

<b>Department:</b>	Medical Management	<b>Original Approval:</b>	12/24/2015
<b>Policy #:</b>	MM128	<b>Last Approval:</b>	01/15/2019
<b>Title:</b>	Orthoptic/Pleoptic Training		
<b>Approved By:</b>	UM Medical Subcommittee		

## **REQUIRED DOCUMENTATION**

- History of convergence insufficiency, including onset, duration, prior treatment, current symptoms
- convergence insufficiency survey score,
- results of examination
  - Visual acuity, each eye, with best spectacle correction
  - Magnitude and direction of the subjective and objective angle of strabismus with distance and near vision
  - Refractive error of each eye
  - Degree of fusion
- Treatment plan
- Goals of treatment,
- Documentation of patient’s response to treatment and adherence to the treatment plan

## **POLICY**

This policy serves to clarify the circumstances under which Community Health Plan of Washington’s (CHPW) product lines provide coverage for these services. Prior authorization is required for such services to determine whether these services are medically necessary.

This policy should not be used for requests for refraction or refractive lenses. This policy is not intended to limit referrals by Doctors of Optometry to rehabilitation therapists for treatment of functional limitations due to low or otherwise abnormal vision (e.g. learning safe food preparation, activities of daily living or mobility in the community etc.) It applies only to provision of vision training.

## **BACKGROUND**

Orthoptic/Pleoptic training can include a variety of optometric treatment methods with a stated goal of improving the function of an individual’s visual system. It may be referred to as eye exercise therapy, vision training, orthoptics, pleoptics, or optometric vision therapy.

Requests are usually for CPT Code 92065 (orthoptic and/or pleoptic training, with continuing medical direction and evaluation) or 92499 (unlisted ophthalmologic service or procedure). On occasion, a Doctor of Optometry may request a range of Physical Therapy codes including CPT 97161-97168, 97110, 97112, and 97010-97028 (or others). The criteria below apply regardless of the CPT code requested.

## DEFINITIONS

Orthoptics: the treatment or the art of treating defective visual habits, defects of binocular vision, and muscle imbalance by reeducation of visual habits, exercise, and visual training.

Pleoptics: A method of treatment for amblyopia, especially for those cases in which the wrong part of the retina is being used (eccentric fixation). The method forces the subject to use the central, highly sensitive part (the fovea).

## INDICATIONS/CRITERIA

<b>Medicaid Members</b>	<i>Continue to criteria for approval below.</i>
<b>Medicare Members</b>	

Coverage is determined by line of business with limitations as follows:

### WASHINGTON APPLE HEALTH:

#### CRITERIA FOR INITIATION OF THERAPY

##### For children age 20 and younger:

Orthoptic/pleoptic Therapy (Vision Therapy) is considered medically necessary for children when it is provided by a licensed doctor of optometry and one of the following criteria is met:

- There is a documented diagnosis of convergence insufficiency (CI), with a convergence insufficiency symptom survey (CISS) score of 16 or higher
- There is a diagnosis of documented traumatic brain injury and one of the following (CISS not needed):
  - Diagnosis of convergence insufficiency (CI)
  - Diagnosis of binocular insufficiency (BI)

##### For adults 21 years and older:

Orthoptic/pleoptic Therapy (Vision Therapy) is considered medically necessary for adults when it is provided by a licensed doctor of optometry and one of the following criteria is met:

- There is a documented diagnosis of convergence insufficiency (CI), with a convergence insufficiency symptom survey (CISS) score of 24 or higher
- There is a diagnosis of documented traumatic brain injury AND one of the following (CISS not needed):
  - Diagnosis of convergence insufficiency (CI)
  - Diagnosis of binocular insufficiency (BI)

## CRITERIA FOR CONTINUATION OF THERAPY

All the following medical necessity criteria must be met for continuation of therapy:

1. Functional progress has been made during initial therapy demonstrated by both of the following:
  - Improvement in the CISS, and
  - Improvement in the subjective and/or objective angle of strabismus with distance and near vision
2. Goals of therapy are not yet met.
3. Patient is actively participating in treatment sessions.
4. Patient is adherent to plan of care.
5. The Plan of Care must include ALL of the following:
  - The date of onset or exacerbation of the disorder
  - Specifics regarding both long-term and short-term goals
  - Measurable objectives
  - A reasonable estimate of the timelines for the specific goals
  - Specifics regarding the treatment techniques and/or exercises to be employed
  - The frequency and duration of treatment

## ORTHOPTIC/PLEOPTIC THERAPY IS NOT MEDICALLY NECESSARY FOR DYSLEXIA OR LEARNING DISABILITIES

American Academy of Pediatrics, American Association for Pediatric Ophthalmology and Strabismus, American Association of Certified Orthoptists, and American Academy of Ophthalmology Hoskins Center for Quality Eye Care: **Joint Statement: Learning Disabilities, Dyslexia, and Vision - Reaffirmed** Jul 2014

“Learning disabilities, including reading disabilities, are commonly diagnosed in children. Their etiologies are multifactorial, reflecting genetic influences and dysfunction of brain systems. Learning disabilities are complex problems that require complex solutions. Early recognition and referral to qualified educational professionals for evidence-based evaluations and treatments seem necessary to achieve the best possible outcome. Most experts believe that dyslexia is a language-based disorder. Vision problems can interfere with the process of learning; however, vision problems are not the cause of primary dyslexia or learning disabilities. Scientific evidence does not support the efficacy of eye exercises, behavioral vision therapy, or special tinted filters or lenses for improving the long-term educational performance in these complex pediatric neurocognitive conditions. Diagnostic and treatment approaches that lack scientific evidence of efficacy, including eye exercises, behavioral vision therapy, or special tinted filters or lenses, are not endorsed and should not be recommended.”

<https://www.aao.org/clinical-statement/joint-statement-learning-disabilities-dyslexia-vis>

## MEDICARE ADVANTAGE

The Centers for Medicare and Medicaid Services has no NCD for orthoptic therapy. Noridian has no LCD for orthoptic therapy

For selected individuals on a case by case basis, orthoptic/ pleoptic therapy (vision therapy) for Medicare Advantage enrollees may be appropriate when it is provided by a licensed doctor of optometry and one of the following criteria is met:

- There is a documented diagnosis of convergence insufficiency (CI), with a convergence insufficiency symptom survey (CISS) score of 24 or higher
- There is a documented diagnosis of convergence insufficiency (CI) or binocular insufficiency (BI) along with a diagnosis of documented traumatic brain injury (CISS not needed)

## SPECIAL CONSIDERATIONS

None.

## LIMITATIONS/EXCLUSIONS

Please refer to a product line's certificate of coverage for benefit limitations and exclusions for these services:

PRODUCT LINE	LINK TO CERTIFICATE OF COVERAGE
MEDICARE ADVANTAGE	<a href="http://healthfirst.chpw.org/for-members/resource-library/handbooks-and-guides">http://healthfirst.chpw.org/for-members/resource-library/handbooks-and-guides</a>
WASHINGTON APPLE HEALTH	<a href="http://chpw.org/our-plans/apple-health/">http://chpw.org/our-plans/apple-health/</a>
INTEGRATED MANAGED CARE	<a href="http://chpw.org/our-plans/apple-health/">http://chpw.org/our-plans/apple-health/</a>

## Citations & References

CFR	
WAC	
RCW	
Contract Citation	<input checked="" type="checkbox"/> WAH
	<input type="checkbox"/> IMC
	<input checked="" type="checkbox"/> MA
Other Requirements	
NCQA Elements	UM2

## Revision History

Revision Date	Revision Description	Revision Made By
12/03/2015	New policy written	Kate Brostoff, MD
12/24/2015	Approved	MMLT
01/20/2017	Link updates; Minor editing	Cyndi Stilson, RN
01/30/2017	Approved	MMLT
01/16/2018	This CCC was previously a UM Policy but was converted into MM Clinical Coverage Criteria.	LuAnn Chen, MD
02/09/2018	Approval	MMLT
01/03/2019	Updated links.	LuAnn Chen, MD
01/04/2019	Approval	UM Medical Subcommittee
01/08/2019	Indication of convergence insufficiency without traumatic brain injury added to criteria. Specific criteria added for Medicare members. Added criteria for continuation of therapy. Updated reference regarding dyslexia and learning disabilities.	LuAnn Chen, MD
01/15/2019	Approval	UM Committee