



PARAMOUNT

ADVANTAGE | ELITE | HMO
INDIVIDUAL MARKETPLACE |
PROMEDICA MEDICARE
PLAN | PPO

Vision Therapy

Policy Number: PG0318
Last Review: 11/14/2017

GUIDELINES

This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

SCOPE

Professional
 Facility

DESCRIPTION

Vision dysfunction can be congenital or can result from an acquired brain injury, and is characterized by abnormalities in accommodation and vergence such as convergence insufficiency and accommodative dysfunction. Convergence insufficiency is an impairment of binocular vision, i.e., the inability for both eyes to work together when looking at something that is near. Signs include intermittent exotropia (one eye may turn outward), reduced near point of convergence (NPC), and reduced convergence amplitudes. Common symptoms include double vision (diplopia), eyestrain, intermittent blurring, motion sickness, inability to concentrate, headaches, and a generalized decrease in visual awareness or constricted fields, among others. Quality of life is impacted in children with impaired binocular vision since it affects reading, sports, and other activities. The American Academy of Optometry (AAO) estimates that the median prevalence of convergence insufficiency in the population is 7%, and that the prevalence is similar for adults and children. Standard therapy for visual dysfunction can be categorized broadly as optical correction, including added lens power and prism; pharmaceutical agents; extraocular muscle surgery; and vision therapy.

Vision therapy (VT) generally encompasses a wide range of optometric treatments, e.g., lenses, prisms, specialized instruments, and computer programs as well as eye exercises and behavioral therapies. The primary goal of therapy is to correct or improve specific dysfunctions of the vision in order to improve functioning and quality of life. VT is administered in the office under the guidance of an optometrist, vision therapist, or orthoptist and typically requires a number of visits that are 30 to 60 minutes in length and with an overall duration lasting several weeks to months. Activities that parallel in-office techniques are taught to the patient to be performed at home to reinforce the developing visual skills.

POLICY

Vision therapy (92065) requires prior authorization for all product lines.

COVERAGE CRITERIA

HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan, Advantage

Paramount considers up to 12 vision therapy in-office visits or sessions medically necessary for treatment of convergence insufficiency (ability of eyes to fix on the same point).

Requests for vision therapy exceeding 12 visits for this indication are subject to additional medical review. Members should be transitioned to a home program of exercises for convergence insufficiency (e.g., pencil push-ups).

Paramount will rigorously scrutinize requests for such therapy in patients over twelve (12) years of age for medical necessity.

Paramount considers vision therapy experimental and investigational for all other indications including, but not limited to:

- Exotropia (eye deviates outward) without convergence insufficiency
- Nystagmus (involuntary movement of the eyeballs)
- Convergence excess (esotropia is greater for near vision than for far vision)
- Divergence insufficiency
- Divergence excess
- Traumatic brain injury
- Dyslexia and learning disabilities

CODING/BILLING INFORMATION

The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

CPT CODES

92065	Orthoptic and/or pleoptic training, with continuing medical direction and evaluation
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REVISION HISTORY EXPLANATION

ORIGINAL EFFECTIVE DATE: 12/19/2014

12/19/14: Policy created to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).

11/12/15: Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).

11/18/16: Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).

11/14/17: Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).

12/21/2020: Medical policy placed on the new Paramount Medical Policy Format

REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

Industry Standard Review

Hayes, Inc.