

Effective November 1, 2023, refer to CMS Manual 100-02, Chapter 16-General Exclusions from Coverage for services included in this policy.



**BlueCross BlueShield
of Alabama**

Name of Blue Advantage Policy:
Visual Perceptual Training

Policy #: 334

Latest Review Date: March 2023

Category: Therapy

ARCHIVED EFFECTIVE 11/1/2023

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 an intervention that is used to treat learning disabilities. The training focuses on perceptual dysfunctions, which have been proposed as a contributing factor to speech and language developmental delay in preschool children. Visual perceptual disabilities is defined 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.” It is believed 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.

Visual perception training programs integrate speech and language activities, a wide range of sensory modalities, and various visual-motor perceptual activities (e.g. motor rhythm activities, body image training). 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.

Visual perceptual training is not the same as vision therapy. Visual perceptual training is directed toward perceptual dysfunctions that are believed to affect language and learning abilities. 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.). Visual perceptual training is generally provided by psychologists, psychotherapists, occupational therapists, or other behavioral health professionals. Vision therapy is provided by an optometrist or eye care professionals.

KEY POINTS:

The most recent literature review was performed through March 03, 2023.

Summary of Evidence

Visual perceptual training is considered behavioral and educational training in nature. The available data supporting the use of visual perceptual therapy to treat learning or developmental disabilities is derived primarily from uncontrolled or poorly controlled studies with significant methodological flaws. There is a paucity of well-designed trials and/or scientific evidence that proves visual perceptual therapy is an effective treatment for learning disabilities and/or disorders. Well-designed randomized controlled studies are needed to validate the effectiveness of visual perceptual training. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

Practice Guidelines and Position Statements

The purpose of the following information is to provide reference material. Inclusion does not imply endorsement or alignment with the evidence review conclusions.

American Academy of Pediatrics et al

In 2009 (reaffirmed in 2014), 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 four associations also published a joint technical report on learning disabilities, dyslexia, and vision. This 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, the following codes might be used:

92065	Orthoptic training
92066	Orthoptic training; under supervision of a physician or other qualified health care professional (Effective 01/01/23)
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: Reviewed by consensus. No new published peer-reviewed literature available that would alter the coverage statement in this policy.

Medical Policy Group, November 2021: 2022 Annual Coding Update Revised CPT code 92065 to remove "pleoptic training" from descriptor.

Medical Policy Group, March 2022: Reviewed by consensus. No new published peer-reviewed literature available that would alter the coverage statement in this policy.

Medical Policy Group, November 2022: Added CPT code 92066 to current coding section due to coding update effective 1/1/23.

Medical Policy Group, March 2023: Added CPT code 92066 to the Current Coding section.

Reviewed by consensus. No new published peer-reviewed literature available that would alter the coverage statement in this policy.

Medical Policy Group, November 2023: Archived effective 11/1/2023.

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.