

Orthoptic and pleoptic visual training

We provide coverage for this procedure for adult and pediatric members who meet medical necessity criteria. Submit authorization requests through the e-referral system.

The submitter will receive a prompt to complete a questionnaire to determine the appropriateness of the requested service. The questions are listed below.

If all questions are answered, e-referral will either approve or pend the case. If the case pends and we cannot authorize it, we will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. We will retrospectively monitor compliance with this authorization requirement.

Applicable procedure codes: *92065

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See below for the questions you'll encounter in the e-referral system.

Q Does the patient have one of the following conditions (A-I)? A. Accommodative dysfunction disorders (focusing problems) B. Amblyopia (lazy eye) for which eye-patching therapy is being used C. Amblyopia (poorly developed vision in one or both eyes) D. Acquired esotropia (the turning inward of the eye) that involves the use of prism lenses prior to corrective surgery E. Strabismus (misalignment of the eyes) F. Convergence insufficiency (inward movement of both eyes toward each other) G. Intermittent exotropia (outward movement of an eye) H. Non-strabismus binocular dysfunction disorders (inefficient eye teaming) I. Nystagmus (rapid, involuntary eye movement)

A

Possible answers: Yes No N/A

Q Did the patient's symptoms fail to improve after a home-based therapy program for at least 12 weeks which includes ALL of the following (A-E)? A. Push-up exercises (pencil push-ups) using an accommodative target B. Push-up exercises (pencil push-ups) with additional base-out prisms C. Jump to near convergence exercises; stereogram convergence exercises D. Recession from a target E. Maintaining convergence for 30-40 seconds

A

Possible answers: Yes No N/A

Q Is the request to treat a patient with learning disabilities, dyslexia or mild traumatic brain injury? Note: If the request is NOT to treat a patient with one of these conditions, you MUST select No.

A

Possible answers: Yes No N/A

Q Is there a reasonable expectation that the patient's symptoms will improve with therapy?

A

Possible answers: Yes No N/A

Q Does the patient's medical record from the initial evaluation include measurable data supporting the diagnosis to establish a baseline against which follow-up evaluations can be measured AND the projected length of treatment?

A

Possible answers: Yes No N/A

Q For continuation of treatment, were monthly re-evaluations conducted with documentation in the patient's medical record of the percentage of improvement from the start of therapy? Note: If the request is for initial treatment, you MUST select N/A.

A

Possible answers: Yes No N/A