

Medical Policy



Vision Therapy

Policy Number: PG0318
Last Review: 10/01/2024

HMO AND PPO
ELITE (MEDICARE ADVANTAGE)
MARKETPLACE

GUIDELINES:

- This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder terms, conditions, exclusions, and limitations contract. It does not constitute a contract or guarantee regarding coverage or reimbursement/payment. Self-Insured group specific policy will supersede this general policy when group supplementary plan document or individual plan decision directs otherwise.
- Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards.
- This medical policy is solely for guiding medical necessity and explaining correct procedure reporting used to assist in making coverage decisions and administering benefits.

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. Vision Therapy is also referred to as eye exercise therapy, visual therapy, visual training, vision training, Orthoptic Therapy, orthoptics, orthoptic vision therapy, or optometric vision therapy. 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:

Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans

- **Paramount considers vision therapy medically necessary for certain conditions when medical criteria are met. Also known as, vision training, orthoptics, optometric vision therapy, orthoptic vision therapy, eye training, or eye exercises, vision therapy includes the use of eye exercises and**

controlled visual tasks or procedures to correct or improve visual function. Prior authorization is required (92065, 92066), for all product lines.

- **Procedures 0687T, 0688T, 0704T, 0705T, 0706T, A9292 are non-covered for all product lines.**

COVERAGE CRITERIA:

Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans

The following are proven and medically necessary treatments:

- Amblyopia
 - Occlusion Therapy - Patching the unaffected or good eye provides monocular stimulation to the amblyopic eye, promoting visual development. Occlusion therapy or patching is the mainstay of amblyopia treatment.
 - Pharmacologic Penalization Therapy - The instillation of pharmacologic drops (e.g., atropine) to penalize the better seeing eye by forcing the brain to pay attention to the image coming from the weaker eye, prompting the brain to learn to see better from the weaker eye.
- Convergence Insufficiency
 - Orthoptic Therapy - series of exercises, usually weekly over several months, performed in the optometric office. Orthoptic eye exercises (orthoptics), as used by pediatric ophthalmologists and orthoptists, are eye exercises to improve binocular function and are taught in the office and carried out at home. Conventional convergence exercises include gradual convergence exercised, convergence cards, stereograms, vergence facility exercises and base out prism exercised.
- Esotropia
 - Prism Adaptation Therapy - The use of clear, triangular shaped objects that bend light to permit alignment of the visual axes, simulating the absence of Strabismus. It is also proposed as a way to more accurately determine the angle of deviation or the target angle for Strabismus surgery.

Paramount considers up to 12 vision therapy in-office visits or sessions medically necessary.

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).

Normal visual development occurs primarily in the first 3 years and continues until approximately 8 years of age. Paramount will rigorously scrutinize requests for such therapy in patients over twelve (12) years of age for medical necessity.

Limitations and Exclusions:

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

- Exotropia (eye deviates outward) without convergence insufficiency (there is limited evidence to support the use of orthoptic or vision therapy for exotropia alone)
- Anisometropic amblyopia
- Strabismic amblyopia
- Nystagmus (involuntary movement of the eyeballs)
- Convergence excess (esotropia is greater for near vision than for far vision) (No well-designed clinical trials evaluating the use of vision therapy for convergence excess or nystagmus are supported.)
- Divergence insufficiency (No well-designed clinical trials evaluating the use of vision therapy for divergence excess or divergence insufficiency are supported.)
- Divergence excess
- Neurological conditions adversely affecting the visual system after a brain injury including, but not limited to cerebrovascular accident/stroke, concussion, encephalopathy, post-surgical brain complications, traumatic brain injury, vestibular dysfunction

- Dyslexia and learning disabilities
- Developmental delays
- Refractive error, including myopia prevention
- Behavioral or perceptual visual therapy
- Visual information processing therapy and/or evaluation
- Visual perceptual training used to treat learning disabilities
- Vision restoration therapy

Vision therapy is no longer considered medically necessary once improvement cannot be demonstrated.

Vision restoration therapy, alone or in combination with transcranial direct current stimulation, for the treatment of visual field deficits following stroke or neurotrauma is considered experimental and investigational because its clinical value has not been established.

Based upon our criteria and assessment of the peer-reviewed literature, vision therapy does not improve patient outcomes and, therefore, is considered investigational for learning disabilities; including attention deficit hyperactivity disorder (ADHD) and dyslexia.

Remote, online and/or digital therapeutic vision training software (e.g., RevitalVision, Luminopia One) is considered experimental and investigational for the treatment of amblyopia, and for all other indications because of insufficient evidence in the peer-reviewed literature.

The use of smartphone eye exercise applications is considered experimental and investigational or NOT medically necessary due to limited evidence demonstrating the clinical utility and clinical validity of treatment.

Eye tracking digital system (e.g., CureSight System) is considered experimental and investigational for the treatment of amblyopia, and for all other indications because its effectiveness has not been validated in well-designed prospective clinical studies.

Virtual perception therapy (e.g., Oculus) for treating any type of learning disability or language disorder is considered experimental and investigational. Visual training and behavioral vision therapy for members with dyslexia and/or learning disabilities is considered experimental and investigational. The available data supporting the use of visual perceptual therapy to treat learning or developmental disabilities is derived primarily from uncontrolled or poorly controlled studies.

Definitions:

Amblyopia: Amblyopia (also called “lazy eye”) is a neurodevelopmental disorder characterized by vision loss in one eye that cannot be attributed to a structural abnormality of the eye or visual pathway. It is caused by persistent interference with properly focused and aligned images from one eye to the brain, resulting in the visual cortex suppressing visual input. If image suppression continues long enough, the brain’s visual system will not develop properly.

Convergence Insufficiency: 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.

Esotropia: A form of strabismus (eye misalignment) characterized by an inwards turn of one or both eyes. It may be intermittent or constant and may occur with near fixation, distance fixation, or both. The crossing may occur mostly with one eye or may alternate between eyes. It is the opposite of crossed eyes, or exotropia. Esotropia may occur at any age.

Occlusion Therapy: Occlusion therapy or patching is the mainstay of amblyopia treatment. Patching the

unaffected or good eye provides monocular stimulation to the amblyopic eye, promoting visual development. Occlusion therapy is prescribed to improve vision, and as a rule, does not eliminate strabismus.

Orthoptics Training: An optometric vision therapy program consists of supervised in-office and at home reinforcement exercises performed over weeks to months. Also referred to as vision therapy. In addition to exercises, lenses ("training glasses"), prisms, filters, patches, electronic targets, or balance boards may be used. Orthoptics is performed by orthoptists who work within the sub-specialty of ophthalmology. Orthoptists evaluate and measure eye deviations, manage amblyopia treatment and treat small intermittent symptomatic eye deviations. The profession of orthoptics includes the evaluation and treatment of disorders of the visual system, particularly involving binocular vision and eye movement. Optometrists define vision therapy as an attempt to develop or improve visual skills and abilities; improve visual comfort, ease, and efficiency; and change visual processing or interpretation of visual information.

Pharmacologic Penalization Therapy: The instillation of pharmacologic drops (e.g., atropine) to penalize the better seeing eye by forcing the brain to pay attention to the image coming from the weaker eye, prompting the brain to learn to see better from the weaker eye.

Prism Adaptation Therapy: The use of clear, triangular shaped objects that bend light to permit alignment of the visual axes, simulating the absence of Strabismus. It is also proposed as a way to more accurately determine the angle of deviation or the target angle for Strabismus surgery.

Visual Perceptual Training (VPT) is an intervention that is used to treat learning disabilities and language disorders (including developmental delay). Visual perception training programs integrate speech and language activities, a wide range of sensory modalities, and various visual-motor perceptual activities (e.g., motor rhythm activities, body image training).

Visual perceptual training is not the same as vision therapy. Visual perceptual training is directed toward perceptual dysfunctions that are believed to affect language and learning abilities. Vision therapy is a set of exercises directed toward specific deficiencies in the movements and/or focusing of the eye (e.g., convergence insufficiency, disorders of accommodation, esophoria, strabismus, etc.). Visual perceptual training is generally provided by psychologists, psychotherapists, occupational therapists, or other behavioral health professionals. Vision therapy is provided by an optometrist or eye care professionals.

Vision Restoration Therapy (VRT): An in-home computer-based program designed to strengthen the visual information processing of residual neuronal structures that have survived following acute lesions of the nervous system resulting from ischemic optic neuropathy, trauma, stroke, inflammation, or elective surgery for removal of brain tumors. By repeated activation through the course of the therapy, patients use the program to train and improve their impaired visual functions, and thus regain useful vision in the area of the visual field deficit.

Vision Therapy: Optometrists define vision therapy as an attempt to develop or improve visual skills and abilities; improve visual comfort, ease, and efficiency; and change visual processing or interpretation of visual information. An optometric vision therapy program consists of supervised in-office and at home reinforcement exercises performed over weeks to months. In addition to exercises, lenses ("training glasses"), prisms, filters, patches, electronic targets, or balance boards may be used.

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
92066	Orthoptic training; under supervision of a physician or other qualified health care professional (New 01/01/2023)
0687T	Treatment of amblyopia using an online digital program; device supply, educational set-up, and initial session

0688T	Treatment of amblyopia using an online digital program; assessment of patient performance and program data by physician or other qualified health care professional, with report, per calendar month
0704T	Remote treatment of amblyopia using an eye tracking device; device supply with initial set-up and patient education on use of equipment
0705T	Remote treatment of amblyopia using an eye tracking device; surveillance center technical support including data transmission with analysis, with a minimum of 18 training hours, each 30 days
0706T	Remote treatment of amblyopia using an eye tracking device; interpretation and report by physician or other qualified health care professional, per calendar month
HCPCS Code	
A9292	Prescription digital visual therapy, software-only, FDA cleared, per course of treatment

REVISION HISTORY EXPLANATION: ORIGINAL EFFECTIVE DATE: 12/19/2014

Date	Explanation & Changes
12/19/14	<ul style="list-style-type: none"> Policy created to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG)
11/12/15	<ul style="list-style-type: none"> Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG)
11/18/16	<ul style="list-style-type: none"> Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG)
11/14/17	<ul style="list-style-type: none"> Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG)
12/21/2020	<ul style="list-style-type: none"> Medical policy placed on the new Paramount Medical Policy Format
04/29/2022	<ul style="list-style-type: none"> Policy reviewed and updated to reflect most current clinical evidence Added noncovered codes 0687T, 0688T, 0704T, 0705T, 0706T
02/20/2023	<ul style="list-style-type: none"> Medical Policy updated to reflect Medicaid coverage to Anthem as of 02/01/2023
02/01/2024	<ul style="list-style-type: none"> Added non-covered HCPCS Code A9292
10/01/2024	<ul style="list-style-type: none"> Medical Policy reviewed and updated to reflect the most current clinical evidence Added covered code 92066, requiring a prior authorization effective 12/01/2024

Paramount reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to <https://www.paramounthealthcare.com/providers/medical-policies/policy-library>

REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals> <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs>

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services <https://www.ama-assn.org/amaone/cpt-current-procedural-terminology>

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update>

U.S. Preventive Services Task Force, <https://www.uspreventiveservicestaskforce.org/uspstf/>
Industry Standard Review

Hayes, Inc., <https://www.hayesinc.com/>

Industry Standard Review