Policy Name	Clinical Policy – Low Vision Evaluation and Rehabilitation
Policy Number	1318.00
Department	Clinical Product & Development
Subcategory	Medical Management
Original Issue Date	03/29/2019
Current MPC/CCO approval date	04/03/2024
Current Effective Date	07/01/2024

Company Entities Supported (Select All that Apply)
X Superior Vision Benefit Management
X Superior Vision Services
X Superior Vision of New Jersey, Inc.
X Block Vision of Texas, Inc. d/b/a Superior Vision of Texas
X Davis Vision
(Collectively referred to as 'Versant Health' or 'the Company')

ACRONYMS / DEFINITIONS	
n/a	

PURPOSE

To provide clinical criteria to support the indication(s) for low vision evaluation and rehabilitation. Applicable procedure codes are also defined.

POLICY

A. Description

Low vision refers to visual impairment that cannot be fully corrected by standard eyeglasses, contact lenses or medical/surgical interventions. Individuals with low vision retain some usable vision but face challenges in activities due to their visual limitations. Low vision can be a deficit in acuity and/or limitations in the visual field. This document outlines the medical necessity criteria for low vision evaluation, rehabilitation and vision aids and aims to guide healthcare professionals in identifying individuals who would benefit from these therapies[1].

[1] American Foundation for the Blind, 2024.

B. Medically Necessary

1. Low vision evaluation, rehabilitation and select low vision aids (V2600, V2610, V2615) [2] may be medically necessary when all the following criteria have been met:

   a. Moderate to severe visual impairment

      i. Best-corrected visual acuity of 20/70 or worse in the better eye; or,
      ii. Visual field restricted to 20 degrees or less in the better seeing eye.

   b. Functional impact: documentation of difficulty with activities of daily living, negative impact on quality of life, negative impact on independence and/or safety concerns.

2. An implantable intraocular telescope may be medically necessary when all the following criteria are met: [3] [4]

   i. Diagnosis of end-stage macular degeneration
   ii. Best-corrected visual acuity of 20/160 to 20/800
   iii. Bilateral central scotomas
   iv. Untreatable macular disease

3. Legal blindness is defined by the Social Security Administration (SSA) as visual acuity 20/200 or less with the use of a correcting lens or a visual field diameter 20 degrees or less in the better seeing eye.[5]

C. Not Medically Necessary

1. Low vision rehabilitation does not include eye exercises, orthoptics, vision therapy, vision training, visual training, behavioral optometry, or similar descriptions for non-surgical treatments of phorias and tropias.

2. Low vision rehabilitation does not include mobility and gait training rehabilitation as these services are not specific to eye treatment.

3. Low vision rehabilitation is not indicated when:

   a. An impairment to lifestyle has not been demonstrated; or,
   b. The impairment is temporary; or,
   c. The impairment is amenable to treatment by other optical, medical, or surgical therapy.

4. The medical necessity for low vision rehabilitation may end when the patient demonstrates no additional progress. Maintenance sessions, after the patient has reached a steady state, may not be medically necessary.

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[2] US Social Security Administration, 2024.
[3] Sasso, 2024
[4] Savastano, 2023.
[5] US Social Security Administration, 2010.

D. Documentation

Low vision evaluation and treatments must be supported by adequate and complete documentation in the member's medical record, describing the treatments or procedures and the medical rationale. Documentation should include, at a minimum, all the following items for both initial and subsequent medical review. For all retrospective reviews, a full surgical report or clinical care plan is required.

Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, date(s) of service) and the visits must meet the appropriate provider signature requirements, handwritten or electronic signature or the provider. Stamped signatures are not acceptable

1. Initiation of Services

    a. Eye exam with description of medical justification for initial or subsequent low vision treatment.
    b. Documentation of low vision based on best-corrected visual acuity and/or field restriction findings.
    c. Allied diagnostic testing that supports the findings and plan. Chart notes must include an interpretation and report for each test.

    d. Detailed low vision care plan that incorporates all of the following:

        i. Indications for low vision therapy including ADL effects;
        ii. A description and rationale for each recommended low vision device;
        iii. The patient or care giver demonstrates they are willing and able to participate in the care and use of the recommended devices;
        iv. Goals of low vision therapy, including schedule of visits, devices evaluated (spectacles or other) for various tasks;
        v. Documented observation of the devices in use by the patient with an assessment of the device(s) suitability and recommended changes;
        vi. Quantitative measurements of baseline performance;
        vii. Once a steady state is reached with therapy, the medical record must describe the goals which were completed, met or unmet, and/or require changes. At this point, unless there are new or changed treatment goals, the need for further low vision therapy is ended.

2. Continuation of Services

    Requests for additional vision rehab services should evidence the indications for ongoing treatment and include the following documentation of the initial episode of care.

    a. Documentation for each completed vision rehab session to include a progress note that states the start and end times for each session.
    b. Treatment goals and current performance measurements for each session, measured against the baseline.
    c. The need for on-going services must be assessed and noted at the conclusion of each session, with justification compared to care goals.

d. Once a steady state is reached with therapy, the medical record must describe it. At this point, the medical necessity for additional low vision therapy is ended.

3. Professional and rehabilitation services for low vision are provided by a multidisciplinary team. For both initial and continued services, the following documentation is required. Care coordination notes should include:

   a. Planned rehabilitation training, with initial evaluation visit notes, goals, and care plan, provided by an occupational therapist; and,
   b. Follow up treatment visit notes and ongoing evaluation visit notes incorporating the goals, measurements of progress towards the goals, status and plan, and future visit/treatment plan.

4. Low vision devices

   Requests for low vision devices should include documentation of low vision treatment plan as in 1. and 3. above, plus:

   a. Documented presence of low vision as described in section B above; and,
   b. Documented low vision onset and effects on daily life; and,
   c. Documentation of manifest refraction exam with best corrected visual acuity; and,
   d. Documentation of visual field test results; and,
   e. Description of selected vision aids related to vision and functioning goals;

5. Implantable intraocular telescope

   Requests for implantable intraocular telescope should include documentation of low vision treatment plan as in 1. and 3. above, plus:

   a. Progress notes describing the need for surgery; and,
   b. Surgical report; and,
   c. Post-surgical evaluation to include stated goals of low vision rehab therapy, when indicated. following the procedure.

Procedural Details

CPT / HCPCS Codes	
0308T	Insertion of ocular telescope prosthesis including removal of crystalline lens or intraocular lens prosthesis
92354	Fitting of spectacle mounted low vision aid, single element system
92355	Fitting of spectacle mounted low vision aid, telescopic or other compound lens system
97535	Self-care/home management training (e.g., activities of daily living (ADL) and compensatory training … direct one-on-one contact by provider, each 15 minutes
C1840	Lens, intraocular (telescopic)

V2600	Handheld low vision aids and other non spectacle mounted aids
V2610	Single lens spectacle mounted low vision aids
V2615	Telescopic and other compound lens systems, including distance vision telescopic, near vision telescopes and compound microscopic lens system

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RELATED POLICIES AND PROCEDURES	
1337	Vision Therapy and Orthoptics

Approval Dates	Revision	Effective Dates
03/29/2019	Initial policy	03/29/2019
10/18/2019	Revise policy for all Versant Health entities	11/01/2019
10/28/2020	Annual Review: two CPT codes removed from medical exam group.	03/01/2021
10/06/2021	No criteria changes; restated documentation requirements for initial and subsequent services.	04/01/2022
04/06/2022	Added criteria for implantable telescopes	09/01/2022
04/12/2023	Added magnifying devices and criteria.	10/01/2023
04/03/2024	Deleted WHO definition of low vision as it has been withdrawn by the agency; added Social Security Adm. definition of blindness to support low vision criteria. Added codes and criteria for implanted telescopes; removed low vision aid device lists.	07/01/2024

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