ORTHOPTIC AND PLEOPTIC TRAINING FOR MEDICAID MEMBERS

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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 ex anopsia
   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 is the aid 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 but documentation must be available upon request.

II. MEDICAL NECESSITY REVIEW

☐ Required  ☒ 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
- H50.311 – H50.32  Intermittent monocular esotropia
- H50.331 – H50.34  Intermittent monocular exotropia
- H50.411  Cycloptropia, right eye
- H50.412  Cycloptropia, left eye
- H50.42  Monofixation syndrome
- H50.43  Accommodative component in esotropia
- H50.50 – H50.55  Heterophoria
- H50.21  Vertical strabismus, right eye
- H50.22  Vertical strabismus, left eye
- H50.30  Unspecified intermittent heterotropia
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
H50.9 Unspecified strabismus

H51.0 – H51.9 Other disorders of binocular movement

H53.001 – H53.039 Amblyopia ex anopsia

CPT/HCPCS Codes
92065 Orthoptics and/or pleoptics training, with continuing medical direction and evaluation

See policy 91538 Vision Care for commercial coverage information.

VI. REFERENCES

AMA CPT Copyright Statement:
All Current Procedure Terminology (CPT) codes, descriptions, and other data are copyrighted by the American Medical Association.

This document is for informational purposes only. It is not an authorization, certification, explanation of benefits, or contract. Receipt of benefits is subject to satisfaction of all terms and conditions of coverage. Eligibility and benefit coverage are determined in accordance with the terms of the member’s plan in effect as of the date services are rendered. Priority Health’s medical policies are developed with the assistance of medical professionals and are based upon a review of published and unpublished information including, but not limited to, current medical literature, guidelines published by public health and health research agencies, and community medical practices in the treatment and diagnosis of disease. Because medical practice, information, and technology are constantly changing, Priority Health reserves the right to review and update its medical policies at its discretion.

Priority Health’s medical policies are intended to serve as a resource to the plan. They are not intended to limit the plan’s ability to interpret plan language as deemed appropriate. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment they choose to provide.

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