



INDIANA MEDICAID UPDATE

Date: March 27, 1998

To: All Indiana Medicaid Ophthalmologist, Optometrists, and Optician Providers

Re: Orthoptic and/or Pleoptic Training /Vision Training and Therapy Changes

The purpose of this bulletin is to apprise Indiana Medicaid Ophthalmology, Optometry, and Optician providers of revisions that have been made to Indiana Medicaid vision services. Specifically, this bulletin will define Indiana Medicaid coverage criteria and the procedure code for appropriate billing.

Effective immediately, all vision training therapies will be covered under CPT code 92065 (Orthoptic and/or Pleoptic Training, with continuing medical direction and evaluation).

Orthoptic and/or Pleoptic Training/Vision Training and Therapies **Medicaid Coverage Criteria:**

- Services must be submitted utilizing CPT code 92065
 - One unit per visit is allowed
 - Visitations limited to three per week
 - Duration of therapy must not exceed twelve weeks
 - Services must be ordered by a physician and/or an optometrist
 - The physician and/or optometrist must document a diagnosis and treatment plan, and must re-evaluate the need for continued treatment by the fourth week
 - Services may be performed by an optometrist and/or physician
 - Staff trained and/or certified in vision training may perform this service **only** under the **direct supervision** of an optometrist and/or physician
 - **Direct Supervision** must include documentation of the treatment plan and the re-evaluations completed **only** by the supervising optometrist or physician. All documentation of services rendered by opticians or staff trained in vision therapy must be co-signed by the supervising optometrist or physician
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- Medicaid coverage is only allowable for the following diagnoses:

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- 368.00 Amblyopia, unspecified
 - 368.01 Strabismic amblyopia
 - 368.02 Deprivation amblyopia
 - 368.03 Refractive amblyopia
 - 368.31 Suppression of binocular vision
 - 368.34 Abnormal retinal correspondence
 - 367.5 through 367.53
 - 367.5 Disorders of accommodation
 - 367.51 Paresis of accommodation
 - 367.52 Total or complete internal ophthalmoplegia
 - 367.53 Spasm of accommodation
 - 378.00 through 378.9 (For a complete list see ICD 9 CM)
 - 378.00 Esotropia, unspecified
 - 378.9 Unspecified disorder of eye movements
 - 379.57 Deficiencies of saccadic eye movements
 - 379.58 Deficiencies of smooth pursuit movements
 - Medicaid will also allow coverage with diagnoses of trauma and CVA.

Effective immediately the following procedure codes will no longer be covered by the Indiana Medicaid program:

<u>Code</u>	<u>Description</u>
Z0301	Supplemental visual abilities
Z0302	Diagnosis, diagnosing and prescribing
Z0304	Amblyopia training therapy
Z0305	Strabismus training and therapy
Z0306	Developmental visual therapy
Z0307	Reading training
Z0308	Progress evaluation, visual ability and motor skills
Z3031	Vision training therapy-in office-individual
Z3032	Vision training therapy-in-office-group
Z3033	Vision training therapy-out of office

These guidelines have been implemented based on review and analysis completed by EDS and the Office of Medicaid Policy and Planning. EDS and OMPP will continue to conduct ongoing research into this area, as expert scientific opinion is divided on the medical benefits of vision training and therapies.

The effective date of these revisions is May 11, 1998. If you have any questions regarding the contents of this bulletin, please contact EDS Provider Assistance at 1-800-577-1278.
