

**ORTHOPTIC AND PLEOPTIC TRAINING FOR MEDICAID MEMBERS**

Effective Date: January 1, 2018

Review Dates: 1/05, 12/05, 12/06, 12/07, 12/08, 12/09,  
12/10, 12/11, 12/12, 12/13, 2/15, 2/16, 2/17, 8/17, 2/18,  
2/19

Date Of Origin: January 19, 2005

Status: Current

**I. POLICY/CRITERIA**

1. **Orthoptics and pleoptics training** are benefits only when the diagnosis is one of the following:
  - a. Exotropia
  - b. Esotropia
  - c. Heterotropia
  - d. Strabismus
  - e. Amblyopia
  - f. Ocular Motor and Fusion Dysfunction

*Note: Coverage is subject to physical and occupational therapy benefit limits and applicable copays.*

2. The following documentation must be available:
  - a. Visual acuity, each eye, with best spectacle correction
  - b. Magnitude and direction of the subjective and objective angle of strabismus at distance and near
  - c. Refractive error of each eye
  - d. Degree of fusion
  - e. History of strabismus, including onset, duration, prior treatment; and
  - f. Other relevant information
3. In addition to the above documentation, a detailed plan indicating the training procedures and equipment to be employed, frequency of office visits, home training aids, and prognosis must be available. Updates are expected every three months.
4. **Orthoptic training aids** are a benefit when incorporated in an orthoptics or pleoptics training plan (as described above). The following documentation must be included with the vision provider's detailed plan when requesting the purchase of the aid:
  - a. How the aid is to be used
  - b. Complete description of the aid
  - c. Name of the manufacturer aid
  - d. Manufacturer's charge

5. No pre-authorization of the services is required for age 21 and under but documentation must be available upon request.

## II. MEDICAL NECESSITY REVIEW

- Required only for orthoptic & pleoptic training for beneficiaries over age 21.  
 Not Required  
 Not Applicable

## III. APPLICATION TO PRODUCTS

This policy applies to Medicaid/Healthy Michigan Plan members only. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: [http://www.michigan.gov/mdch/0,1607,7-132-2945\\_42542\\_42543\\_42546\\_42551-159815--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html). If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: [http://www.michigan.gov/mdch/0,1607,7-132-2945\\_5100-87572--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html), the Michigan Medicaid Provider Manual will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.

## IV. DESCRIPTION

Priority Health provides orthoptics and pleoptics training and training aids for Medicaid members that meet the criteria above. The training aids must be incorporated in the orthoptics or pleoptics training plan.

## V. CODING INFORMATION

**ICD-10 Codes** that may apply:

H50.00 – H50.08	Esotropia
H50.10 – H50.18	Extropia
H50.21	Vertical strabismus, right eye
H50.22	Vertical strabismus, left eye
H50.30 – H50.34	Intermittent heterotropia
H50.40 – H50.43	Other and unspecified heterotropia
H50.50 – H50.55	Heterophoria
H50.60	Mechanical strabismus, unspecified
H50.611	Brown's sheath syndrome, right eye
H50.612	Brown's sheath syndrome, left eye
H50.69	Other mechanical strabismus

H50.811	Duane's syndrome, right eye
H50.812	Duane's syndrome, left eye
H50.89	Other specified strabismus
H51.0 – H51.9	Other disorders of binocular movement
H53.001 – H53.039	Amblyopia ex anopsia

**CPT/HCPCS Codes**

92065 Orthoptic and/or pleoptic training, with continuing medical direction and evaluation

*See policy 91538 Vision Care for commercial coverage information.*

**VI. REFERENCES**

**AMA CPT Copyright Statement:**

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