REVISED VISION POLICY

VISION SERVICES AND VISION THERAPY

Vision Services

A licensed ophthalmologist, optometrist or optician, within the Scope of Practice Act in their respective profession, may provide vision services.

Coverage and Limitations

EqualityCare covers the following vision services for clients under the age of 21:

Examinations:

- Eye examinations to determine visual acuity and refraction, binocular vision, and eye health. Eye examination codes 92002, 92004, 92012, and 92014 include evaluation of these functions. Special ophthalmologic services should be performed only when medically necessary. Eye care provider records must reflect medical necessity and include interpretation and report, as appropriate, of the procedure.
- Office exams as medically necessary for the treatment of eye disease or eye injury.

Eyeglasses:

- One pair of eyeglasses is covered within a 12 month period. Eyeglasses needing to be replaced within this time period due to medical necessity, damage, or loss should be replaced only with the component(s) needing replacement. If eye glasses are under provider warranty, repair of eyeglasses is not billable to EqualityCare. Upon expiration of the warranty, repair of the eyeglasses can be billed. The provider is responsible for maintaining documentation to substantiate why the additional eyeglasses are medically necessary.
- EqualityCare allows up to $76.00 for standard frames. The provider may not “balance bill” the patient for glasses that cost more than the allowable amount unless there is a written agreement signed by the client and the provider.
• Single vision, bifocal or trifocal lenses are covered. **Miscellaneous services (codes V2700-V2799, with the exception of V2784) are covered only with prior authorization and when deemed medically necessary by an ophthalmologist or optometrist.** **Physician records must reflect medical necessity.**

• Polycarbonate lenses (V2784), which includes scratch resistant coating, are a covered service. The V2784 code will be billed as an add-on to a standard C-39 lens.

**Contact Lenses:**

• Contact lenses are covered only for correction of pathological conditions when useful vision cannot be obtained with regular lenses. **Prior authorization is not required at the time of service; however, the medical record should document why the patient requires contact lenses versus eyeglasses.**

**EqualityCare covers the following vision services for clients age 21 and over:**

• Treatment of eye disease or eye injury, based on the appropriate ICD-9 diagnosis code
• Payment of deductible and/or coinsurance due on Medicare crossover claims for post surgical contact lenses and/or eyeglasses
• Vision Therapy for individuals receiving services under the Acquired Brain Injury (ABI) program with qualifying medical diagnosis.

**Reimbursement Guidelines:**

• Providers should only use appropriate HCPCS codes when billing EqualityCare.

• Reimbursement for dispensing of frames, frame parts, and/or lenses is not allowed in addition to reimbursement for dispensing of total eyeglasses.

• Providers must use the order date as the date of dispensing.

**Vision Therapy:**

Vision therapy is a sequence of activities individually prescribed and monitored by the doctor to develop efficient visual skills and processing. It is prescribed after a comprehensive eye examination has been performed and has indicated that vision therapy is an appropriate treatment option. The vision therapy program is based on the results of standardized tests, the needs of the patient, and the patient’s signs and symptoms.
Vision therapy is administered in the office under the guidance of a practitioner. It requires a number of office visits and depending on the severity of the diagnosed conditions, the length of the program typically ranges from several weeks to several months. Activities paralleling in-office techniques are typically taught to the patient to be practiced at home to reinforce the developing visual skills.

Research has demonstrated vision therapy can be an effective treatment option for:

- Ocular motility dysfunctions (eye movement disorders)
- Non-strabismic binocular disorders (inefficient eye teaming)
- Strabismus (misalignment of the eyes)
- Amblyopia (poorly developed vision)
- Accommodative disorders (focusing problems)
- Visual information processing disorders, including visual-motor integration and integration with other sensory modalities

Prior authorization is not required.

Vision therapy visits are capped at 32 per year for treatment of ICD-9 diagnosis listed below:

1. Amblyopia (limited to age 15 and under)
   - Strabismic amblyopia—368.01
   - Deprivation amblyopia—368.02
   - Refractive amblyopia—368.03

2. Strabismus (concomitant)
   - Monocular esotropia—378.01
   - Alternating esotropia—378.05
   - Monocular exotropia—378.11
   - Alternating exotropia—378.15
   - Intermittent esotropia, monocular—378.21
   - Intermittent esotropia, alternating—378.22
   - Intermittent exotropia, monocular—378.23
   - Intermittent exotropia, alternating—378.24
   - Accommodative component in esotropia—378.35
3. Non-strabismic disorder of binocular eye movements
   • Convergence insufficiency—378.83
   • Convergence excess—378.84
   • Anomalies of divergence—378.85

4. Ocular Motor Dysfunction
   • Deficiencies of saccadic eye movements – 379.57
   • Deficiencies of smooth pursuit movements – 379.58

5. Heterophoria
   • Esophoria—378.41
   • Exophoria—378.42

6. General Binocular Vision Disorder – 368.30

7. Accommodative Disorder – 367.5

8. Nystagmus—379.51

The following diagnosis codes are considered appropriate for adult clients eligible for EqualityCare services under the Acquired Brain Injury (ABI) Waiver program:

   • Disturbances of vision—438.7
   • Late effect injury intracranial injury without mention of skull fracture—907.0
   • Central Nervous System complications, not classified elsewhere—997.0
   • Care involving orthoptic training—V57.4

**Additional visits or exceptions to these diagnosis codes will be considered on a case by case basis only. Please submit a written request with justification of medical necessity to ACS for consideration.**

Vision Therapy training aids will be reimbursed at cost of invoice. Please submit invoice with statement of medical necessity using CPT code 99070.

**Coding**

In addition to the above referenced ICD-9 codes, services performed in office are reported with CPT code 92065; orthoptic and/or pleoptic training, with continuing medical direction and evaluation.

If you have additional questions regarding billing or covered services, please contact the ACS Provider Relations Unit at (307) 772-8401 or toll free at (800) 251-1268.
Call center hours are Monday through Friday from 9am-5pm.
Important Changes!  Please read!