


MEDICAL POLICY – 9.03.512

Visual Evoked Response Test

Ref. Policy: MP-049		RELATED MEDICAL POLICIES: None
Effective Date:	Apr. 1, 2025	
Last Revised:	Mar. 24, 2025	
Replaces:	N/A	

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Introduction

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

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

Policy Coverage Criteria

Service	Medical Necessity
Visually evoked response (VER) testing	Visually evoked response (VER) testing may be considered medically necessary when prescribed by Ophthalmologists and Neurologists for the following indications:

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

Coding

Code	Description
CPT	
95930	Visual evoked potential (VEP) checkerboard or flash testing, central nervous system except glaucoma, with interpretation and report
ICD-10 Codes Covered if Selection Criteria are Met:	
A39.82	Meningococcal retrobulbar neuritis
B00.4	Herpesviral encephalitis
B05.0	Measles complicated by encephalitis
B06.01	Rubella encephalitis
B10.01	Human herpesvirus 6 encephalitis
B10.09	Other human herpesvirus encephalitis
A52.11-A52.7	Neurosyphilis
A69.20-A69.29	Lyme disease, other conditions associated with Lyme disease
A83.0-A86	Unspecified viral encephalitis



Code	Description
C70.0-C72.59	Malignant neoplasms of brain and other parts of central nervous system
C79.31-C79.49	Secondary malignant neoplasm of brain, cerebral meninges, and other parts of nervous system
D32.0-D33.9	Benign neoplasm of meninges, brain, and other parts of nervous system
D42.0-D44.9	Neoplasms of uncertain behavior of meninges, brain, central nervous system, and endocrine glands
D49.6	Neoplasm of unspecified behavior of brain
E03.5	Myxedema coma
F44.4-F44.9	Conversion disorders
G06.0	Intracranial abscess and granuloma
G06.1	Intraspinal abscess and granuloma
G11.0-G11.9	Hereditary ataxia
G23.0-G23.9	Other degenerative diseases of basal ganglia
G35	Multiple sclerosis
G36.0-G37.9	Other demyelinating disease of central nervous system
G45.0-G45.9	Transient cerebral ischemic attacks and related symptoms
G50.0-G59	Nerve, nerve root, and plexus disorders
G60.9	Hereditary and idiopathic neuropathy, unspecified
G63	Polyneuropathy in diseases classified elsewhere
G70.00	Myasthenia gravis without (acute) exacerbation
G80.0-G80.9	Cerebral palsy
G81.00	Flaccid hemiplegia, unspecified side
G81.90-G81.94	Hemiplegia and hemiparesis
G90.3	Multi-system degeneration of the autonomic nervous system
G93.1	Anoxic brain damage, not elsewhere classified
G93.2	Benign intracranial hypertension
G93.5	Compression of brain



Code	Description
G93.6	Cerebral edema
H40.001-H42	Glaucoma
H46.00-H47.9	Optic neuritis and other disorders of optic (2nd) nerve and visual pathways
H53.001-H53.9	Visual disturbances
H54.0-H54.8	Blindness and low vision
H81.01-H82.9	Disorders of vestibular function and vertiginous syndromes in diseases classified elsewhere
H90.0-H94.83	Other disorders of ear
I60.00-I69.998	Cerebrovascular diseases
Q75.0-Q75.9	Other congenital malformations of skull and face bones
R26.0-R29.91	Abnormalities of gait and mobility, lack of coordination, and other symptoms and signs involving the nervous and musculoskeletal systems
R40.0-R40.4	Somnolence, stupor, and coma
R42	Dizziness and giddiness
R47.01	Aphasia
R94.0-R94.138	Abnormal results of function tests central/peripheral nervous systems and senses
S04.011A-S04.019A	Injury of optic nerve
S04.011S-S04.9XXS	Injury of cranial nerve
S06.0x9A	Concussion with loss of consciousness of unspecified duration, initial encounter
S06.330A	Contusion and laceration of cerebrum, unspecified, with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter
S14.0XXA-S14.9XXS	Injury of nerves and spinal cord at neck level
S34.114S	Complete lesion of L4 level of lumbar spinal cord
S44.00XA- S44.92XS	Injury of nerves at shoulder and upper arm level
S84.00XA-S84.92XS	Injury of nerves at lower leg level

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Related Information

Limitations

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

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

References

1. Baiano, C., & Zeppieri, M. (2023, May 11). Visual Evoked Potential [Updated 2023 May 11]. Stat Pearls Publishing. <https://www.ncbi.nlm.nih.gov/books/NBK582128/>. Accessed February 25, 2025
2. Calugaru, L., Calugaru, G. T., & Calugaru, O. M. (n.d.). Evoked Potentials in Multiple Sclerosis Diagnosis and Management. Current Health Sciences Journal, 42(4), 385–389. <https://doi.org/10.12865/CHSJ.42.04.08>. Accessed February 25, 2025.

History

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



Date	Comments
04/01/24	Annual Review, approved March 25, 2024. No changes to policy statement, references updated.
04/01/25	Annual Review, approved March 24, 2025. No changes to policy statement, references updated.

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2025 Premera All Rights Reserved.

Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy only applies to Individual Plans.

