

CLINICAL CRITERIA POLICY

CLINICAL CRITERIA POLICY TO ESTABLISH MEDICAL NECESSITY					
BENEFIT	EYE CARE	POLICY SECTION	500 SURGICAL PROCEDURES	POLICY NO	500.01
POLICY TITLE	ADULT STRABISMUS SURGERY				
POLICY DATE	01/01/2020	REVISION DATE	02/09/2022	APPROVAL DATE	08/10/2022
DISCLAIMER LANGUAGE	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - There are no exclusions to this policy 				

I. POLICY STATEMENT

Coverage of Strabismus surgery in adults ≥ 21 years will be provided when medically indicated and in accordance with applicable state requirements and, as specific to Medicare, national and local coverage determinations. To establish medical necessity Avēsis aligns its criteria with the evidence and consensus based clinical practice guidelines set forth by the American Academy of Ophthalmology (AAO)¹. The AAO incorporates evidence based best practice and FDA approval and/or recommendations. Avēsis Medical Directors and clinical staff are licensed medical professionals and review criteria and documentation submitted by requesting providers against Avēsis criteria using sound medical judgment.

II. INDICATIONS AND LIMITATION OF COVERAGE

- 1.0 Strabismus surgery is an inability of one eye to attain binocular vision with the other because of imbalances of muscles of the eyeball; goals of strabismus surgery are to obtain normal visual acuity in each eye, to obtain or improve fusion, to eliminate any associated sensory adaptations or diplopia, and to improve visual fields.
- 2.0 Repair of strabismus when there is no expected improvement of fusion and visual acuity is considered cosmetic in nature and therefore is excluded from coverage.
- 3.0 Avēsis will reimburse Strabismus Corrective Surgery one time per eye, per adult, per Enrollee lifetime.
- 4.0 In order to determine medical necessity, Avēsis may request a copy of the clinical records, which must justify the diagnosis listed on the claim and the reason(s) procedure(s) were necessary for planning therapy and monitoring the progress of the disease diagnosed.
 - 4.1 When the documentation guidelines do not meet the criteria for the service rendered, or the documentation does not establish the medical necessity for the services, such services will be denied as not reasonable and necessary.
- 5.0 Services will be denied for prior authorization requests when:
 - 5.1 Documentation submitted by the requesting provider does not establish the medical necessity per requirements outlined.
 - 5.2 Documentation submitted is incomplete and provider fails to respond to requests for additional clarifying information.
 - 5.2.1 Providers repeatedly failing to submit documentation timely will be referred to Quality.
 - 5.3 Provider and enrollee will receive written notification of adverse determination which outlines right for appeal and instructions on request procedure and applicable timeframes.

¹American Academy of Ophthalmology <https://www.aao.org>

III. MEDICAL NECESSITY REQUIREMENTS

- 1.0 To establish medical necessity, relevant diagnoses referenced below in Table 1 and all criterion points referenced below must be clearly and legibly documented in the medical record and made available to Avësis upon request to bill for applicable CPT codes listed in Table 2.
 - 1.1 Areas where 'white out' is used are not accepted.
 - 1.2 Areas that are 'blackened out' or 'scribbled' 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 Documentation must support Diplopia, or if there is an impairment of peripheral vision due to esotropia or exotropia:
 - 2.1 Subjective-patient complaint (frequency, duration, related activities)
 - 2.2 Correctable deviation (diopter, direction of prism)
- 3.0 Surgeon must notate his expectations of restoration of fusion and visual function following corrective surgery to restore alignment.
- 4.0 Evidence of informed consent stating all pertinent risks and inclusive of the following:
 - 4.1 Date
 - 4.2 Consent to perform
 - 4.3 Consent to waive
 - 4.4 Patient or Representative Signature
 - 4.5 Surgeon/Physician Signature
 - 4.6 Witness Signature

V. ICD-10/CPT Codes SUPPORTING MEDICAL NECESSITY

For any code not listed below, please supply proper documentation with your Prior Authorization request, and Avësis will consider and make a determination based on medical necessity.

Table 1: APPLICABLE DIAGNOSIS CODES

ICD-10 CODE	DESCRIPTION
C69.90 – C69.92	Malignant neoplasm of eye and adnexa
C71.0 – C71.9	Malignant neoplasm of brain
C79.31 – C79.32	Secondary malignant neoplasm of brain and cerebral meninges
C79.40 – C79.49	Secondary malignant neoplasm of other and unspecified parts of nervous system
D09.20 – D09.22	Carcinoma in situ of eye
D31.40 – D31.42	Benign neoplasm of ciliary body
D33.2	Benign neoplasm of brain, unspecified
D33.3	Benign neoplasm of cranial nerves
D33.4	Benign neoplasm of spinal cord
E05.00 – E05.91	Thyrotoxicosis [hyperthyroidism]
H05.20	Unspecified exophthalmos
H46.2 – H46.3	Nutritional optic neuropathy – Toxic optic neuropathy
H47.011 – H47.019	Ischemic optic neuropathy
H49.00 – H49.03	Paralytic strabismus, Third [oculomotor] nerve palsy
H49.20 – H49.23	Paralytic strabismus, Sixth [abducent] nerve palsy
H50.00 – H50.9	Unspecified esotropia – Unspecified strabismus
H53.19	Other subjective visual disturbances

ICD-10 CODE	DESCRIPTION
H53.2	Diplopia
I60.00 – I60.9	Nontraumatic subarachnoid hemorrhage
I61.0 – I68.2	Nontraumatic intracerebral hemorrhage – Cerebral arteritis in other diseases classified elsewhere
S02.0XXA – S02.11FS	Fracture of vault of skull – Type III occipital condyle fracture, left side
S02.30XA – S02.32XS	Fracture of orbital floor
S05.20XA – S05.22XS	Ocular laceration and rupture with prolapse or loss of intraocular tissue
S05.30XA – S05.32XS	Ocular laceration without prolapse or loss of intraocular tissue
S05.40XA – S05.42XS	Penetrating wound of orbit with or without foreign body
S05.50XA – S05.52XS	Penetrating wound with foreign body of eyeball
S05.60XA – S05.62XS	Penetrating wound without foreign body of eyeball
S05.70XA – S05.72XS	Avulsion of eye
S05.90XA – S05.92XS	Unspecified injury of eye and orbit
S09.0XXA – S09.12XS	Injury of blood vessels of head, not elsewhere classified – Laceration of muscle

TABLE 2: APPLICABLE CPT CODES

CPT	DESCRIPTION
67311	Strabismus surgery, recession or resection procedure: one horizontal muscle
67312	Two horizontal muscles
67314	One vertical muscle (excluding superior oblique)
67316	Two or more vertical muscles (excluding superior oblique)
67318	Strabismus surgery, any procedure, superior oblique muscle
67320	Transposition procedure (e.g., for paretic extraocular muscle), any extraocular muscle (specify) (List separately in addition to code for primary procedure)
67331	Strabismus surgery on patient with previous eye surgery or injury that did not involve the EOM (List separately in addition to code for primary procedure)
67332	Strabismus surgery on patient with scarring of EOM (e.g., prior ocular injury, strabismus or retinal detachment surgery) or restrictive myopathy (e.g., dysthyroid ophthalmopathy) (List separately in addition to code for primary procedure)
67334	Strabismus surgery by posterior fixation suture technique, with or without muscle resection (List separately in addition to code for primary procedure)
67335	Placement of adjustable suture(s) during strabismus surgery including postoperative adjustments of suture(s) – (List separately in addition to code for primary procedure)
67340	Strabismus surgery involving exploration and/or repair of detached EOM (List separately in addition to code for primary procedure)
67343	Release of extensive scar tissue without detaching EOM (separate procedure)
67345	Chemodenervation of EOM