



West Virginia Children's Health Insurance Program

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Vision Therapy Guidelines

Overview:

This document addresses vision therapy (VT) services delivered by a health care professional acting within the scope of a professional license for the services provided.

West Virginia Children's Health Insurance Program (WVCHIP) covers VT services provided to eligible members as an outpatient in an office setting. Therapy services must be ordered by an optometrist or ophthalmologist, that are enrolled as a WVCHIP provider. Please contact Molina Medicaid Solutions for the enrollment status or process; 1-888-483-0793.

Guidelines:

Vision therapy is a sequence of neurosensory and neuromuscular activities individually prescribed and monitored by the doctor to develop and enhance visual skills and processing. A comprehensive eye examination is necessary in the diagnosis and the development of a plan of treatment that may include vision therapy.

Vision therapy is prescribed to treat diagnosed conditions of the visual system. Effective therapy requires visual skills to be developed until they are integrated with other systems and become automatic. The goals are to achieve desired visual outcomes, alleviate the signs and symptoms, and improve the patient's quality of life. Vision therapy is individualized, and the procedures used, and duration of therapy are dependent upon the diagnosis and severity of the problem

Vision therapy should be monitored by an optometrist or ophthalmologist who has been trained in vision therapy and is the physician that diagnosed the visual disorder. The in-office vision therapy can be conducted by the optometrist, ophthalmologist, or an employee that has been trained in optometric vision therapy.

The initial twenty VT visits do not require prior authorization but must be for a condition that affects binocular vision, including convergence insufficiency disorders. The following must be met:

1. Treatment requested has the support of the diagnosing physician.
2. The therapy requires a one-to-one intervention and supervision by the physician or trained staff.
3. The treatment plan includes specific tests and measures that will be used to document significant progress on a regular basis, not to exceed three months.
4. Meaningful improvement is expected through-out the therapy.

5. The therapy is individualized and includes quantifiable, attainable short- and long-term treatment goals.
6. The treatment plan includes active participation and the involvement of a parent or guardian.
7. The treatment includes a transition from one-to-one supervision to a caregiver providing maintenance level therapy on discharge.

Maintenance therapy is not a covered benefit. Maintenance therapy includes routine, repetitive drills/exercises that do not require the skills of a trained professional and that can be reinforced by the caregiver. Once the caregiver is trained the services are no longer skilled and not a covered benefit. It is expected that all outpatient therapy services include a home program and the plan for transition to home based therapy be explained clearly in the plan of treatment.

Prior authorization for therapy services is required for all additional treatment beyond the initial 20 visits. The prior authorization is completed by contacting the Utilization Management (UM) Contractor for WVCHIP with the required information as described in the Documentation section of this policy. Therapy services provided as a part of the Individual Education Plan (IEP) are not a covered.

Documentation:

The medical necessity for vision therapy is determined by a comprehensive eye examination and functioning of the vision system. The examination involves evaluating the fixation and eye movement abilities, accommodation (eye focusing), convergence (eye aiming), binocularity (eye teaming), eye-hand coordination, visual perception and visual-motor integration.

Evaluation

The eye evaluation:

- Is documented and dated by the optometrist or ophthalmologist
- Identifies the visual dysfunction
- Incorporates appropriate tests and measures to facilitate evaluation of treatment goals and outcomes
- Produces data that are sufficient to allow evaluation, diagnosis, prognosis, and the establishment of a plan of care
- Establishes an expected result in significant therapeutic improvement over a clearly defined period of time.

Plan of Treatment

Following the evaluation, the physician's plan of care is established and should include:

- The diagnosis with the date of onset or exacerbation
- Long-term and short-term goals that are specific, quantitative and objective
- A reasonable estimate of when the goals will be reached
- Frequency and duration of treatment
- Rehabilitation prognosis
- Specific treatment techniques, modalities, or exercises to be used
- Signature of the physician

Covered Services:

Vision therapy services are considered medically necessary and a covered benefit when all of the following criteria are met:

1. The therapy is intended to develop, rehabilitate, and enhance visual skills and processing; and
2. The therapy is for conditions that require the knowledge, skills, and judgement of a physician or staff that has been trained in vision therapy; and
3. The expectation is that the therapy will assist development of normal function or maintain a normal level of function; and
4. There is a written treatment plan documenting the short- and long-term goal(s) of treatment, frequency, and duration of treatment (including as estimate of when the goals will be met), and what quantitative measures will be used to assess the level of functioning; and
5. Modalities utilized in the prescribed treatment include, but are not limited to the following 92002, 92004, 92060, 92012, 92014, 97110, 97112, 97530, 97532, and 97533.
6. Services are provided in an office or outpatient setting. Services provided by schools as part of an IEP are not covered.

For ALL active therapy for the same diagnosis or condition, BEYOND the initial twenty visits, prior authorization is required. The provider is expected to include the following documentation, to the UM Contractor, to support the need for ongoing therapy;

1. Initial date of diagnosis of onset;
2. Physician order must accompany all requests for therapy services, including the initial treatment and all ongoing therapy;
3. Total number of visits to date;
4. Short term measurable goals with expected dates;
5. Current status with outlined goals should be included for all requests for continued therapy;
6. Detailed home program with compliance measures and degree of compliance maintained;
7. Anticipated discharge date from current therapy;
8. If the child is school age, provider must include any IEP based therapy that is being provided.

Non-Covered Services

Therapy services are not medically necessary and non-covered if:

1. Services are more than 20 visits and the therapy is not aimed at improving or correction of a visual impairment.
2. Members are non-compliant with the documented treatment plan.
3. Members have reached a maximum rehabilitative potential.
4. Services or procedures are investigational, experimental, or unproven.
5. Services are not one-to-one and do not require the skills of a qualified licensed provider.

6. The therapy is considered primarily educational.
7. Therapy that is provided in a school setting included in an IEP.
8. The individual's condition does not have the potential to improve or is not improving in response to therapy.
9. Improvement or restoration of function could reasonably be expected as the individual gradually resumes normal activities.
10. Documentation fails to objectively verify subjective, objective, and functional progress over a reasonable and predictable period of time.

Therapy Provided in the Schools

Vision therapy provided in the school setting is available to all public school students and provided by the appropriate county Board of Education. The need is established by the educational team asking "Will the absence of VT interfere with the student's ability to access or participate in his/her educational program?" If the answer is "yes", the Individualized Educational Program (IEP) and team determines the need for VT.

The differences in school-based and clinical therapy are what drives the interventions and goals;

- School-based therapy goals are to assist in achieving educational goals and facilitate access and participation to benefit in the educational program. Services are IEP driven.
- Clinical therapy goals are to treat the student's clinical need from the onset of an acute condition through rehabilitation. The diagnosis drives the interventions.

WVCHIP provides coverage for VT in the clinic setting, as an outpatient. IEP services are provided through the Board of Education. Duplication of services or payment for claims for the same services provided in the school system under an IEP and also by private practitioners, are not covered by WVCHIP.

References

American Optometric Association, Optometry, The Primary Eye Care Profession, Definition of Optometric Vision Therapy, pg. 19-20.

American Optometric Association, Vision Therapy, Information for HealthCare and Other Allied Professionals. A joint organizational policy statement of the American Academy of Optometry and the American Optometric Association, pg. 21-22.

American Optometric Association, Position Statement on Optometric Vision Therapy.

<https://www.aoa.org/Documents/optometrists/vision-therapy-reimbursement-packet.pdf>

Tufts Health Plan, Medical Necessity Guidelines: Vision Therapy.

<https://tuftshealthplan.com/documents/providers/guidelines/medical-necessity-guidelines/vision-therapy>

Recommendations for Guidelines for Vision Therapy Program to the State Board of Optometry in Arkansas. March 16, 2016. <http://www.aroptometry.org/Guidelines%20for%20Vision%20Therapy.pdf>

Effective July 1, 2018