



Medica Central Medical Policy

Policy Name: Eye-Movement Analysis without Spatial Calibration (e.g., EyeBOX® system) MP9785

Effective Date: 11/01/2025

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. <https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers>

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

Coverage Policy

Eye-movement analysis without spatial calibration (e.g., The EyeBOX®) is considered investigative and unproven and therefore NOT COVERED. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes.

Description

Concussion occurs following direct or indirect external trauma to the head that causes a change in brain function. Concussion can affect a variety of clinical domains: physical, cognitive, and behavioral or emotional. The various neurological signs and symptoms of concussion may be nonspecific, subtle, and transient, and may persist beyond the usual recovery timeframe. Alterations in balance, as well as cognitive or sensory disturbance, may pre-dispose the affected individual to further injury in the future.

Concussion diagnosis can be challenging because there is currently no generally accepted definition or diagnostic criteria for concussion and no single assessment has been accepted as being able to identify those with a concussion. Most individuals with a suspected head injury are examined using the 15-point Glasgow Coma Scale (GCS). However, the GCS is based on symptoms and is neither sufficiently sensitive to assess cognitive and neuropsychiatric deficits of concussion nor predictive of outcome. In addition to GCS evaluation, an individual suspected of having sustained a concussion will generally also undergo a CT scan of the head to detect brain tissue damage or intracranial lesions, however, most individuals evaluated for concussion do not have detectable intracranial lesions after having a CT scan. Physicians must therefore rely on expert guidelines and available assessment tools and clinical judgment for concussion diagnosis. Availability of a non-invasive, radiation sparing test for concussion will help health care professionals determine the need for a CT scan in individuals suspected of having a concussion



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and help prevent unnecessary neuroimaging and associated radiation exposure. In recognition of the need for more concise and accurate assessment tools, researchers are exploring the use of eye tracking technology to aid in the diagnosis of concussion. The logic of eye tracking is that traumatic brain injury (TBI) can result in a variety of visual disturbances with many individuals exhibiting multiple visual defects in combination with a decline in overall health. Defects in primary vision such as visual acuity and visual fields; eye movement disorders including vergence, saccadic and smooth pursuit movements; and in more complex aspects of vision involving visual perception, motion vision, and visuo-spatial function, have all been reported in TBI. Therefore, it is purported that eye movement dysfunction may be an early sign of TBI.

The EyeBOX® system is the first baseline-free, temporal calibration eye movement analysis device to assist physicians in objectively evaluating individuals with suspected concussion. Although preliminary research exploring the use of eye movement analysis using non-spatial calibration to diagnose concussion appears promising, currently there are very few published clinical studies on this technology. While there are some studies that suggest oculomotor dysfunction is present in some individuals with brain injury, there is a lack of peer-reviewed studies demonstrating that eye movement analysis using non-spatial calibration can be used to diagnose concussion accurately and reliably. Further well-designed studies on non-spatial eye movement analysis are needed to assess EyeBOX's effect on patient outcomes or patient management decisions, and to draw conclusions about the clinical utility of this technology.

Prior Authorization

Prior authorization is not applicable.

Coding Considerations

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes

- **0615T** - Eye-movement analysis without spatial calibration, with interpretation and report

Original Effective Date: 07/01/2024

Re-Review Date(s): 06/20/2024

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Administrative Update:

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