

30-2 Visual Field Exams

Your Comprehensive Guide

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Start Conducting the 30-2 Exam with Carrot

When patients present with unexplained or vague vision concerns, increased eye pressure, migraine, or risk factors for glaucoma, the 30-2 visual field test could help clarify their condition. This relatively broad exam assesses 30 degrees from fixation and covers a wider area of the visual field. This way, you can identify symptoms that may or may not be noticeable and intervene proactively.

The 30-2 is traditionally performed on tabletop perimeters in a darkened room over 15 to 20 minutes, but Carrot is a faster, more patient-friendly way to conduct the exam. By incorporating the 30-2 into routine eye care, you can monitor changes over time and take steps to protect a patient's sight before damage becomes permanent.

30-2 Visual Field Test Overview

The 30-2 visual field test assesses 76 points across the central and peripheral visual field, covering an area from the central 0° to 30° in all directions. This test creates a more complete map of the visual field than 24-2 or narrower visual field tests. The 30-2 takes both the central and peripheral vision into account.

The 30-2 test is commonly used for glaucoma patients because it can detect peripheral defects and subtle changes that might otherwise be overlooked in tests that focus exclusively on central vision. It's also useful for optic neuropathy, retinal disease, migraine, and neurological disorders. Because the 30-2 is so broad, it can also help eliminate underlying conditions that contribute to vision changes.

Traditionally, the 30-2 visual field test was performed in a darkened room using a tabletop perimeter device. This can be uncomfortable for patients, especially those with mobility issues or those who struggle to maintain focus. [Carrot has streamlined the process](#) by making the exam more efficient, accessible, and patient-friendly.

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Academic references and clinical validation



A study published in the [Journal of Glaucoma](#) demonstrated that the 30-2 visual field test is effective in detecting and measuring clinically meaningful visual field progression in glaucoma patients. This emphasizes that even a 30% reduction in visual field progression could impact patients' quality of life.



[This smaller study](#) used the 30-2 visual field test, specifically short wavelength amplitude perimetry, to assess visual field changes in migraine patients. It revealed significant deficits in the migraine group, with some showing early signs of glaucomatous visual field loss.



[This study](#) compared the 30-2 and 24-2 Humphrey visual field tests and found that, in most cases, the 24-2 strategy gave similar results but with less testing time and variability. However, the 30-2 test was better at detecting very subtle nerve fiber defects, making it especially useful for monitoring conditions like idiopathic intracranial hypertension.

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The 30-2 is known for being the broadest visual field exam, other than Full Field tests. This makes it an excellent tool for eliminating underlying conditions and establishing an overview of a patient’s central and peripheral vision. Patients who complain of unexplained, vague, or hard-to-pinpoint visual changes [may get answers](#) with a 30-2 exam. However, because it’s so broad, subtle visual field changes may not be detected by this test. Any borderline test results should be re-examined with a more sensitive test. If you’re using traditional tabletop perimeters, this could be time-consuming and exhausting for the patient.

Pros and cons of the 30-2 exam

We know the 24-2 exam is efficient, useful, and widely used, but there are pros and cons to incorporating this test into your routine.

PROS	CONS
This exam covers the central 30 degrees of the visual field with 76 total points.	The peripheral points in the 30-2 test are more susceptible to variability, which can lead to somewhat less reliable results.
You can establish solid baseline measurements for future data comparisons.	The 30-2 test is broad, so in the case of borderline visual field defects, results can be inconclusive and require more specialized testing.
A wide testing range can reveal early glaucoma, optic neuritis, and rule out specific underlying causes.	The 30-2 test duration is slightly longer than others. On traditional tabletop perimeters, this can be as long as 6.5 minutes per eye .

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11%

of Americans have diabetes

+25%

over a quarter of them will experience diabetic retinopathy

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Glaucoma	Glaucoma is extremely common. You can identify its early stages using the 30-2 exam. Defects like nasal step, arcuate scotomas, or paracentral scotomas will appear in these test results. Many optometrists use the 30-2 to establish a baseline to monitor glaucoma progression and create a treatment plan.
Optic Neuropathy	The 30-2 exam can help spot optic neuritis, non-arteritic anterior ischemic optic neuropathy, and other conditions that damage the optic nerve. You can use this test to pick up on telltale signs like central scotomas, arcuate defects, or altitudinal field losses.
Identify Visual Disturbances	Ruling out underlying conditions like pituitary or brain tumors and lesions. The 30-2's range of points can help identify specific patterns of visual field loss and reveal conditions affecting the visual pathways. Patients with migraines may notice temporary blind spots or visual distortions that can be picked up with the 30-2.
Age-Related Macular Degeneration	AMD typically affects the central vision, leaving the peripheral fields less affected, but the 30-2's broad testing range can help identify and monitor age-related macular degeneration.
Diabetic Retinopathy	Macular edema and ischemia related to diabetes can cause peripheral vision loss. The 30-2 visual field tests can track disease progression in the periphery and identify significant visual field defects. Specifically, it's useful for detecting generalized constriction of the visual field as well as scotomas.
Retinitis Pigmentosa	The 30-2 is useful for revealing the early stages of tunnel vision or ring scotomas associated with retinitis pigmentosa. As the scotomas slowly move inward, patients with retinitis pigmentosa will need frequent visual field tests, especially the 30-2.
Other Conditions	The 30-2 exam can also be used to monitor or diagnose: Retinal vein/artery occlusion • Retinal detachment • Hydroxychloroquine toxicity • Myasthenia gravis • Autoimmune and inflammatory disorders

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Example 30-2 Reports

RIGHT | Sep 15, 2023, 12:54 PM
Visual Field | Carrot

Sample Patient

8.25.1956 (67)

MRN
pa_0dbe22ba

PATTERN
Central 30-2

STIMULUS
III, White

RX
+0.0 DS +0.0 DC +0.0 AX +0.0 EQ

FOVEA
Disabled

STRATEGY
BOLT

FIXATION TARGET
Central Point

DURATION
5:07

FIXATION LOSSES
1/9

FALSE POSITIVES
6%

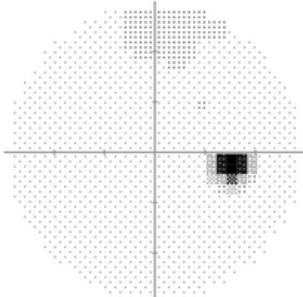
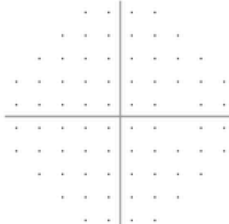
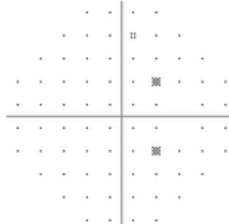
FALSE NEGATIVES
0/10

MD
5.41 dB

PSD
2.45 dB

VFI
100%

GHT
Within Normal Limits

26	24	23	21						
28	28	22	21	25	25				
27	30	30	30	25	27	25	26		
27	28	31	32	28	28	24	30	27	25
27	30	31	33	34	29	28	30	27	26
27	30	32	34	30	29	30	0	29	26
27	32	31	33	34	30	26	29	32	28
28	30	32	32	29	34	29	29		
27	30	30	29	29	28				
28	27	27	26						

9	5	4	3						
7	6	1	-1	3	4				
6	8	6	7	2	4	3	4		
6	6	7	7	4	3	0	6	4	3
5	6	6	7	9	3	3	4	3	
5	6	7	8	4	3	4	5	2	
6	9	7	7	9	5	0	5	8	5
6	7	7	8	5	9	4	5		
5	7	7	5	5	5				
7	5	4	4						

2	-2	-3	-4						
0	-1	-6	-8	-4	-3				
-1	1	-1	0	-5	-3	-4	-3		
-1	-1	0	0	-3	-4	-7	-1	-3	-4
-2	-1	-1	0	2	-4	-4	-3	-4	
-2	-1	0	1	-3	-4	-3	-2	-5	
-1	2	0	0	2	-2	-7	-2	1	-2
-1	0	0	1	-2	2	-3	-2		
-2	0	0	-2	-2	-2				
0	-2	-3	-3						

OUR NOTES

NOTES

⋯ P < 5%

▒ P < 2%

■ P < 1%

■ P < 0.5%

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Contact: Sample Office B | 4321 Red Lane, Carlsbad, CA 92008
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Billing and Coding for the 30-2 Eye Exam

You can bill for the 30-2 visual field exam using CPT code 92083. This code is designated for extended visual field exams and applies to the most common tests in this category.

In the United States, the [Medicare Physician Fee Schedule \(MPFS\)](#) indicates reimbursement at \$40 to \$90, with an average of \$62 per test. This amount will vary depending on location, practice setting, and other factors.

When is the 30-2 visual field exam required?

This test is best suited for detecting and monitoring glaucoma and other [optic nerve diseases](#). For patients with neurological conditions, ocular hypertension, or unspecified vision changes, the 30-2 test can be revealing. You may need to administer further tests for more definitive results, but the 30-2 has more points, allowing you to begin uncovering otherwise unnoticed issues.

Is the 30-2 visual field test required for driver's licenses?

Vision screening is part of the driver's licensing process in the United States and Canada, but the 30-2 visual field exam isn't explicitly mandated. It offers valuable information relevant to driving ability, including details about blind spots. For this reason, some states specify that 30-2 test results are acceptable. In Virginia, to determine visual field loss, the DMV requires the results of a visual field test that measures the central 24 to 30 degrees of the visual field. The 30-2 is considered an acceptable test.

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The 30-2 visual field's applications are almost as wide-reaching as its testing range. Collecting 76 data points in central and peripheral fields of vision can reveal early-stage glaucoma, optic neuropathies, and AMD, and help rule out other conditions that impact vision.

The exam is highly valuable, but it can be exhausting or unreliable for patients when performed on outdated equipment. Carrot makes the 30-2 testing process much faster, more precise, and efficient with our patient-friendly headset and advanced algorithm.

Ready to get started?

Schedule a demo or begin your 30-day free trial of Carrot to offer an exceptional eye exam experience in your practice.

[Book a demo](#)

[Start your 30-day trial](#)



Questions? Contact sales@carrot.io talk to a Carrot expert today.