



# Geisinger Health Plan Policies and Procedure Manual

**Policy: MP277**

**Section: Medical Benefit Policy**

**Subject: Vision Therapy/Orthoptics**

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**Applicable line of business:**

<b>Commercial</b>	<b>x</b>	<b>Medicaid</b>	<b>x</b>
<b>Medicare</b>	<b>x</b>	<b>ACA</b>	<b>x</b>
<b>CHIP</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.

**Commercial**

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.

**Medicare**

Geisinger Gold Medicare Advantage HMO, PPO, and HMO D-SNP plans are offered by Geisinger Health Plan/Geisinger Indemnity Insurance Company, health plans with a Medicare contract. Continued enrollment in Geisinger Gold depends on contract renewal. Geisinger Health Plan/Geisinger Indemnity Insurance Company are part of Geisinger, an integrated health care delivery and coverage organization.

**CHIP**

Geisinger Health Plan Kids (GHP Kids) is a Children's Health Insurance Program (CHIP) offered by Geisinger Health Plan in conjunction with the Pennsylvania Department of Human Services (DHS). Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

**Medicaid**

Geisinger Health Plan Family (GHP Family) is a Medical Assistance (Medicaid) insurance program offered by Geisinger Health Plan in conjunction with the Pennsylvania Department of Human Services (DHS). Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization

**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.

## Commercial Business Segment:

Most contracts consider vision therapy to be contractually excluded and therefore **NOT COVERED**. For contracts with no such exclusion, a maximum of 12 orthoptic vision therapy visits or sessions will be considered medically necessary for treatment of convergence insufficiency.

### EXCLUSIONS:

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. These services are considered to be unproven and therefore, **NOT COVERED**.

### 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 **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 **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 **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 **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 supersede this policy. For PA Medicaid Business segment, this policy applies as written.**

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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); 3/25 (clarify Commercial coverage position; update Exclusions)

**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, 4/25

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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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