BlueCross BlueShield of Alabama

Name of Blue Advantage Policy:

Visual Perceptual Training

Policy #: 334
Category: Therapy

Latest Review Date: March 2021
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:

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. The Handbook of Visual Perceptual Training defines visual perceptual disabilities as "that 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, occupational therapists, or other behavioral health professionals.

KEY POINTS:

The policy is updated regularly. The most recent literature review was performed through March 24, 2021.

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. Well-designed randomized controlled studies are needed to determine this technology's clinical utility. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

Practice Guidelines and Position Statements

American Academy of Ophthalmology (AAO)

American Academy of Pediatric Ophthalmology and Strabismus (AAOPOS)

American Academy of Pediatrics (AAP)

In 1998, reaffirmed in 2011, a position statement by the American Academy of Pediatrics (AAP), the American Academy of Pediatric Ophthalmology and Strabismus (AAOPOS), and the American Academy of Ophthalmology (AAO) concluded that there is insufficient scientific evidence to support claims that academic abilities of children with learning disabilities can be improved with visual perceptual training.

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, the following codes might be used:

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
Medical Policy Group, March 2021
