



**Easy Choice Health Plan**

**Harmony Health Plan of Illinois**

**Missouri Care**

**'Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona**

**Staywell of Florida**

**WellCare (Arkansas, Connecticut, Florida, Georgia, Illinois, Kentucky, Louisiana, Mississippi, Nebraska, New Jersey, New York, South Carolina, Tennessee, Texas)**

**WellCare Prescription Insurance**

**Electro-Oculography for  
Opioid Dependence**

**Policy Number: HS-285**

**Original Effective Date: 3/5/2015**

**Revised Date(s): 3/3/2016; 3/2/2017**

**APPLICATION STATEMENT**

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

**DISCLAIMER**

The Clinical Coverage Guideline (CCG) is intended to supplement certain standard WellCare benefit plans. The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this CCG. When a conflict exists between the two documents, the Member's Benefit Plan always supersedes the information contained in the CCG. Additionally, CCGs relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. The application of the CCG is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any. All links are current at time of approval by the Medical Policy Committee (MPC). Lines of business (LOB) are subject to change without notice; current LOBs can be found at [www.wellcare.com](http://www.wellcare.com) – select the Provider tab, then "Tools" and "Clinical Guidelines".

**BACKGROUND**

The Electro-Oculography (EOG) is an electrophysiological test of function of the outer retina and retinal pigment epithelium (RPE) in which the change in the electrical potential between the cornea and the ocular fundus is recorded during successive periods of dark and light adaptation.<sup>1</sup>

**POSITION STATEMENT**

**Applicable To:**

- Medicaid
- Medicare

Electro-oculography is considered experimental and investigational for opioid dependence. In addition, the following tests are also non-covered for the purposes of diagnosing and treating opioid dependence: sinusoidal

rotational test, positional nystagmus test, and supplemental electrical test.

## **CODING**

### **Non-Covered CPT Codes**

<b>92270</b>	Electro-oculography (for opioid type dependence)
<b>92540</b>	Basic vestibular evaluation (for opioid type dependence)
<b>92542</b>	Positional nystagmus test (for opioid type dependence)
<b>92546</b>	Sinusoidal rotational test (for opioid type dependence)
<b>92547</b>	Supplemental electrical test (for opioid type dependence)

### **Non-Covered ICD-10-CM Diagnosis Codes**

**F11.20- F11.29** Opioid dependence

\*Current Procedural Terminology (CPT®) ©2016 American Medical Association: Chicago, IL.

## **REFERENCES**

1. Brown M, Marmor M, Vaegan, Zrenner E, Brigell M, Bach, M. ISCEV standard for clinical electro-oculography (EOG). 2006, Doc Ophthalmol;113:205-212. <http://link.springer.com/article/10.1007%2Fs10633-006-9030-0>. Published October 2006. Accessed February 6, 2017.

## **MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS**

<b>Date</b>	<b>Action</b>
3/2/2017, 3/3/2016	<ul style="list-style-type: none"><li>• Approved by MPC. No changes.</li></ul>
3/5/2015	<ul style="list-style-type: none"><li>• Approved by MPC. New.</li></ul>