



# Geisinger Health Plan Policies and Procedure Manual

**Policy: MP277**

**Section: Medical Benefit Policy**

**Subject: Vision Therapy/Orthoptics**

## Applicable Lines of Business

<b>Commercial</b>	<b>X</b>	<b>CHIP</b>	<b>X</b>
<b>Medicare</b>	<b>X</b>	<b>ACA</b>	<b>X</b>
<b>Medicaid</b>	<b>X</b>		

### I. Policy: Vision Therapy/Orthoptics

### II. Purpose/Objective:

To provide a policy of coverage regarding Vision Therapy/Orthoptics

### III. Responsibility:

- A. Medical Directors
- B. Medical Management

### IV. Required Definitions

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

### V. Additional Definitions

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

- a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
- b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
- c. in accordance with current standards of good medical treatment practiced by the general medical community.
- d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
- e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

### Medicaid Business Segment

Medically Necessary — A service, item, procedure, or level of care that is necessary for the proper treatment or management of an illness, injury, or disability is one that:

- Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
- Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.

- Will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age

**DESCRIPTION:**

Vision Therapy/Orthoptics involves the use of various non-surgical methods to correct or improve visual dysfunction. Vision therapy may include eye exercises, eye patches, specialized lenses filters, occluders and prisms.

**INDICATIONS: REQUIRES PRIOR AUTHORIZATION BY A PLAN MEDICAL DIRECTOR OR DESIGNEE unless contractually excluded.**

**For Medicaid Business Segment**

Vision therapy/orthoptics may be considered medically necessary for members under age 21 when ordered by an ophthalmologist or optometrist for treatment of any of the following indications:

- Convergence insufficiency
- Strabismus
- Amblyopia

**LIMITATIONS:**

The current published medical literature does not support the use of vision therapy for any of the following conditions:

- Dyslexia
- Developmental delay
- Learning disabilities
- Traumatic brain injury
- Behavioral conditions
- Rehabilitation after stroke
- Nystagmus
- Colored lenses for scotopic sensitivity

**Medicare Business Segment:**

Medicare does not have a National Coverage Determination (NCD) or a Local Coverage Determination (LCD) for vision therapy/orthoptics used for treating amblyopia.

Medicare does not have an NCD or an LCD for vision therapy/orthoptics used to treat convergence insufficiency.

Medicare does not have an NCD or an LCD for Vision Restoration Therapy (VRT) used for treating visual field deficits following stroke or neurotrauma.

Medicare covers rehabilitation services for members with a primary vision impairment diagnosis when provided by a qualified occupational or physical therapist (or a person supervised by a qualified therapist) and when provided according to a written treatment plan written by a physician.

**EXCLUSIONS:**

Most business segments consider vision therapy to be contractually excluded and therefore **NOT COVERED**.

There is insufficient evidence in the peer-reviewed published literature to support the use of remote, home computer programs or digital therapeutics for orthoptics or vision training.

**UNLESS OTHERWISE NOTED ABOVE:**

**Vision therapy** for the treatment of reading disorders, dyslexia, nystagmus, stroke or traumatic brain injury with visuospatial deficit, hemispatial neglect, or visual loss is considered to be experimental, investigational or unproven and therefore, **NOT COVERED**. The Geisinger Technology Assessment recommendation of non-coverage is based on weak and inconclusive data derived primarily from uncontrolled or poorly controlled studies with significant methodological flaws.

**Visual perception therapy** is considered experimental, investigational or unproven and therefore, **NOT COVERED**. The Geisinger Technology Assessment recommendation of non-coverage is based on retrospective literature reviews derived from uncontrolled or poorly controlled studies with methodological flaws.

**Vision restoration therapy** for treatment of visual field deficits following stroke or neurotrauma is considered experimental, investigational or unproven, and therefore, **NOT COVERED**. The Geisinger Technology Assessment recommendation of non-coverage is based on limited data from published studies with short follow-up time.

Use of these therapies as a separate service in a rehabilitative setting, with the exception of use of vision therapy (including occlusion and prism lens therapy) for treatment of convergence insufficiencies, is considered to be experimental, investigational or unproven and therefore, **NOT COVERED**. When included as part of an overall treatment plan in the treatment of nystagmus, stroke or traumatic brain injury with visuospatial deficit, hemispatial neglect, or visual loss, the unproven benefit of these modalities would preclude payment. There is no evidence of overt harm stemming from these therapies, so their use could be included in the overall treatment plan, but no unique reimbursement would be made.

**Note: A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven is outlined in MP 15 - Experimental Investigational or Unproven Services or Treatment.**

### **Medicaid Business Segment:**

Any requests for services, that do not meet criteria set in the PARP, may be evaluated on a case by case basis.

**CODING ASSOCIATED WITH:** Vision Therapy/Orthoptics

*The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at [www.cms.gov](http://www.cms.gov) or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements.*

- 0615T Eye-movement analysis without spatial calibration, with interpretation and report
- 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
- 92065 Orthoptic training, performed by a physician or other qualified health care professional
- 92066 Orthoptic training; under supervision of a physician or other qualified health care professional
- 97530 therapeutic activities direct patient contact, each 15 minutes

Current Procedural Terminology (CPT®) © American Medical Association: Chicago, IL

### **LINE OF BUSINESS:**

**Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD's and NCD's will supercede this policy. For PA Medicaid Business segment, this policy applies as written.**

### **REFERENCES:**

Handler SM, Fierson WM, Section on Ophthalmology and Council on Children with Disabilities AAoO, American Association for Pediatric Ophthalmology and Strabismus, and American Association of Certified Orthoptists,. Learning disabilities, dyslexia, and vision. Pediatrics 2011; 127(3):e818-56.

Christenson GN, Griffin JR, Taylor M. Failure of blue-tinted lenses to change reading scores of dyslexic individuals. Optometry 2001; 72(10):627-33

Dusek WA, Pierscionek BK, McClelland JF. An evaluation of clinical treatment of convergence insufficiency for children with reading difficulties. BMC Ophthalmol 2011; 11:21

Shin HS, Park SC, Maples WC. Effectiveness of vision therapy for convergence dysfunctions and long-term stability after vision therapy. *Ophthalmic Physiol Opt* 2011; 31(2):180-9.

Scheiman M, Rouse M, Kulp MT et al. Treatment of convergence insufficiency in childhood: a current perspective. *Optom Vis Sci* 2009; 86(5):420-8.

Rawstron JA, Burley CD, Elder MJ. A systematic review of the applicability and efficacy of eye exercises. *J Pediatr Ophthalmol Strabismus* 2005; 42(2):82-8.

American Academy of Ophthalmology Pediatric Ophthalmology/Strabismus Panel. Preferred Practice Patterns Esotropia and Exotropia: American Academy of Ophthalmology; 2007.  
Available at: [http://one.aao.org/CE/PracticeGuidelines/PPP\\_Content.aspx?cid=89921a42-f4b1-47e4-a5ef-6cbbce4d0197#appendix](http://one.aao.org/CE/PracticeGuidelines/PPP_Content.aspx?cid=89921a42-f4b1-47e4-a5ef-6cbbce4d0197#appendix).

Ciuffreda KJ, Rutner D, Kapoor N, Suchoff IB, Craig S, Han ME. Vision therapy for oculomotor dysfunctions in acquired brain injury: a retrospective analysis. *Optometry*. 2008 Jan;79(1):18-22.

ECRI Institute. Hotline Response: Vision Therapy for Treating Eye Disorders. May 2012.

ECRI Institute. Hotline Response: Vision Therapy for Stroke and Traumatic Brain Injury. January 2010.

ECRI Institute. Hotline Response. Vision Therapy for Children with Ocular Motility and Related Disorders. August 2007.

ECRI Institute. Hotline Response. Vision Therapy for Children with Learning Disorders, Traumatic Brain Injury, and Related Disorders. September 2007

Pollock A, Hazelton C, Henderson CA, et al. Interventions for visual field defects in patients with stroke. *Cochrane Database Syst Rev*. 2011 Oct 5;(10):CD008388.

Ritchie SJ, Della Sala S, McIntosh RD. Irlen colored overlays do not alleviate reading difficulties. *Pediatrics*. 2011;128(4):e932-e938.

Hayes, Inc Online. Vision therapy for convergence insufficiency and accommodative dysfunction in children. Dec. 17, 2013

Mueller I, Poggel DA, Kenkel S, et al. Vision restoration therapy after brain damage: Subjective improvements of activities of daily life and their relationship to visual field enlargements. *Vis Impair Res*. 2003;5(3):157-178

Mueller I, Mast H, Sabel BA. Recovery of visual field defects: A large clinical observational study using vision restoration therapy. *Restor Neurol Neurosci*. 2007;25(5-6):563-572

Romano J, Schulz P, Kenkel S, et al. Visual field changes after a rehabilitation intervention: Vision restoration therapy. *J Neurol Sci*. 2008;273(1-2):70-74

Jung CS, Bruce B, Newman NJ, Biousse V. Visual function in anterior ischemic optic neuropathy: Effect of Vision Restoration Therapy -- a pilot study. *J Neurol Sci*. 2008;268(1-2):145-149

Glisson CC. Capturing the benefit of vision restoration therapy. *Curr Opin Ophthalmol*. 2006;17(6):504-508

McFadzean RM. NovaVision: Vision restoration therapy. *Curr Opin Ophthalmol*. 2006;17(6):498-503

Schinzel J, Schwarzlose L, Dietze H, et al. Efficacy of vision restoration therapy after optic neuritis (VISION study): Study protocol for a randomized controlled trial. *Trials*. 2012;13:94

Sabel BA, Gudlin J. Vision restoration training for glaucoma: a randomized clinical trial. *JAMA Ophthalmol*. 2014 Apr 1;132(4):381-9.

Keller I, Lefin-Rank G. Improvement of visual search after audiovisual exploration training in hemianopic patients. *Neurorehabil Neural Repair*. 2010 Sep;24(7):666-73.

Veteran's Administration (VA) Technology Assessment Program. Visual Problems In Traumatic Brain Injury: A Systematic Review Of Sequelae And Interventions For The Veteran Population. May 2009

Ciuffreda KJ, Rutner D, Kapoor N, Suchoff IB, Craig S, Han ME. Vision therapy for oculomotor dysfunctions in acquired brain injury: a retrospective analysis. *Optometry*. 2008 Jan;79(1):18-22

Cunningham SA, Reagan CL. *Handbook of Visual Perceptual Training*. Springfield, IL: Charles C. Thomas Publisher; 1972

American Academy of Pediatrics. Learning disabilities, dyslexia, and vision: A subject review. Committee on Children with Disabilities, American Academy of Pediatrics (AAP) and American Academy of Ophthalmology (AAO), American Association for Pediatric Ophthalmology and Strabismus (AAPOS). *Pediatrics*. 1998;102(5):1217-1219

Hallahan DP and Mercer CD. Educational programming: Dominance of psychological processing and visual perceptual training. In: *Learning Disabilities: Historical Perspectives*. Learning Disabilities Summit: Building a Foundation for the Future White Papers, Nashville, TN. National Research Center for Learning Disabilities, August 2001, <http://www.nrcld.org/resources/1dsummit/hallahan.pdf>

Olitsky SE, et al. Reading disorders in children. *Pediatric Clinics of North America*, February 2003; 50(1): 213-224.

Rutstein RP, Quinn GE, Lazar EL, et al. A randomized trial comparing Bangerter filters and patching for the treatment of moderate amblyopia in children. *Ophthalmology*. 2010 May;117(5):998-1004.e6.

Agervi P, Kugelberg U, Kugelberg M, et al. Randomized evaluation of spectacles plus alternate-day occlusion to treat amblyopia. *Ophthalmology*. 2010 Feb;117(2):381-7.

Shotton, K, Elliott, S. Interventions for strabismic amblyopia. *Cochrane Database Syst Rev*. 2008;(2):CD006461

Taylor K, Elliott S. Interventions for strabismic amblyopia. *Cochrane Database Syst Rev*. 2011 Aug 10;(8):CD006461

Williams C, Northstone K, Borwick C, et al. How to help children with neurodevelopmental and visual problems: a scoping review. *Br J Ophthalmol*. 2014 Jan;98(1):6-12

Scheiman M, Gwiazda J, Li T. Non-surgical interventions for convergence insufficiency. *Cochrane Database Syst Rev*. 2011a Mar 16;(3):CD006768

Cacho Martínez P, García Muñoz A, Ruiz-Cantero MT. Treatment of accommodative and nonstrabismic binocular dysfunctions: a systematic review. *Optometry*. 2009;80(12):702-716

Elder MJ. A systematic review of the applicability and efficacy of eye exercises. *J Pediatr Ophthalmol Strabismus*. 2005;42(2):82-88.

National Eye Institute (NEI). More Effective Treatment Identified for Common Childhood Vision Disorder. NEI Press Release. October 13, 2008.

Scheiman M, Cotter S, Kulp MT, et al. Convergence Insufficiency Treatment Trial Study Group. Treatment of accommodative dysfunction in children: results from a randomized clinical trial. *Optom Vis Sci*. 2011b Nov;88(11):1343-52.

Turton AJ, O'Leary K, Gabb J, et al. A single blinded randomised controlled pilot trial of prism adaptation for improving self-care in stroke patients with neglect. *Neuropsychol Rehabil*. 2010 Apr;20(2):180-96.

Medicare benefit Policy Manual, Chapter 15, §220.2 – Reasonable and Necessary Outpatient Rehabilitation Therapy Services

Pollock A, Hazelton C, Rowe FJ, et al. Interventions for visual field defects in people with stroke. *Cochrane Database Syst Rev*. 2019 May 23;(5):CD008388.

Hopkins S, Black AA, White SLJ, et al. Visual information processing skills are associated with academic performance in Grade 2 school children. *Acta Ophthalmol*. 2019 Dec;97(8):e1141-e1148.

CITT-ART Investigator Group. Treatment of Symptomatic Convergence Insufficiency in Children Enrolled in the Convergence Insufficiency Treatment Trial-Attention & Reading Trial: A Randomized Clinical Trial. *Optom Vis Sci*. 2019 Nov;96(11):825-835

Cavanaugh MR, Blanchard LM, McDermott M, et al. Efficacy of Visual Retraining in the Hemianopic Field After Stroke: Results of a Randomized Clinical Trial. *Ophthalmology*. 2020 Nov 23:S0161-6420(20)31114-3.

Elhusseiny AM, Bishop K, Staffa SJ, et al. Virtual reality prototype for binocular therapy in older children and adults with amblyopia. *J AAPOS*. 2021 Jul 8: S1091-8531(21)00172-5.

Feng Y, Jiang J, Bai X, et al. A randomized trial evaluating efficacy of overminus lenses combined with prism in the children with intermittent exotropia. *BMC Ophthalmol*. 2021 Feb 6;21(1):73.

Pang Y, Gnanaraj L, Gayleard J, et al. Interventions for intermittent exotropia. *Cochrane Database of Systematic Reviews* 2021, Issue 9. Art. No.: CD003737.

Geisinger Health Plan Technology Assessment Committee. Prescription Digital Therapeutics. Jan 2023.

This policy will be revised as necessary and reviewed no less than annually.

**Devised:** 7/13

**Revised:** 4/15 (added exclusions); 3/20 (add Medicare information); 3/23 (add digital therapeutic exclusion)

**Reviewed:** 8/14, 5/16, 4/17, 4/18, 4/19, 3/21, 3/22, 3/24

**CMS UM Oversight Committee Approval:** 12/23, 5/24

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

Coverage for experimental or investigational treatments, services and procedures is specifically excluded under the member's certificate with Geisinger Health Plan. Unproven services outside of an approved clinical trial are also specifically excluded under the member's certificate with Geisinger Health Plan. This policy does not expand coverage to services or items specifically excluded from coverage in the member's certificate with Geisinger Health Plan. Additional information can be found in MP015 Experimental, Investigational or Unproven Services.

Prior authorization and/or pre-certification requirements for services or items may apply. Pre-certification lists may be found in the member's contract specific benefit document. Prior authorization requirements can be found at <https://www.geisinger.org/health-plan/providers/ghp-clinical-policies>

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