

## Care N' Care Insurance Company of North Carolina, Inc. Policy

<b>Medical Policy</b> Visual Field Assessment			
<b>Department Responsible</b> Utilization Management	<b>Policy Code</b> 9.70	<b>Effective Date</b> 2/15/2019	<b>Next Review Date</b> 06/2025
<b>Title of Person Responsible</b> Medical Director	<b>Approval Council</b> CNC-NC Medical Management Committee		<b>Approved Date</b> 11/11/2020

**PURPOSE**

This policy should be used to support Care N' Care Insurance Company of North Carolina's, Inc. ("CNC-NC") medical necessity coverage guidelines, including documentation requirements for FORSEE Home Monitoring System (Notal Vision) for use in patients with intermediate age-related macular degeneration with BCVA equal to or better than > 20/60 in one or both eyes. CNC-NC follows medical guidelines such as the national coverage determinations, local coverage determinations, and other manuals for the purpose of determining coverage. This guideline is not a replacement for medical source materials but meant to provide health plan applications of such in light of no current National Coverage Determination (NCD) or a proposed Local Coverage Determination (LCD) for codes 0378T and 0379T.

**DEFINITIONS, INITIALS, ACONYMS**

**AMD** – Age related macular degeneration

**BCVA** – Best corrected visual acuity

**NCD** – CMS national coverage determination criteria

**LCD** – CMS local coverage determination criteria

**0378T** – Visual field assessment code, with concurrent real time data analysis and accessible data storage with patient-initiated data transmitted to a remote surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional.

**0379T** – Visual field assessment code, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; technical support and patient instructions, surveillance, analysis, and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional.

**POLICY**

**OVERVIEW**

Visual Field Assessments were initially Category III codes under LCD L34555 (temporary code) and were removed from the temporary code list as of 10/9/2015. CMS than had moved forward with LCD L37814 with a notice period of 3/21/2019 – 5/5/2019 with a planned original effective date of 5/6/2019. CMS than revised and retired this LCD all on the same date of 5/6/2019. There is no current active LCD. CMS did not modify L34555 Non-Covered Category III CPT codes to include 0378T or 0379T. CMS is silent on these 2 codes and as such, the health plan policy is in effect.

## **GUIDELINES**

As there is no current applicable NCD or LCD the following CNC-NC Health Plan guidelines will be utilized to determine medical necessity.

### Coverage Criteria:

1. The member must have dry age-related macular degeneration (AMD) at high risk of progression to choroidal neovascularization.
2. BCVA (Best Corrected Visual Acuity) equal to or better 20/60
3. The member must be able and willing to use internet-based technology in their home regularly.
4. Continuing coverage will depend upon receipt for a report from Notal Vision showing the member accessed/utilized the technology at least three times each month, reportable quarterly to HTA.

### Exclusion Criteria:

1. The member has evidence of macular or retinal disorders other than AMD in the involved eye (s).
2. The member has had previous ocular or retinal procedures that complicate assessment of the progression of AMD.
3. The member has had cataract surgery within 1 month (must wait until at least >1 month to initiate.)
4. BCVA is worse than the 20/60 in the affected eye(s).

## **CODES**

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
0378T	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient-initiated data transmitted to a remote surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional
0379T	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; technical support and patient instructions, surveillance, analysis, and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional.

## **RESPONIBILITIES**

The CNC-NC Utilization Management Department has day-to-day responsibility for the operationalization policy and procedures associated with organization determinations for non-emergent out-of-network services, and to ensure that the policy is consistently applied in a uniform manner.

The CNC-NC Medical Management and Quality Council is responsible to ensure that appropriate medical management and quality standards are established and adhered to promote effective and compliant member care.

The CNC-NC Board of Directors have overarching responsibility for review and approval of this policy, and it complies with all applicable federal and state laws, regulations and sub-regulatory guidance.

**REFERENCES**

Medicare Managed Care Manual 1/1/2020 Parts C and D Enrollee Grievances, Organization / Coverage Determinations and Appeals Guidance

CMS Local Coverage Determination L34555 and DL37813

Detection and Measurement of Clinically Meaningful Visual Field Progression in Clinical Trials for Glaucoma, De Moraes, CG et al, Prog Retin Eye Res. 2017, January; 56: 107-147

**PREVIOUS REVISION/REVIEW DATES**

Date	Reviewed	Revised	Notes
06/12/2019	X	N/A	No changes were made
11/11/2020	X	X	Clarifications made to reference the initial planed date of implementation of LCD L37814 5/6/2019 with the immediate retirement date of 5/6/2019. Health plan policy also revised to reflect 70% compliance rate from previous 75% use documented compliance.
02/12/2021	X	X	Modified HTA to CNC
06/09/2021	X		Annual review no changes made
03/09/2022	X	X	Frequency of member testing compliance reduced from 70% to 50%. Approved at 3/9/2022 Medical Management Meeting
06/30/2023	X	X	Reduce frequency of member testing compliance from 50% to three times per month. Update person responsible to Medical Director as VP of UM position no longer exists.
10/16/2024	x		Annual review and renewal by the Medical Management and Quality Council. No changes were made.

