CLINICAL CRITERIA POLICY

CLINICAL CRITERIA POLICY TO ESTABLISH MEDICAL NECESSITY							
BENEFIT	**EYE CARE**	**POLICY SECTION**	**400 STANDARD PROCEDURES**		**POLICY NO**	**229**	
POLICY TITLE	**VISION THERAPY**						
POLICY DATE	**01/01/2020**	**REVISION DATE**	**02/18/2022**	**APPROVAL DATE**	**08/10/2022**		
DISCLAIMER LANGUAGE	- **Policy content and application may have state specific variance and considerations** - **Health Plan specific 'Indications and Limitations of Coverage' may apply as specified** - **Line of Business considerations (i.e., Medicaid, Medicare, Commercial) may apply as specified**						
EXCLUSIONS	- **There are no exclusions to this policy**						

I. POLICY STATEMENT

Coverage for Vision Therapy will be provided when medically indicated and in accordance with applicable state requirements and, as specific to Medicare, national and local coverage determinations. To effectively establish medical necessity for this service, Avēsis aligns its criteria with evidence and consensus based clinical practice guidelines set forth by the American Optometric Association (AOA)[1] and the College of Optometrists in Vision Development (COVD)[2]. The AOA incorporates evidence based best practice and FDA approval and/or recommendations; COVD has a Vision Development and Rehabilitation Review Board comprised of national professional membership. Avēsis Medical Directors and clinical staff are licensed medical professionals and review documentation submitted by requesting providers using sound medical judgment.

II. INDICATIONS AND LIMITATION OF COVERAGE

1.0 Vision therapy is a term used by eye care professionals and refers to orthoptic eye exercises as prescribed by pediatric ophthalmologists and optometrists in the treatment of symptomatic convergence insufficiency and other ocular motor dysfunctions
  1.1 The vision therapy program is based on the results of standardized binocular tests, the needs of the enrollee, and the enrollee's signs and symptoms.
2.0 Vision therapy visits are payable at a maximum of 24 visits per year.
3.0 *State specific requirements apply as outlined in sections below.*

III. MEDICAL NECESSITY REQUIREMENTS FOR APPLICABLE CODES BY STATE

Note: unless specifically referenced by Age, criterion point applicable to both Adult and Children

1.0 To establish medical necessity, relevant diagnoses referenced below in Table 1, page 2 and all criterion points referenced below in Table 2, page 3 must be clearly & legibly documented in the medical record and made available to Avēsis upon request.
  1.1 Areas where 'white out' is used are not accepted.
  1.2 Areas with 'black out' or 'scribble' will not be accepted.
    1.2.1 A single line through text where the text will remain readable is acceptable with provider initials and date.
2.0 Services will be denied for prior authorization requests when:
  2.1 Documentation submitted by the requesting provider does not establish the medical necessity per requirements in Tables 1 and 2, respectively.
    2.1.1 Specific to select E&M codes as outlined below in Table 2 which may vary by state, formal test type, interpretation, and report must be present in chart note.

[1] American Optometric Association https://www.aoa.org/practice/clinical-guidelines/clinical-practice-guidelines?sso=y
[2] College of Optometrists in Vision Development https://www.covd.org/page/Review_Board

2.2 Documentation submitted is incomplete and provider fails to respond to requests for additional clarifying information.
2.2.1 Providers repeatedly failing to submit documentation timely will be referred to Quality.

3.0 The primary eye care practitioner must submit:
3.1 Comprehensive eye examination notes
3.2 Standardized binocular test results
3.3 Treatment plan clearly stating:
3.3.1 Anticipated goals of treatment
3.3.2 Duration of treatment
3.3.3 Frequency of visits
3.3.4 Therapy activities:
i. Performed in office during therapy appointment
ii. Performed and practiced at home by patient

4.0 Formal interpretations and report summaries for certain codes, as defined in the body of this protocol and by certifying state and clinical bodies.

5.0 If applicable, Provider and enrollee will receive written notification of adverse determination which outlines right for appeal and instructions on request procedure and applicable timeframes.

6.0 Providers submitting documentation for post service review for service rendered which exceeds 'Indications and Limitation of Coverage' in Section 1 or documentation submitted does not support medical necessity as outlined in this policy will be denied payment.
6.1 The enrollee must be held harmless; the provider is prohibited from billing enrollee.
6.2 Provider has right to request dispute resolution per policy.

IV. ICD-10 Codes and CPT Codes

Table 1: ICD-10 Codes Supportive of Medical Necessity – Applicable to ALL states

ICD-10 CODE	DESCRIPTION
F80.0 – F80.82	Phonological disorder – Social pragmatic communication disorder
F81.0	Specific reading disorder
F81.81	Disorder of written expression
F81.9	Developmental disorder of scholastic skills, unspecified
F84.0	Autistic disorder
F89	Unspecified disorder of psychological development
H49.00 – H49.43	Third [oculomotor] nerve palsy – Progressive external ophthalmoplegia
H50.011 – H50.042	Monocular esotropia – Monocular esotropia with other noncomitancies
H50.05 – H50.08	Alternating esotropia – Alternating esotropia with other noncomitancies
H50.111 – H50.142	Monocular exotropia – Monocular exotropia with other noncomitancies
H50.15 – H50.18	Alternating exotropia – Alternating exotropia with other noncomitancies
H50.311 – H50.43	Intermittent monocular esotropia – Accommodative component in esotropia
H50.51 – H50.55	Esophoria – Alternating heterophoria
H50.611 – H50.612	Brown's sheath syndrome
H50.811 – H50.812	Duane's syndrome
H51.11 – H51.12	Convergence insufficiency - Convergence excess
H52.511 – H52.539	Internal ophthalmoplegia (complete) (total) – Spasm of accommodation

ICD-10 CODE	DESCRIPTION
H53.011 – H53.039	Deprivation amblyopia – Strabismic amblyopia
H53.10	Unspecified subjective visual disturbances
H53.121 – H53.16	Transient visual loss – Psychophysical visual disturbances
H53.2 – H53.34	Diplopia – Suppression of binocular vision
H55.01 – H55.03	Congenital nystagmus – Visual deprivation nystagmus
H55.81	Saccadic eye movements
H93.25	Central auditory processing disorder
R48.0	Dyslexia and alexia
R48.3	Visual agnosia
R94.113	Abnormal oculomotor study

Table 2: CPT CODE AND APPLICABLE CRITERION – NOTE: STATE SPECIFIC VARIABLES APPLY

STATE	District of Columbia	Delaware	Georgia	Illinois	Kentucky	Louisiana	Nebraska	New Hampshire	North Carolina	Texas
CODES	92060 92065 96112 96113 96116 97110 97112 97530	92060 92065 96112 96113 97110 97112 97530	92060 92065 96112 96116 97110 97112 97530	92060 92065 96112 96113 97110 97112 97530	92060 92065 96112 96113 96116 97110 97112 97530	92060 92065 96112 96113 96116 97110 97112 97530	92060 92065 96112 96113 96116 97110 97112 97530	92060 96112 96113 96116 97110 97112 97530	92060 96112 96113 96116 97110 97112 97530	92060 92065 96112 96113 93116 97110 97112 97530

CODE	MEDICAL NECESSITY CRITERION POINT
92060	Sensorimotor examination with multiple measurements of ocular deviation with interpretation and report
92065*	Orthoptic and/or pleoptic training, with continuing medical direction and evaluation ***No additional requirements***
96112*	Developmental test administration (including fine and/or gross motor and/or executive level functions) by physician or other qualified health care professional, with interpretation and report; first hour. ***Specific to this code, refer to Section III, 2.1.1 for Louisiana and New Hampshire only***
96113*	Developmental test administration (including fine and/or gross motor and/or executive level functions) by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes. ***Specific to this code, refer to Section III, 2.1.1 for all states above <u>except</u> Louisiana and New Hampshire***
96116*	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual special abilities) per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results preparing report. Performed generally after a screening or questionnaire has revealed an area of deficit or concern. The test requires an interpretation and a formal report outlining the treatment plan. This testing is not billable if performance does not directly influence treatment plan. ***Specific to this code, refer to Section III, 2.1.1 for Louisiana and New Hampshire only***
97110	Therapeutic exercises to develop strength and endurance, range of motion and flexibility. This could be used for working with convergence insufficiency or accommodative dysfunctions

97112	Neuromuscular reeducation of movement, balance coordination, kinesthetic sense, posture and proprioception. This is often used for eccentric fixation training
97530	Therapeutic activities utilized to restore a patient's functional performance with dynamic activities, such as training in specific functional movements or activities performed during daily living routines. This could be used to train a patient with oculomotor/saccadic dysfunctions that are impacting performance. (excerpt from CMS, AMA CPT® definition.)

This table outlines all codes applicable to this policy; however, codes may or may not be applicable to each participating state due to variance in state requirements. Codes which are not appliable to all states and which have state specific variance in requirements are denoted with an asterisk*.
Providers must confirm codes covered for state as outlined below.