

<b>Policy Name</b>	Clinical Policy - Vision Therapy and Orthoptics
<b>Policy Number</b>	1337.00
<b>Department</b>	Clinical Product & Development
<b>Subcategory</b>	Medical Management
<b>Original Approval Date</b>	10/18/2019
<b>Current MPC/CCO Approval Date</b>	07/10/2024
<b>Current Effective Date</b>	10/01/2024

<b>Company Entities Supported (Select All that Apply):</b> <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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<b>ACRONYMS and DEFINITIONS</b>	
n/a	

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

<b>POLICY</b>
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### A. Background

Vision therapy<sup>1</sup> 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.

Vision therapy is further embraced as behavioral optometry, a subsection of optometry that has advanced the concept of vision therapy for treating dyslexia and learning disabilities. The behavioral vision therapy framework includes the concepts of visuospatial deficits,

<sup>1</sup> American Association for Pediatric Ophthalmology and Strabismus, 2023

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 Pediatrics, the American Academy of Ophthalmology, the American Association of Pediatric Ophthalmology and Strabismus, the American Society of Pediatric Ophthalmology and Strabismus, and the American Society of Certified Orthoptists. Originating in 2008, this statement was reaffirmed in 2022.<sup>2</sup> It states: There is insufficient evidence to recommend in-office vision therapy for the management of other types of strabismus, amblyopia, or learning disability in the pediatric population. Good evidence remains for certain forms of vision therapy in children<sup>3</sup> and adults with convergence insufficiency.

## **B. Medically Necessary**

Versant Health considers vision therapy and orthoptics medically necessary for the treatment of convergence insufficiency. Twelve (12) sessions of treatment are considered medically necessary to transition patients from in office training to independent home exercises. Additional medical review is required if the treatment plan extends beyond 12 sessions.

## **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.

## **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

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<sup>2</sup> Wang, 2022.

<sup>3</sup> Scheiman, 2010.

requires all 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).

The following documentation is required to support the medical necessity of vision therapy or orthoptics:

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**

<b>CPT Codes</b>	
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.
<b>Invalid Codes</b>	
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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<b>RELATED POLICIES</b>	
1318	Low Vision Evaluation and Rehabilitation

<b>DOCUMENT HISTORY</b>		
<b><i>Approval Date</i></b>	<b><i>Revision</i></b>	<b><i>Effective Date</i></b>
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
07/10/2024	Annual review; no criteria changes.	10/01/2024

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