reimbursement for Medicaid:

- a. Claim Type - as applicable to the service provided:  
Professional (CMS-1500/837P transaction)  
Institutional (UB-04/837I transaction)  
Unless directed otherwise, Institutional Claims must be billed according to the National Uniform Billing Guidelines. All claims must comply with National Coding Guidelines.
- b. International Classification of Diseases and Related Health Problems, Tenth Revisions, Clinical Modification (ICD-10-CM) and Procedural Coding System (PCS) - Provider(s) shall report the ICD-10-CM and Procedural Coding System (PCS) to the highest level of specificity that supports medical necessity. Provider(s) shall use the current ICD-10 edition and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for code description, as it is no longer documented in the policy.
- c. Code(s) - Provider(s) shall report the most specific billing code that accurately and completely describes the procedure, product or service provided. Provider(s) shall use the Current Procedural Terminology (CPT), Health Care Procedure Coding System (HCPCS), and UB-04 Data Specifications Manual (for a complete listing of valid revenue codes) and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for the code description, as it is no longer documented in the policy. If no such specific CPT or HCPCS code exists, then the provider(s) shall report the procedure, product or service using the appropriate unlisted procedure or service code.

*Unlisted Procedure or Service*

CPT: The provider(s) shall refer to and comply with the Instructions for Use of the CPT Codebook, Unlisted Procedure or Service, and Special Report as documented in the current CPT in effect at the time of service.

HCPCS: The provider(s) shall refer to and comply with the Instructions For Use of HCPCS National Level II codes, Unlisted Procedure or Service and Special Report as documented in the current HCPCS edition in effect at the time of service

- d. Modifiers - Providers shall follow applicable modifier guidelines.
- e. Billing Units - Provider(s) shall report the appropriate code(s) used which determines the billing unit(s).
- f. Co-payments -  
For Medicaid refer to Medicaid State Plan:  
<https://medicaid.ncdhhs.gov/get-involved/nc-health-choice-state-plan>

- g. Reimbursement - Provider(s) shall bill their usual and customary charges. For a schedule of rates, refer to: <https://medicaid.ncdhhs.gov/>.

**Important Reminder**

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

**CLINICAL POLICY WNC.CP.185**  
**VISUAL FIELD TESTING**



This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members/enrollees and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

©2018 Centene Corporation. All rights reserved. All materials are exclusively owned by Centene Corporation and are protected by United States copyright law and international copyright law. No part of this publication may be reproduced, copied, modified, distributed, displayed, stored in a retrieval system, transmitted in any form or by any means, or otherwise published without the prior written permission of Centene Corporation. You may not alter or remove any trademark, copyright or other notice contained herein. Centene® and Centene Corporation® are registered trademarks exclusively owned by Centene Corporation.