

What the Professionals Say

"VEP technology has been used for many years for the diagnosis of pathologies affecting the visual pathway. A study published in Documenta Ophthalmologica⁷ showed that the new SD-tVEP (Diopsys® NOVA-VEP) is a reliable and reproducible device; therefore, this technology will be extremely useful for early detection of pathologies affecting the entire visual pathway."

- Dr. Celso Tello
Director, Glaucoma Service
New York Eye & Ear Infirmary

"The Diopsys® NOVA-VEP has been an important addition to my practice. The objective information it provides has allowed me to catch optic nerve disease sooner than traditional testing methods. Also, the test takes much less time than other devices which is more comfortable for my patients."

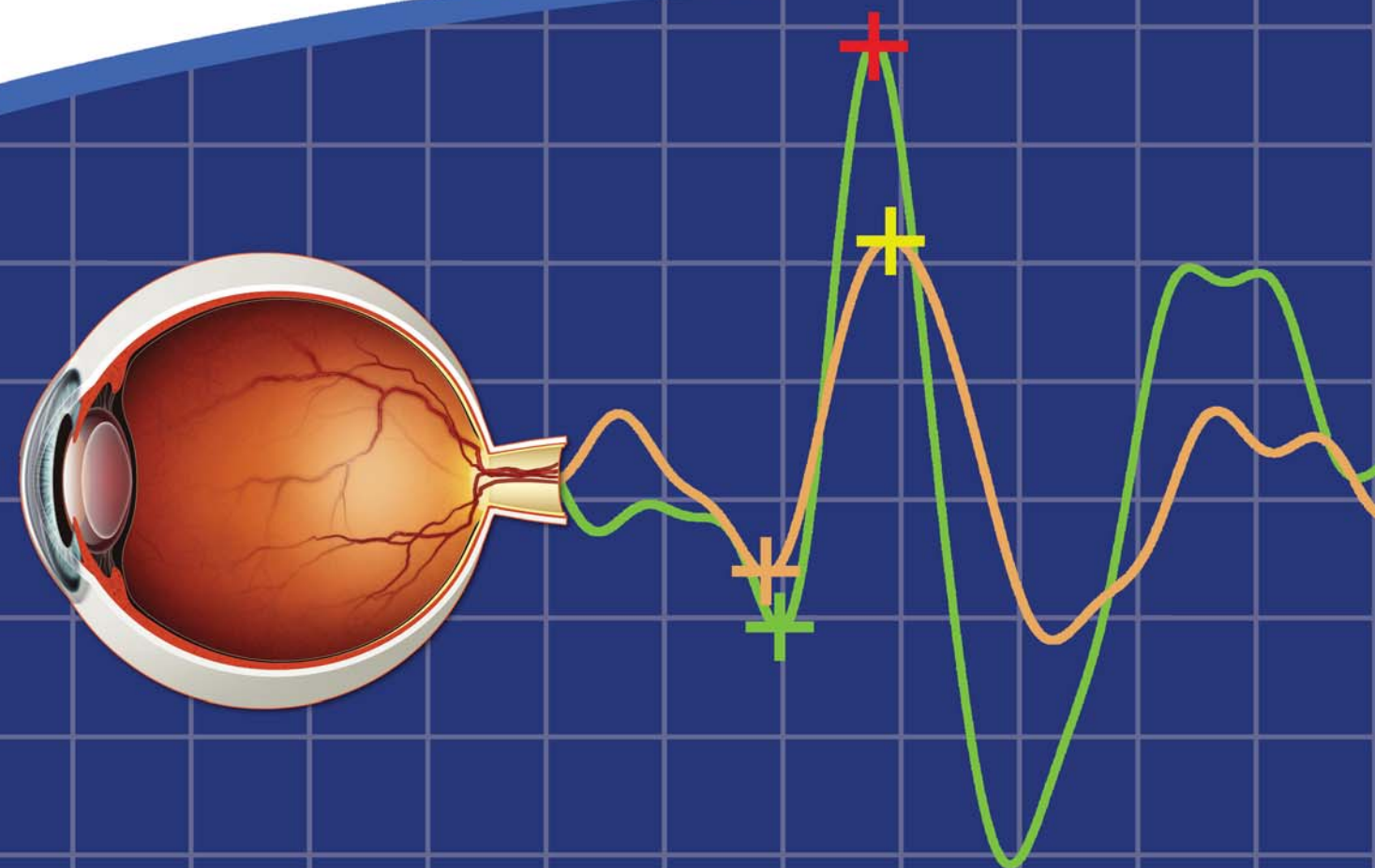
- Dr. Fran Bucciero
Family Vision Care
Springfield, NJ

"I have been very impressed with the level of training and technical support by Diopsys for their VEP unit. Finally the field has a unit that can provide objective data about visual cortical function in the office environment in a user-friendly manner. I recommend the Diopsys unit to anyone looking to add both a valuable clinical device, and a significant practice management tool."

- Dr. Leonard J. Press
Family Eye Care Associates
Fair Lawn, NJ

"The SD-tVEP results correlated significantly with the severity of visual field damage,⁸ but the VEP results were obtained objectively, which helps give eye care specialists more confidence in the findings."

- Dr. Robert Ritch
Chief, Glaucoma Service
Surgeon Director
New York Eye & Ear Infirmary



Diopsys® NOVA-VEP Vision Testing Systems objectively measure functional responses of the entire vision system.

Early Detection Means Better Outcomes

⁷Tello C, De Moraes CG, Prata T, et al. Repeatability of short-duration transient visual evoked potentials in normal subjects. *Doc Ophthalmol.* 2010 Jun;120(3):219-28. Epub 2010 Jan 29.

⁸Tiago SP, Lima V, De Moraes CG, Trubnik V, Derr P, Liebmann J, Ritch R, Tello C. Short Duration Transient Visual Evoked Potentials in Glaucomatous Eyes. *J Glaucoma.* 2011 May 10. [Epub ahead of print]

Easy

- Designed for use in the eye care specialist's office
- Operator and patient friendly
- Patient set-up to printable results in as little as five minutes
- Easy-to-read reports enable clinician to demonstrate therapeutic improvements to the patient
- Complete Clinician and Practice Staff Training Program covers testing procedures and patient education

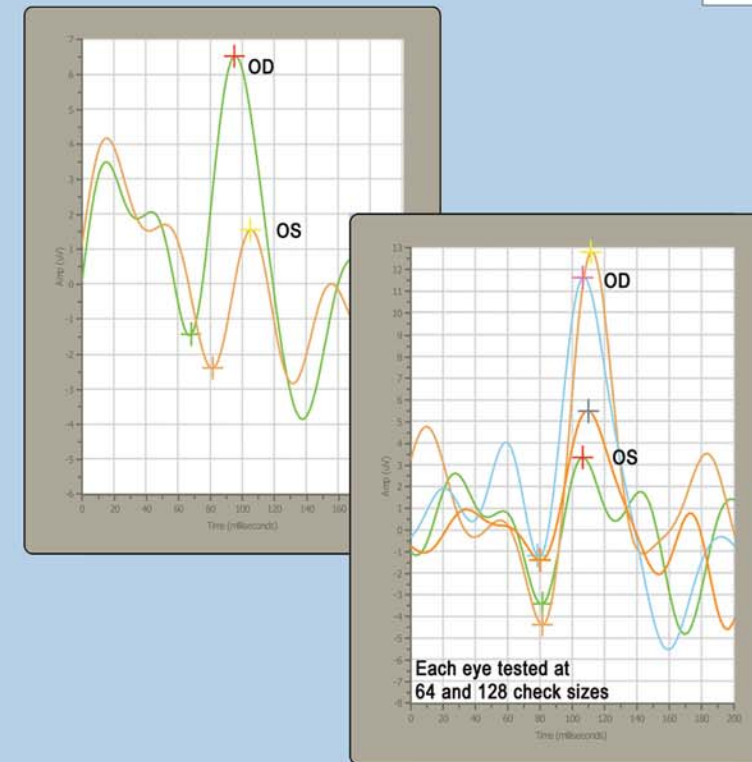
Functional

- Measures functional responses of the entire vision system from the anterior segment to the visual cortex
- Complements anatomical studies, allowing for a more complete assessment of the patient and the pathology
- Enables the assessment of different functional pathways by varying contrast level and stimulus size



Objective

- No verbal response or "button pushing" is required
- Automated data collection and display minimizes subjective clinician interpretation
- Reports and documents the results of practitioner intervention and supports medical decision making
- Provides quantitative information to support the interpretation and management of vision deficits
- Enables testing of preverbal children, infants and patients with communication difficulties



The basic Diopsys® NOVA-VEP is available in two configurations:

- Fixed Protocol with Multi-Contrast Stimuli
- User-Defined Protocol

Reimbursement: CPT Code 95930

- CPT Code 95930, Visual Evoked Potential (VEP) testing central nervous system, is an established procedure code by the AMA
- Medicare's National, global allowable for CPT 95930 is \$133.19⁶
- Commercial plan payments range from \$60 - \$160 per test⁵
- Diopsys has a full-time Insurance and Medical Coding Group to assist your business staff with reimbursement questions
- According to Medicare National Coverage Determination Manual 160.10 Evoked Response Tests "Program payment may be made for these procedures"

VEP vision testing systems have been used for a variety of applications that involve neuro-visual disorders such as glaucoma, amblyopia, multiple sclerosis and diabetic retinopathy.^{1,2,3,4}

¹Prata TS, Lima VC, De Moraes CG, Trubnik V, Derr P, Liebmann JM, Ritch R, Tello C. Short Duration Transient Visual Evoked Potentials in Glaucomatous Eyes. *J Glaucoma*. 2011 May 10. [Epub ahead of print]
²Simon J, Siegfried J, Mills M, Cathoun J, Gurland J. A New Visual Evoked Potential System for Vision Screening in Infants and Young Children. *Journal of AAPOS*. 8.6 (2004): 549-554.
³Garcia-Martin E, Pueyo V, Ara JR, Almarcegui C, Martin J, Pablo L, Dolz I, Sancho E, Fernandez FJ. Effect of optic neuritis on progressive axonal damage in multiple sclerosis patients. *Mult Scler*. 2011 Jul;17(7):830-7. Epub 2011 Feb 7.
⁴Parisi V, Uccioli L. Visual electrophysiological responses in persons with type 1 diabetes. *Diabetes Metab Res Rev*. 2001 Jan-Feb;17(1):12-8.

⁵ Commercial reimbursement varies by payor. Diopsys monitors commercial allowables throughout the country to approximate the commercial plan payment range.
⁶ According to the Non-Facility Physician Fee Schedule Search for 2011b at CMS.gov.