

Policy Name	Clinical Policy – Adult Strabismus Surgery
Policy Number	1311.00
Department	Clinical Product & Strategy
Subcategory	Medical Management
Original Approval Date	02/06/2018
Current MPC/CCO Approval Date	01/03/2024
Current Effective Date	04/01/2024

Company Entities Supported (Select All that Apply)

- Superior Vision Benefit Management
 - Superior Vision Services
 - Superior Vision of New Jersey, Inc.
 - Block Vision of Texas, Inc. d/b/a Superior Vision of Texas
 - Davis Vision
- (Collectively referred to as ‘Versant Health’ or ‘the Company’)

ACRONYMS or DEFINITIONS

n/a

PURPOSE

To provide the medical necessity criteria to support the indication(s) for adult strabismus surgery and to render medical necessity determinations. Applicable procedure codes are also defined.

POLICY
A. BACKGROUND

Strabismus is a condition in which binocular alignment is abnormal. The goal of adult strabismus surgery is to restore/reconstruct normal ocular alignment.

Strabismus surgery in adults is a treatment option when glasses or other refractive aids (e.g., prisms) are unworkable or cannot restore fusion. These surgical procedures on the extraocular muscles may be performed as the initial treatment in selected patients, when medical or optical therapy fails, or when a patient is unable to tolerate these or other treatments.

B. Medically Necessary

Strabismus surgery on adults (≥ 18 years old) may be considered medically necessary for the indications below. Retreatment by subsequent strabismus surgery or other treatments may be medically necessary and effective in some patients after the initial treatment.

Indications for surgical intervention in adult strabismus may be any of the following:

1. Diplopia/double vision; or,
2. Restoration of binocular vision; or,
3. Intolerance of prism glasses or patch; or,
4. Expansion of single binocular visual field; or,
5. Elimination or improvement of abnormal head posture; or,
6. Optimizing null point with nystagmus^{1,2}; or,
7. Psychosocial function/vocational status.

C. Not Medically Necessary

Strabismus surgery on adults may not be indicated when none of the indications noted above are present.

D. Documentation

Medical necessity must be supported by adequate and complete documentation in the patient's medical record that describes the procedure and the medical rationale as in requirements above. All items must be available upon request to initiate or sustain previous payments. For any retrospective review, a full operative report is needed.

Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, date(s) of service). Services provided/ordered must be authenticated by the physician, in a handwritten or electronic signature. Stamped signatures are not acceptable.

1. Eye exam with description of strabismus and the need for surgery as well as the absence of contraindications for the surgery.
2. Documentation of strabismus findings includes inability to maintain fusion, and functional impairment of activities of daily living.

¹ Hertle, 2021

² Vinson, 2023

3. Allied diagnostic testing, including quantitative sensorimotor exam with physician's order, medical rationale, findings, interpretation, and report.
4. For retrospective review, submit detailed operative report that incorporates:
 - a. Indications
 - b. Procedure description including amount of resection/recession/transposition, and notation of any scarring present

E. Procedural Detail

CPT Codes	
67311	Strabismus surgery, recession or resection procedure; 1 horizontal muscle
67312	Strabismus surgery, recession or resection procedure; 2 horizontal muscles
67314	Strabismus surgery, recession or resection procedure; 1 vertical muscle (excluding superior oblique)
67316	Strabismus surgery, recession or resection procedure; 2 vertical muscles (excluding superior oblique)
67318	Strabismus surgery, any procedure, superior oblique muscle
67320	Transposition procedure (e.g., for paretic extraocular muscle), any extraocular muscle (specify) (List separately in addition to code for primary procedure) (Use 67320 in conjunction with 67311-67318)
67331	Strabismus surgery on patient with previous eye surgery or injury that did not involve the extraocular muscles (List separately in addition to code for primary procedure) (Use 67331 in conjunction with 67311-67318)
67332	Strabismus surgery on patient with scarring of extraocular muscles (e.g., prior ocular injury, strabismus or retinal detachment surgery) or restrictive myopathy (e.g., dysthyroid myopathy) (List separately in addition to code for primary procedure) (Use 67332 in conjunction with 67311-67318)
67334	Strabismus surgery by posterior fixation suture technique, with or without muscle recession (List separately in addition to code for primary procedure) (Use 67334 in conjunction with 67311-67318)
67335	Placement of adjustable suture(s) during strabismus surgery, including postoperative adjustment(s) of suture(s) (List separately in addition to code for primary procedure) (Use 67335 in conjunction with 67311-67334)
67340	Strabismus surgery involving exploration and/or repair of detached muscle(s) (List separately in addition to code for primary procedure) (Use 67340 in conjunction with 67311-67334)
67343	Release of extensive scar tissue without detaching extraocular muscle (separate procedure) (Use 67343 in conjunction with 67311-

	67340, when such procedures are performed other than on the affected muscle)
67345	Chemodenervation of extraocular muscle (For chemo denervation of blepharospasm and other neurological disorders, see Policy 1325.00 Botulinum Toxin.
67399	Unlisted procedure, extraocular muscle
Required Modifiers	
Anatomical Modifiers	RT, LT, or 50
Invalid Modifiers	
Diagnostic Modifiers	There is no technical component of a surgical code because this service cannot be delegated to a medical assistant or ophthalmic technician; TC and 26 are not valid modifiers to append to any of the codes above for adult strabismus surgeries
EM modifiers	Surgery codes do not allow for EM modifiers. Modifiers 24, 25, 57, and 95 are not allowed to be appended to any surgery code.

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RELATED POLICIES AND PROCEDURES	
1312	Amniotic membrane
1326	Botulinum Toxin

DOCUMENT HISTORY		
<i>Approval Date</i>	<i>Revision</i>	<i>Effective Date</i>
02/06/2018	Initial Policy	02/06/2018
03/29/2019	Annual review; no criteria changes.	03/29/2019
06/03/2020	Annual review; no criteria changes.	09/01/2020
04/07/2021	Annual review; no criteria changes.	07/01/2021
01/05/2022	Annual review; no criteria changes.	04/01/2022
01/04/2023	Annual review; remove requirements to provide preop and discharge reports.	04/01/2023
09/20/2023	Administrative review for CMS 2024 final rule Medicare Part C equity: no changes.	n/a
01/03/2024	Clarify criteria to improve single binocular vision in both esotropia and exotropia. Added indication to optimize null point with nystagmus.	04/01/2024

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