

Policy Name	Clinical Policy - Vision Therapy and Orthoptics
Policy Number	1337.00
Department	Clinical Product & Strategy
Subcategory	Medical Management
Original Approval Date	10/18/2019
Current MPC/CCO Approval Date	07/12/2023
Current Effective Date	10/01/2023

Company Entities Supported (Select All that Apply): <input checked="" type="checkbox"/> Superior Vision Benefit Management <input checked="" type="checkbox"/> Superior Vision Services <input checked="" type="checkbox"/> Superior Vision of New Jersey, Inc. <input checked="" type="checkbox"/> Block Vision of Texas, Inc. d/b/a Superior Vision of Texas <input checked="" type="checkbox"/> Davis Vision (Collectively referred to as 'Versant Health' or 'the Company')
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ACRONYMS and DEFINITIONS	
n/a	

PURPOSE

To provide the medical necessity criteria to support the indication(s) for vision therapy and orthoptic services. Applicable procedure codes are also defined.

POLICY

A. Background

Vision therapy is defined as a series of structured exercises whose goal is to improve ocular alignment. Orthoptics, from the Greek roots “straight eyes” is the medical discipline that studies, instructs and refines these exercises.

Optometry asserts that disorders of ocular alignment cause higher order neurologic disorders such as dyslexia and associated learning disabilities and that remediation of these ocular alignment disorders will improve learning and reading. Behavioral Optometry is a subsection of optometry that has advanced the conceptual framework that describes the methodology for treating dyslexia and learning disabilities. This framework includes the

concepts of visuospatial deficits, perceptual visual deficits, visual information processing deficits, visual tracking deficits and similar concepts

This clinical policy is based on the Joint Statement of the American Academy of Ophthalmology, the American Academy of Pediatrics, The American Society of Pediatric Ophthalmology and Strabismus and the American Society of Certified Orthoptics of 2008, reaffirmed 2014¹. It states:

“Currently, there is no adequate scientific evidence to support the view that subtle eye or visual problems cause learning disabilities. Furthermore, the evidence does not support the concept that vision therapy or tinted lenses or filters are effective, directly, or indirectly, in the treatment of learning disabilities. Thus, the claim that vision therapy improves visual efficiency cannot be substantiated. Diagnostic and treatment approaches that lack scientific evidence of efficacy are not endorsed or recommended.”

B. Medically Necessary

Versant Health considers vision therapy and orthoptics medically necessary for the treatment of convergence insufficiency. Treatment will be authorized for one series of 12 visits, inclusive of any patient training required for transition to independent home exercises. Additional medical review and authorization are required if the treatment plan deviates from these criteria.

C. Not Medically Necessary

1. All other indications for vision therapy have insufficient evidence to support medical efficacy. These include, but are not limited to:
 - a. Dyslexia
 - b. Learning disabilities
 - c. Traumatic brain injury
 - d. Developmental delay
 - e. Visuospatial deficits
 - f. Perceptual visual deficits
 - g. Tracking visual deficits and visual information processing deficits
2. The CPT 96000 series codes evaluating developmental, psychological, neuro-psychological, and behavioral status are not medically necessary services for the treatment of convergence insufficiency.
3. The CPT 97000 series codes (Physical Medicine, Occupational Therapy and Rehabilitation) are not medically necessary services for the treatment of convergence insufficiency.

¹ American Academy of Ophthalmology, Joint Statement on learning disabilities, dyslexia. 2014. <https://www.aao.org/clinical-statement/joint-statement-learning-disabilities-dyslexia-vis>

D. Documentation

Medical necessity is supported by adequate and complete documentation in the beneficiary’s medical record that describes the procedure and the medical rationale and requires all of the following documentation. For retrospective review a complete operative and/or medical 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).

1. Eye exam with description of medical justification for vision therapy and orthoptics
2. Allied diagnostic testing with physician’s order, medical rationale, findings, interpretation, and report.
3. For medical review purposes, services provided/ordered must be authenticated by the author. The method used shall be handwritten or electronic signature. Stamped signatures are not acceptable.
4. Treatments for convergence insufficiency using either CPT code 92065 or 92066 may be medically necessary for 12 sessions of therapy, after which the patient is expected to transition to independent home based exercises.

E. Procedural Detail

CPT Codes	
92065	Orthoptic and pleoptic training, with continuing medical direction and evaluation.
92066	Orthoptic training; under supervision of a physician or other qualified health care professional.
Invalid Codes	
96000-96117	Codes evaluating developmental, psychological, neuro-psychological, and behavioral status are not medically necessary services for vision therapy and orthoptics.
97001-97006	Physical Medicine, Physical Therapy and Occupational Therapy are not medically necessary services for vision therapy and orthoptics.

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RELATED POLICIES	
1318	Low Vision Evaluation and Rehabilitation

DOCUMENT HISTORY		
<i>Approval Date</i>	<i>Revision</i>	<i>Effective Date</i>
10/18/2019	Initial policy	01/01/2020
08/19/2020	Removal of 92060 and addition of E/M code requirement.	01/01/2021
07/07/2021	Limit indications to convergence insufficiency; remove discussion of esotropia and amblyopia; removed coding instructions for evaluation exam; clarify that 12 visits includes patient training for independent exercises; remove discussion of home therapy.	01/01/2022
07/06/2022	Annual review; no criteria changes.	10/01/2022
07/12/2023	Add CPT code 92066; no criteria changes.	10/01/2023

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