



Visual Evoked Potential (VEP) Coding and Reimbursement Guide *Physician Office*

Provided courtesy of LKC Technologies, Inc.
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REIMBURSEMENT CODES AND BILLING PRACTICES CHANGE OVER TIME.
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Disclaimer

Procedure coding should be based upon medical necessity and procedures and supplies provided to the patient. Coding and reimbursement information is provided for educational purposes and does not assure coverage of the specific item or service in a given case. LKC Technologies and The Pinnacle Health Group make no guarantee of coverage or reimbursement of fees. Contact your local Medicare Administrative Contractor (MAC) or CMS for specific information as payment rates listed are subject to change and will vary by payer and region. To the extent that you submit cost information to Medicare, Medicaid or any other reimbursement program to support claims for services or items, you are obligated to accurately report the actual price paid for such items, including any subsequent adjustments. CPT five-digit numeric codes, descriptions, and numeric modifiers only are Copyright AMA. All rights reserved.

VEP Coding Overview

VEP testing measures the electrical activity of the brain in response to a visual stimulus. The RETeval[®] uses a flash stimulus for VEP testing. The provider performs this test when the patient is experiencing changes in vision that could be due to problems along the visual pathway.

Category III CPT Code 0333T was created in 2014 to report a limited visual acuity screening to assess the vision of infants and young children when a developmental problem has been noted by a pediatrician, pediatric ophthalmologist, or pediatric neurologist. The goal is to diagnose and treat the pediatric patient before permanent impairment occurs. There is normally little, or no interpretation required because the screening is performed using an automated instrument-based algorithm that provides a pass or fail result.

In 2018, the AMA removed glaucoma from the CPT descriptor for 95930 and added Category III CPT code 0464T to report VEP testing for glaucoma.

Physician Coding and Reimbursement

CPT	Descriptor	MPFS
		Non-Facility
95930	VEP checkerboard or flash testing, central nervous system except glaucoma, with interpretation and report	\$67
0333T	VEP, screening of visual acuity, automated, with report	Contractor Priced
0464T	VEP, testing for glaucoma, with interpretation and report	Contractor Priced

Notes:

- Do not report 95930 with 0333T or 0464T.
- Do not report 0333T and 0464T together.

Diagnosis Coding

The letter “X” indicates that a more specific descriptor may exist; providers should code to the highest specificity possible.

ICD-10-CM	Descriptor
CPT 95930	
C72.3	Malignant neoplasm of optic nerve
E08.40	Diabetes mellitus due to underlying condition with diabetic neuropathy, unspecified
E08.42	Diabetes mellitus due to underlying condition with diabetic polyneuropathy
E09.40	Drug or chemical induced diabetes mellitus with neurological complications with diabetic neuropathy, unspecified
E09.42	Drug or chemical induced diabetes mellitus with neurological complications with diabetic polyneuropathy
E10.40	Type 1 diabetes mellitus with diabetic neuropathy, unspecified
E10.42	Type 1 diabetes mellitus with diabetic polyneuropathy

ICD-10-CM	Descriptor
E11.40	Type 2 diabetes mellitus with diabetic neuropathy, unspecified
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy
E13.40	Other specified 2 diabetes mellitus with diabetic neuropathy, unspecified
E13.42	Other specified diabetes mellitus with diabetic polyneuropathy
G35	Multiple sclerosis
H46.10	Retrobulbar neuritis, unspecified eye
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
H46.8	Other optic neuritis
H46.9	Unspecified optic neuritis
H53.001	Unspecified amblyopia, right eye
H53.002	Unspecified amblyopia, left eye
H53.003	Unspecified amblyopia, bilateral eye
H53.009	Unspecified amblyopia, unspecified
H53.041	Amblyopia suspect, right eye
H53.042	Amblyopia suspect, left eye
H53.043	Amblyopia suspect, bilateral eye
H53.049	Amblyopia suspect, unspecified eye
CPT 0333T	
E08.311	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema
E08.319	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy without macular edema
E08.36	Diabetes mellitus due to underlying condition with diabetic cataract
E08.39	Diabetes mellitus due to underlying condition with other diabetic ophthalmic complication
H18.01XX	Anterior corneal pigmentations
H18.03XX	Corneal deposits in metabolic disorder
H18.04XX	Keyser-Fleischer ring
H40.0XX	Glaucoma suspect
H40.1XXX	Open-angle glaucoma
H40.2XXX	Primary angle-closure glaucoma
H40.3XXX	Glaucoma secondary to eye trauma
H40.4XXX	Glaucoma secondary to eye inflammation
H40.5XXX	Glaucoma secondary to other eye disorders
H40.6XXX	Glaucoma secondary to drugs
H40.82X	Hypersecretion glaucoma
H40.83X	Aqueous misdirection
H40.89	Other specified glaucoma
H40.9	Unspecified glaucoma
H46.XX	Optic papillitis
H47.0XX	Disorders of the optic nerve, not elsewhere classified

ICD-10-CM	Descriptor
H47.1X	Papilledema
H47.22	Hereditary optic atrophy
H47.3XX	Other disorders of optic disc
H53.04X	Amblyopia suspect
H53.1XX	Unspecified subjective visual disturbances
H53.14X	Visual discomfort
H53.2	Diplopia
H53.40	Unspecified visual field defects
H53.41X	Scotoma involving central area
H53.8	Other visual disturbances
H53.9	Unspecified visual disturbance
H54.3	Unqualified visual loss, both eyes
H54.6XX	Unqualified visual loss, one eye
H54.7	Unspecified visual loss
H55.03	Visual deprivation nystagmus
R44.1	Visual hallucinations
R48.3	Visual agnosia
R91124	Abnormal visually evoked potential [VEP]
S05.04XX	Injury of visual cortex
CPT 0464T	
B73.02	Onchocerciasis with glaucoma
H26.23X	Glaucomatous flecks (subcapsular)
H40.00X	Preglaucoma, unspecified
H40.01X	Open angle with borderline findings, low risk
H40.02X	Open angle with borderline findings, high risk
H40.03X	Anatomical narrow angle
H40.04X	Steroid responder
H40.06X	Primary angle closure without glaucoma damage
H40.1XXX	Open-angle glaucoma
H40.2XX	Primary angle-closure glaucoma
H40.3XXX	Glaucoma secondary to eye trauma
H40.4XXX	Glaucoma secondary to eye inflammation
H40.5XXX	Glaucoma secondary to other eye disorders
H40.6XXX	Glaucoma secondary to drugs
H40.8XX	Other glaucoma
H40.89	Other specified glaucoma
H40.9	Unspecified glaucoma
H42	Glaucoma in disease classified elsewhere
H44.51X	Absolute glaucoma,
H47.23X	Glaucomatous optic atrophy
H53.14X	Visual discomfort
H53.2	Diplopia
H53.40	Unspecified visual field defects
H57.89	Other specified disorders of eye and adnexa
Q15.0	Congenital glaucoma

ICD-10-CM	Descriptor
Z83.511	Family history of glaucoma

2024 Geographic Adjusted MPFS for CPT 95930 in the Office Setting

*Medicare Physician Fee Schedule

MAC	Locality	State	Locality Name	Payment
10112	AL	00	ALABAMA	\$59.51
02102	AK	01	ALASKA*	\$77.24
03102	AZ	00	ARIZONA	\$65.55
07102	AR	13	ARKANSAS	\$58.71
01112	CA	54	BAKERSFIELD	\$72.32
01112	CA	55	CHICO	\$72.22
01182	CA	71	EL CENTRO	\$72.23
01112	CA	56	FRESNO	\$72.22
01112	CA	57	HANFORD-CORCORAN	\$72.22
01182	CA	18	LOS ANGELES-LONG BEACH-ANAHEIM (LOS ANGELES/ORANGE CNTY)	\$78.18
01112	CA	58	MADERA	\$72.22
01112	CA	59	MERCED	\$72.22
01112	CA	60	MODESTO	\$72.22
01112	CA	51	NAPA	\$84.62
01182	CA	17	OXNARD-THOUSAND OAKS-VENTURA	\$77.36
01112	CA	61	REDDING	\$72.22
01112	CA	62	RIVERSIDE-SAN BERNARDINO-ONTARIO	\$72.44
01112	CA	63	SACRAMENTO-ROSEVILLE-FOLSOM	\$75.91
01112	CA	64	SALINAS	\$76.42
01182	CA	72	SAN DIEGO-CHULA VISTA-CARLSBAD	\$77.77
01112	CA	05	SAN FRANCISCO-OAKLAND-BERKELEY (SAN FRANCISCO/SAN MATEO/ALAMEDA/CONTRA COSTA CNTY)	\$90.91
01112	CA	52	SAN FRANCISCO-OAKLAND-BERKELEY (MARIN CNTY)	\$90.93
01112	CA	65	SAN JOSE-SUNNYVALE-SANTA CLARA (SAN BENITO CNTY)	\$92.00
01182	CA	73	SAN LUIS OBISPO-PASO ROBLES	\$74.36
01112	CA	09	SAN JOSE-SUNNYVALE-SANTA CLARA (SANTA CLARA CNTY)	\$91.91
01112	CA	66	SANTA CRUZ-WATSONVILLE	\$78.63
01182	CA	74	SANTA MARIA-SANTA BARBARA	\$76.82
01112	CA	67	SANTA ROSA-PETALUMA	\$80.00
01112	CA	68	STOCKTON	\$72.22
01112	CA	53	VALLEJO	\$84.59
01112	CA	69	VISALIA	\$72.22
01112	CA	70	YUBA CITY	\$72.22
01112	CA	75	REST OF CALIFORNIA	\$72.22

MAC	Locality	State	Locality Name	Payment
04112	CO	01	COLORADO	\$70.13
13102	CT	00	CONNECTICUT	\$72.63
12202	DC	01	DC + MD/VA SUBURBS	\$78.56
12102	DE	01	DELAWARE	\$66.87
09102	FL	03	FORT LAUDERDALE	\$67.40
09102	FL	04	MIAMI	\$69.54
09102	FL	99	REST OF FLORIDA	\$63.90
10212	GA	01	ATLANTA	\$67.13
10212	GA	99	REST OF GEORGIA	\$60.52
01212	HI	01	HAWAII, GUAM	\$75.09
02202	ID	00	IDAHO	\$61.33
06102	IL	16	CHICAGO	\$69.26
06102	IL	12	EAST ST. LOUIS	\$63.03
06102	IL	15	SUBURBAN CHICAGO	\$70.33
06102	IL	99	REST OF ILLINOIS	\$62.33
08102	IN	00	INDIANA	\$62.30
05102	IA	00	IOWA	\$61.73
05202	KS	00	KANSAS	\$61.36
15102	KY	00	KENTUCKY	\$59.97
07202	LA	01	NEW ORLEANS	\$63.51
07202	LA	99	REST OF LOUISIANA	\$60.30
14112	ME	03	SOUTHERN MAINE	\$67.43
14112	ME	99	REST OF MAINE	\$61.80
12302	MD	01	BALTIMORE/SURR. CNTYS	\$71.96
12302	MD	99	REST OF MARYLAND	\$68.24
14212	MA	01	METROPOLITAN BOSTON	\$78.48
14212	MA	99	REST OF MASSACHUSETTS	\$70.65
08202	MI	01	DETROIT	\$66.98
08202	MI	99	REST OF MICHIGAN	\$62.18
06202	MN	00	MINNESOTA	\$68.10
07302	MS	00	MISSISSIPPI	\$58.37
05302	MO	02	METROPOLITAN KANSAS CITY	\$64.18
05302	MO	01	METROPOLITAN ST. LOUIS	\$64.39
05302	MO	99	REST OF MISSOURI	\$58.97
03202	MT	01	MONTANA**	\$66.80
05402	NE	00	NEBRASKA	\$61.88
01312	NV	00	NEVADA**	\$67.00
14312	NH	40	NEW HAMPSHIRE	\$68.96
12402	NJ	01	NORTHERN NJ	\$77.45
12402	NJ	99	REST OF NEW JERSEY	\$73.60
04212	NM	05	NEW MEXICO	\$62.01
13202	NY	01	MANHATTAN	\$77.55
13202	NY	02	NYC SUBURBS/LONG ISLAND	\$79.59
13202	NY	03	POUGHKEEPSIE/N NYC SUBURBS	\$73.78
13292	NY	04	QUEENS	\$79.02

MAC	Locality	State	Locality Name	Payment
13282	NY	99	REST OF NEW YORK	\$64.16
11502	NC	00	NORTH CAROLINA	\$62.76
03302	ND	01	NORTH DAKOTA**	\$66.67
15202	OH	00	OHIO	\$62.18
04312	OK	00	OKLAHOMA	\$60.72
02302	OR	01	PORTLAND	\$72.84
02302	OR	99	REST OF OREGON	\$65.98
12502	PA	01	METROPOLITAN PHILADELPHIA	\$70.55
12502	PA	99	REST OF PENNSYLVANIA	\$63.04
09202	PR	20	PUERTO RICO	\$67.59
14412	RI	01	RHODE ISLAND	\$69.57
11202	SC	01	SOUTH CAROLINA	\$62.01
03402	SD	02	SOUTH DAKOTA**	\$66.53
10312	TN	35	TENNESSEE	\$60.81
04412	TX	31	AUSTIN	\$69.69
04412	TX	20	BEAUMONT	\$61.70
04412	TX	09	BRAZORIA	\$67.60
04412	TX	11	DALLAS	\$67.67
04412	TX	28	FORT WORTH	\$67.19
04412	TX	15	GALVESTON	\$67.31
04412	TX	18	HOUSTON	\$67.84
04412	TX	99	REST OF TEXAS	\$64.01
03502	UT	09	UTAH	\$63.07
14512	VT	50	VERMONT	\$66.22
11302	VA	00	VIRGINIA	\$66.22
09202	VI	50	VIRGIN ISLANDS	\$67.59
02402	WA	02	SEATTLE (KING CNTY)	\$79.73
02402	WA	99	REST OF WASHINGTON	\$69.39
11402	WV	16	WEST VIRGINIA	\$59.43
06302	WI	00	WISCONSIN	\$64.26
03602	WY	21	WYOMING**	\$66.76
10112	AL	00	ALABAMA	\$59.51
02102	AK	01	ALASKA*	\$77.24
03102	AZ	00	ARIZONA	\$65.55

MAC Assignments as of November 22, 2023

*Work GPCI reflects a 1.5 floor in Alaska established by the MIPPA.

**PE GPCI reflects a 1.0 floor for frontier states established by the ACA.

Search the current [CMS Physician Fee Schedule](#).

Medicare Coverage VEP

MAC	LCD*†	Coding & Billing Article†	95930	0333T	0464T
CGS	No LCD	No Article	Silent	OPPS = NC Office = Silent	Silent
FCSO	No LCD	No Article	Silent	OPPS = NC Office = Silent	Silent
NGS	L36831 Visual Electrophysiology Testing	A57060 Visual Electrophysiology Testing	Covered	Not Covered	Not Covered
Noridian	No LCD	No Article	Silent	OPPS = NC Office = Silent	Silent
Novitas	L34975 Neurophysiology Evoked Potentials	A56773 Neurophysiology Evoked Potentials	Covered	OPPS = NC Office = Silent	Silent
Palmetto	No LCD	No Article	Silent	OPPS = NC Office = Silent	Silent
WPS	L37015 Visual Electrophysiology Testing	A57599 Visual Electrophysiology Testing	Covered	Not Covered	Not Covered

*If there is no LCD, no written policy exists regarding VEP coverage is considered to be "Silent." Coverage will be determined on a case-by-case basis and based on medical necessity.

†Please click on the link to view the coverage details and a comprehensive list of ICD-10-CM codes that are covered.

The LCDs for NGS, Novitas and WPS cover VEP for the following indications:

1. Confirm diagnosis of multiple sclerosis when clinical criteria are inconclusive.
2. Evaluate diseases of the optic nerve, such as:
 - a. Optic neuritis
 - b. Ischemic optic neuropathy
 - c. Toxic amblyopias
 - d. Nutritional amblyopias
 - e. Neoplasms compressing the anterior visual pathways
 - f. Optic nerve injury or atrophy
 - g. Malingering/functional vision loss (to rule out)
3. Monitor the visual system during optic nerve (or related) surgery (monitoring of short-latency evoked potential studies).

References

1. CY 2024 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies; (CMS-1784-F); Addendum B. All MPFS Fee Schedules calculated using CF of \$33.2875 effective March 9, 2024.
2. ICD-10-CM 2024, ©2023 Optum360, LLC. All rights reserved.
3. 2024 CPT Professional, ©2023 American Medical Association