

Low Vision Programs

- Clinical Policy Bulletins
- Medical Clinical Policy Bulletins

Number: 0580

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Scope of Policy

This Clinical Policy Bulletin addresses low vision programs.

1. Medical Necessity

Aetna considers low vision programs medically necessary for members with a moderate or severe visual impairment, which is not correctable by conventional refractive means. Ophthalmologic low vision evaluations and testing, instruction in the use of visual aids, interviews and counseling are medically necessary services typically included in a low vision therapy program.

For purposes of this policy, moderate to severe visual impairment is defined as follows:

- Moderate visual impairment – Best corrected visual acuity (BCVA) is less than 20/60 in the better eye (including 20/70 to 20/160)
- Severe visual impairment – BCVA is less than 20/160 (including 20/200 to 20/400); or visual field diameter is 20° or less (largest field diameter for Goldman isopter III4e, 1/100 white test object or equivalent) in the better eye.

2. Policy Limitations and Exclusions

Most Aetna plans do not cover optical low vision devices (i.e., magnified visual aids) or non-optical low vision devices (e.g., large-print books, enlarged telephone dials, machines that talk) because vision aids are contractually excluded from coverage. Please check benefit plan descriptions.

CPT Codes / HCPCS Codes / ICD-10 Codes

Information in the [brackets] below has been added for clarification purposes. Codes requiring a 7th character are represented by "+":

Code

Code Description

HCPCS codes not covered for indications listed in the CPB:

V2600	Hand held low vision aids and other nonspectacle mounted aids
V2610	Single lens spectacle mounted low vision aids
V2615	Telescopic and other compound lens system, including distance vision telescopic, near vision telescopes and compound microscopic lens system

ICD-10 codes covered if selection criteria are met:

Code	Code Description
H53.461 - H43.469	Homonymous bilateral field defects
H53.47	Heteronymous bilateral field defects
H54.0X33 - H54.0X55	Blindness, both eyes
H54.10 - H54.1225	Blindness, one eye, low vision other eye
H54.2X11 - H54.3	Low vision, both eyes
H54.40 - H54.42A5	Blindness, one eye
H54.50 - H54.52A2	Low vision, one eye

Background

Low vision is a visual impairment that is not correctable by standard eyeglasses, contact lenses, medicine, or surgery, and that interferes with a person's ability to perform everyday activities. Low vision should not be confused with blindness. People with low vision still have useful vision that can often be improved with visual devices. Whether the visual impairment is mild or severe, low vision generally means that the vision does not meet the patient's need.

People of all ages may be affected with low vision. Low vision can occur from birth defects, inherited diseases, injuries, diabetes, glaucoma, cataracts and aging. The most common cause is macular degeneration, a disease of the retina causing damage to central vision.

Low vision intervention should begin as soon as the patient experiences difficulty performing ordinary every day tasks. Intervention may come from the patient's ophthalmologist or the patient may be referred to a low vision therapy program by his/her primary care physician. Comprehensive management includes:

1. history of onset, and the effect of the visual impairment on daily life;
2. examination for best corrected visual acuity, visual fields, contrast sensitivity, color perception, and glare sensitivity (if it pertains to the patient's symptoms);
3. evaluation of near vision and reading skills;
4. selection and prescription of visual aids;
5. instruction in the correct use and application of the devices; and
6. follow-up interviews or counseling to reinforce new patterns.

Orientation and mobility instruction aims to teach visually impaired individuals to ambulate and negotiate the environment safely and independently. Instructors must prepare clients with visual impairment to manage various risks associated with everyday life, especially if they undertake independent travel in uncontrolled environments. Through orientation and mobility training, visually impaired individuals are taught to enhance their mobility performance by using their remaining vision and other senses, such as hearing and touch. The senses are supplemented by the use of devices such as long and support canes.

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Policy History

- Last Review 09/12/2024

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Next Review: 06/26/2025

- Review History
- Definitions

Additional Information

- Clinical Policy Bulletin Notes