



BlueCross BlueShield
of Alabama

Name of Blue Advantage Policy:
Visual Perceptual Training

Policy #: 334
Category: Therapy

Latest Review Date: December 2019
Policy Grade: **Effective October 5, 2015: Active Policy but no longer scheduled for Regular literature reviews and updates.**

BACKGROUND:

Blue Advantage medical policy does not conflict with Local Coverage Determinations (LCDs), Local Medical Review Policies (LMRPs) or National Coverage Determinations (NCDs) or with coverage provisions in Medicare manuals, instructions or operational policy letters. In order to be covered by Blue Advantage the service shall be reasonable and necessary under Title XVIII of the Social Security Act, Section 1862(a)(1)(A). The service is considered reasonable and necessary if it is determined that the service is:

1. *Safe and effective;*
2. *Not experimental or investigational*;*
3. *Appropriate, including duration and frequency that is considered appropriate for the service, in terms of whether it is:*
 - *Furnished in accordance with accepted standards of medical practice for the diagnosis or treatment of the patient's condition or to improve the function of a malformed body member;*
 - *Furnished in a setting appropriate to the patient's medical needs and condition;*
 - *Ordered and furnished by qualified personnel;*
 - *One that meets, but does not exceed, the patient's medical need; and*
 - *At least as beneficial as an existing and available medically appropriate alternative.*

Routine costs of qualifying clinical trial services with dates of service on or after September 19, 2000 which meet the requirements of the Clinical Trials NCD are considered reasonable and necessary by Medicare. Providers should bill **Original Medicare for covered services that are related to **clinical trials** that meet Medicare requirements (Refer to Medicare National Coverage Determinations Manual, Chapter 1, Section 310 and Medicare Claims Processing Manual Chapter 32, Sections 69.0-69.11).*

POLICY:

Effective for dates of service on or after April 2, 2009:

Blue Advantage will treat visual perceptual training (VPT) as a non-covered benefit and as investigational.

Blue Advantage does not approve or deny procedures, services, testing, or equipment for our members. Our decisions concern coverage only. The decision of whether or not to have a certain test, treatment or procedure is one made between the physician and his/her patient. Blue Advantage administers benefits based on the members' contract and medical policies. Physicians should always exercise their best medical judgment in providing the care they feel is most appropriate for their patients. Needed care should not be delayed or refused because of a coverage determination.

DESCRIPTION OF PROCEDURE OR SERVICE:

Visual Perceptual Training (VPT) is a treatment that has been proposed to treat learning disabilities. In particular, this training was developed to treat visual perceptual and/or visual motor disabilities associated with learning disabilities. In *The Handbook of Visual Perceptual Training*, visual perceptual disabilities are defined as the “process by which impressions observed through the medium of the eye are transmitted to the brain where relationship to past experiences takes place.” The authors note that “visual perceptual dysfunction represents an inefficient developmental functioning that is a handicap to cognitive process. It is related to both cognition and emotional development.” It is thought that there is a close relationship between visual perception and the learning process. Visual perception dysfunction has been classified as a learning disability and language disorder. The authors note that concomitant factors of visual perceptual dysfunction may include short attention span, hyperactivity, distractibility, social adjustment difficulties, delayed motor perceptual ability, depressed academic achievement, inadequate body image, and low frustration level.

Visual perception training programs involve an integrated program involving speech and language activities, a wide range of sensory modalities, and visual-motor perceptual activities. These activities include motor rhythm activities, body image training, spatial and directional relationships and should be built upon previous successes and move from concrete to abstract. The Handbook recommends that after detection of the visual perceptual deficit, an individualized program be developed to meet the needs of the child. The activities of the program are grouped into five main headings: coordination of eye-motor movements, distinguishing foreground from background, visual memory, spatial position, and relationship to space. In the development of this program, major emphasis was placed on relating all activities, whether motor, kinesthetic, visual or other, to reading, writing, and arithmetic. The Handbook recommends that a minimal length of time for this training to be 30 hours per child over a six-week period, with the daily period ranging from 30 minutes to an hour, or longer, depending on the child's attention span.

Although vision perception training may include some exercises similar to vision therapy exercises, visual perceptual training should be distinguished from optometric vision therapy. Visual perceptual training is directed toward perceptual dysfunctions that allegedly affect

language and learning abilities, whereas vision therapy is a set of exercises directed toward specific deficiencies in the movements and/or focusing of the eye (e.g., convergence insufficiency, disorders of accommodation, esophoria, strabismus, etc.). Patients receive vision therapy to treat visual disturbances that may theoretically cause developmental delays and learning disabilities, whereas patients may receive vision perception training to remedy developmental delays and learning disabilities without having any identified dysfunction of eye movements or focusing.

Vision therapy is provided by an optometrist or eye care professionals. Visual perceptual training is generally performed by psychologists, psychotherapists, or other behavioral health professionals, or by occupational therapists.

KEY POINTS:

Literature review through December 2019.

Summary of Evidence

VPT is considered behavioral training and educational training in nature. The available data supporting the use of visual perceptual therapy to treat learning or developmental disabilities is weak and inconclusive, and derived primarily from uncontrolled or poorly controlled studies with significant methodological flaws. There are no well-designed clinical trials that indicate visual perceptual therapy is an effective treatment for learning disabilities or disorders.

Practice Guidelines and Position Statements:

American Association for Pediatric Ophthalmology and Strabismus (AAPOS)

The American Association for Pediatric Ophthalmology and Strabismus (AAPOS) issued a that there is no scientific evidence to suggest that any ophthalmologic manipulation or therapy, including vision training, orthoptic exercises, visual perceptual training, or colored spectacle lenses will improve academic performance in children with learning disabilities.

American Academy of Ophthalmology (AAO)

The American Academy of Ophthalmology (AAO) issued a statement on “Vision Therapy for Learning Disabilities” reaffirmed in 2014. They stated that it seems intuitive that oculomotor abilities and visual perception play a role in learning skills such as reading and writing. However, several studies in the literature demonstrate that eye movements and visual perception are not critical factors in the reading impairment found in dyslexia, but that brain processing of language plays a greater role.

American Academy of Pediatrics et al

In 2009, the American Academy of Pediatrics, American Academy of Ophthalmology, American Association for Pediatric Ophthalmology and Strabismus, and the American Association of Certified Orthoptists issued a joint policy statement on pediatric learning disabilities, dyslexia, and vision. For vision therapy, the statement concluded:

Currently, there is no adequate scientific evidence to support the view that subtle eye or visual problems cause learning disabilities. Furthermore, the evidence does not support the concept that vision therapy or tinted lenses or filters are effective, directly or

indirectly, in the treatment of learning disabilities. Thus, the claim that vision therapy improves visual efficiency cannot be substantiated. Diagnostic and treatment approaches that lack scientific evidence of efficacy are not endorsed or recommended.

In 2011, these same 4 associations also published a joint technical report on learning disabilities, dyslexia, and vision. The report concluded:

There is inadequate scientific evidence to support the view that subtle eye or visual problems cause or increase the severity of learning disabilities.... Scientific evidence does not support the claims that visual training, muscle exercises, ocular pursuit-and-tracking exercises, behavioral/perceptual vision therapy, 'training' glasses, prisms, and colored lenses and filters are effective direct or indirect treatments for learning disabilities.

U.S. Preventive Services Task Force Recommendations:

Not applicable.

KEY WORDS:

Visual perceptual training (VPT), learning disability, perceptual dysfunction

APPROVED BY GOVERNING BODIES:

Not applicable

BENEFIT APPLICATION:

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

CURRENT CODING:

CPT Codes: There are no specific CPT codes to report this service.

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

97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by the provider, each 15 minutes

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POLICY HISTORY:

Adopted for Blue Advantage, February 2009

Available for comment February 16-April 1, 2009

Medical Policy Group, November 2010

Medical Policy Group, October 2015

Medical Policy Group, December 2019

This medical policy is not an authorization, certification, explanation of benefits, or a contract. Eligibility and benefits are determined on a case-by-case basis according to the terms of the member's plan in effect as of the date services are rendered. All medical policies are based on (i) research of current medical literature and (ii) review of common medical practices in the treatment and diagnosis of disease as of the date hereof. 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.

This policy is intended to be used for adjudication of claims (including pre-admission certification, pre-determinations, and pre-procedure review) in Blue Cross and Blue Shield's administration of plans contracts.