

# Home Visual Field Monitoring Device, DME 62

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<u>Effective Date</u>	07/2018
<u>Next Review Date</u>	06/2025
<u>Coverage Policy</u>	DME 62
<u>Version</u>	4

**Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual’s benefit plan for details <sup>\*</sup>.**

**Purpose:**

This policy addresses Home Visual Field Monitoring Devices.

**Description & Definitions:**

Home Visual Field Monitoring Device is an at-home monitoring device that uses images of the patient’s eyes detect visual distortion in age-related macular degeneration.

**Criteria:**

Home Visual Field Monitoring Devices **do not meet the definition of medical necessity.**

**Coding:**

Medically necessary with criteria:

Coding	Description
	None

Considered Not Medically Necessary:

Coding	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.

## Document History:

### Revised Dates:

- 2022: June

### Reviewed Dates:

- 2024: June – no changes references updated
- 2023: June
- 2021: August
- 2020: September
- 2019: February, March

### Effective Date:

- July 2018

## References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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(2024). Retrieved May 29, 2024, from Hayes - a symplr company:

<https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522Visual%2520field%2520assessment%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%257B%2522page%2522:0,%2522size%2522:50%257D,%2522type%2522:%2522all%2522,%25>

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<https://www.cms.gov/medicare-coverage-database/search-results.aspx?keyword=Macular+degeneration&keywordType=starts&areald=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all>

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(2024). Retrieved May 29, 2024, from American Academy of Ophthalmology:

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Foresee Home 510(K) Summary. (2009, Dec 23). Retrieved May 29, 2024, from U.S. Food and Drug Administration: [https://www.accessdata.fda.gov/cdrh\\_docs/pdf9/K091579.pdf](https://www.accessdata.fda.gov/cdrh_docs/pdf9/K091579.pdf)

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Vavvas, D. (2024, Feb 21). Age-related macular degeneration. Retrieved May 29, 2024, from UpToDate:

<https://www.uptodate.com/contents/age-related-macular->

### Special Notes: \*

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

#### MUST SEE MEMBER BENEFIT FOR DETERMINATION.

We only cover DME that is Medically Necessary and prescribed by an appropriate Provider. We also cover colostomy, ileostomy, and tracheostomy supplies, and suction and urinary catheters. We do not cover DME used primarily for the comfort and wellbeing of a Member. We will not cover DME if We deem it useful, but not absolutely necessary for Your care. We will not cover DME if there are similar items available at a lower cost that will provide essentially the same results as the more expensive items.

Pre-Authorization is Required for All Rental Items.

Pre-Authorization is Required for All Repair and Replacement.

### Keywords:

SHP Home Visual Field Monitoring Device, SHP Durable Medical Equipment 62, ForeSee Home, wet Age related macular degeneration, dry Age related macular degeneration, AMD, Electronic Home Visual Field Monitoring, preferential hyperacuity perimetry, remote Visual field assessment, ForeseeHome Monitoring Program