Visual Information Processing Evaluation and Orthoptic and Vision Therapy (for Tennessee Only)

Policy Number: CS131TN.O
Effective Date: February 1, 2025

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Related Policy

- Cognitive Rehabilitation (for Tennessee Only)

Application

This Medical Policy applies to Medicaid and CoverKids in the state of Tennessee.

Coverage Rationale

Visual information processing evaluation and orthoptic and vision therapy are proven and medically necessary under certain circumstances. For clinical coverage criteria, refer to the Rules of Tennessee Department of Finance and Administration. Bureau of TennCare. Chapter 1200-13-13.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
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

CPT Code	Description
92499	Unlisted ophthalmological service or procedure

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U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

Vision therapy is a procedure and, as such, is not subject to FDA regulation. Devices used in vision training programs may be classified under several different product codes. Some of these devices may be exempt from the 510(k)-clearance process. For information on a specific device or manufacturer refer to the following website: http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmn.cfm. (Accessed September 18, 2024)

NovaSight announced that the FDA has cleared CureSight, a digital therapy device for amblyopia (lazy eye). CureSight is an eye-tracking-based system that improves visual and stereo acuity by training the visual system to use both eyes simultaneously. The ground-breaking clearance was based on visual outcomes data from a multicenter, RCT in which 103 participants aged 4 to < 9 were randomized to CureSight or eye patching – the current gold standard-of-care treatment. Decision date 2022 Sep 29. For more information, refer to the following website: https://www.accessdata.fda.gov/cdrh_docs/pdf22/K221375.pdf.

NovaVision™, an attention task performance recorder, consists of two software programs, one for healthcare professionals for precise diagnosing of visual deficiencies, develop individual specific therapies and analyze results of therapy. The other software is intended for individuals in their homes to train and improve impaired visual functions. It is intended for the diagnosis and improvement of visual functions for those with impaired vision that may result from trauma, stroke, inflammation, surgical removal of brain tumors or brain surgery, and may also be used to improve visual function for those with amblyopia. Additional information is available at: http://www.accessdata.fda.gov/cdrh_docs/pdf2/K023623.pdf. (Accessed September 18, 2024)

Luminopia One, Luminopia Inc. was granted De Novo classification (DEN210005) on February 26, 2021. According to the FDA website, Luminopia is a software-only digital therapeutic designed to be used with commercially available Head-Mounted Displays (HMDs), which are compatible with the software application. Luminopia One is indicated for improvement in VA for individuals with amblyopia, aged 4-7, associated with anisometropia and/or mild strabismus, having received treatment instructions (frequency and duration) as prescribed by a trained eye-care professional. Luminopia One is intended for both previously treated and untreated people. Luminopia One is intended to be used as an adjunct to full-time refractive correction, such as glasses, which should also be worn under the HMD during Luminopia One therapy. Luminopia One is intended for prescription use only in an at-home environment. Additional information is available at: https://www.accessdata.fda.gov/cdrh_docs/pdf21/DEN210005.pdf. (Accessed September 18, 2024)

The RevitalVision technology 510K: K012530 was originally FDA cleared in 2001 (originally branded as the NeuroVision AA-1 system) for treating amblyopia in patients aged ≥ 9 years. Additional information is available at: https://www.accessdata.fda.gov/cdrh_docs/pdf/K012530.pdf. (Accessed September 18, 2024)

References

TennCare, Division of Health Care Finance & Administration, Policy & Guidelines, TennCare Policy Manual, Chapter 12-13-13-04, https://publications.tnsosfiles.com/rules/1200/1200-13/1200-13-13.20240807.pdf. Accessed November 13, 2024.

Policy History/Revision Information

Date	Summary of Changes
02/01/2025	**Supporting Information** • Updated *FDA* section to reflect the most current information • Archived previous policy version CS131TN.N

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state, or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state, or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state, or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state, or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.