Easy Choice Health Plan

Harmony Health Plan of Illinois

Missouri Care

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

OneCare (Care1st Health Plan Arizona, Inc.)

Staywell of Florida

WellCare (Arizona, 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 (E/I)

Policy Number: HS-285

Original Effective Date: 3/5/2015

Revised Date(s): 3/3/2016; 3/2/2017; 2/1/2018

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 and aid in administering benefits. Federal and state law, contract language, etc. take precedence over the CCG (e.g., Centers for Medicare and Medicaid Services [CMS] National Coverage Determinations [NCDs], Local Coverage Determinations [LCDs] or other published documents). 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. 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. Providers are responsible for the treatment and recommendations provided to the member. 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 any state-specific Medicaid mandates. Links are current at time of approval by the Medical Policy Committee (MPC) and are subject to change. Lines of business are also subject to change without notice and are noted on www.wellcare.com. Guidelines are also available on the site by selecting 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.¹

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

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

Non-Covered ICD-10-CM Diagnosis Codes

- F11.20- F11.29 Opioid dependence

Coding information is provided for informational purposes only. The inclusion or omission of a CPT, HCPCS, or ICD-10 code does not imply member coverage or provider reimbursement. Consult the member's benefits that are in place at time of service to determine coverage (or non-coverage) as well as applicable federal / state laws.

REFERENCES


MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

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