

No review or update is scheduled on this Medical Policy as it is unlikely that further published literature would change the policy position. If there are questions about coverage of this service, please contact Blue Cross and Blue Shield of Kansas customer service, your professional or institutional relations representative, or submit a predetermination request.

Medical Policy



Title: Sensorimotor and Neurobehavioral Status Exams for Optometric Providers

Professional

Original Effective Date: November 1, 2005

Revision Date(s): December 15, 2005; September 5, 2013; March 31, 2015;

March 16, 2016; January 18, 2017; February 15, 2018; January 1, 2019; April 24, 2019; October 1, 2020; April 16, 2021

Current Effective Date: January 1, 2006

Archived Date: February 22, 2022

State and Federal mandates and health plan member contract language, including specific provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage. To verify a member's benefits, contact [Blue Cross and Blue Shield of Kansas Customer Service](#).

The BCBSKS Medical Policies contained herein are for informational purposes and apply only to members who have health insurance through BCBSKS or who are covered by a self-insured group plan administered by BCBSKS. Medical Policy for FEP members is subject to FEP medical policy which may differ from BCBSKS Medical Policy.

The medical policies do not constitute medical advice or medical care. Treating health care providers are independent contractors and are neither employees nor agents of Blue Cross and Blue Shield of Kansas and are solely responsible for diagnosis, treatment and medical advice.

If your patient is covered under a different Blue Cross and Blue Shield plan, please refer to the Medical Policies of that plan.

DESCRIPTION

Sensorimotor examination is an evaluation of the function of the ocular muscle system. This testing may include, but is not limited to, qualitative and quantitative testing of ocular motility, accommodation, and binocular function (e.g., use of vertical or horizontal prism bars or individual

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handheld prisms to measure ocular deviation, lenses to evaluate accommodative function, or tests to evaluate eye movements).

Neurobehavioral status examinations assess aspects of thinking, reasoning, and judgement to evaluate a patient's behavioral abilities.

POLICY

- A. Sensorimotor Examination - This evaluation may be used when the patient complains of double vision, overlapping letters or words when reading, asthenopia or headache when reading, or when diagnosing strabismus (congenital or acquired). These are tests, although not exclusive, which fall outside of the routine examination sequence.

Examples of tests that would apply:

1. Cover tests with quantification
2. Fixation Disparity/Retinal Correspondence testing
3. Repeated Phoria and Vergence testing (ranges and facility)
4. Fusional testing (Worth 4 dot, VO Star binocular behavior test)
5. Evaluation of Pursuits and Saccades (e.g., computer assisted evaluation of eye movements, developmental eye movement test)
6. Evaluation of Accommodation (ranges and facility)

- B. Neurobehavioral Status Exam - The signs and symptoms of visual processing disorders are extensive; a few highlights include decreased coordination and balance, confusion between similar looking words, poor organization and spacing of written work. This may be a developmental delay or acquired such as with traumatic brain injury.

Examples of tests that would apply:

1. Test of Visual Perceptual Skills – non-motor
2. Berry Test of Visual Motor Integration
3. Test of Visual Analysis Skills
4. Test of Visual Motor Skills
5. Jordan Left-Right Reversal Test
6. Wide Range Assessment of Visual Motor Abilities
7. Developmental Test of Vision Perception

CODING

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The following codes for treatment and procedures applicable to this policy are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

CPT/HCPCS

- | | |
|-------|--|
| 92060 | Sensorimotor examination with multiple measurements of ocular deviation (e.g., restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure) |
| 96116 | Neurobehavioral status examination (clinical assessment of thinking, reasoning and judgment, [e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour |
| 96121 | Neurobehavioral status examination (clinical assessment of thinking, reasoning and judgment, [e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure) |

ICD-10 Diagnoses

- | | |
|---------|---|
| H49.31 | Total (external) ophthalmoplegia, right eye |
| H49.32 | Total (external) ophthalmoplegia, left eye |
| H49.33 | Total (external) ophthalmoplegia, bilateral |
| H49.41 | Progressive external ophthalmoplegia, right eye |
| H49.42 | Progressive external ophthalmoplegia, left eye |
| H49.43 | Progressive external ophthalmoplegia, bilateral |
| H49.881 | Other paralytic strabismus, right eye |
| H49.882 | Other paralytic strabismus, left eye |
| H49.883 | Other paralytic strabismus, bilateral |
| H49.889 | Other paralytic strabismus, unspecified eye |
| H49.9 | Unspecified paralytic strabismus |
| H50.00 | Unspecified esotropia |
| H50.011 | Monocular esotropia, right eye |
| H50.112 | Monocular exotropia, left eye |
| H50.121 | Monocular exotropia with A pattern, right eye |
| H50.122 | Monocular exotropia with A pattern, left eye |
| H50.131 | Monocular exotropia with V pattern, right eye |
| H50.132 | Monocular exotropia with V pattern, left eye |

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- H50.141 Monocular exotropia with other noncomitancies, right eye
- H50.142 Monocular exotropia with other noncomitancies, left eye
- H50.15 Alternating exotropia
- H50.16 Alternating exotropia with A pattern
- H50.17 Alternating exotropia with V pattern
- H50.18 Alternating exotropia with other noncomitancies
- H50.21 Vertical strabismus, right eye
- H50.22 Vertical strabismus, left eye
- H50.30 Unspecified intermittent heterotropia
- H50.311 Intermittent monocular esotropia, right eye
- H50.312 Intermittent monocular esotropia, left eye
- H50.32 Intermittent alternating esotropia
- H50.331 Intermittent monocular exotropia, right eye
- H50.332 Intermittent monocular exotropia, left eye
- H50.34 Intermittent alternating exotropia
- H50.40 Unspecified heterotropia
- H50.411 Cyclotropia, right eye
- H50.412 Cyclotropia, left eye
- H50.42 Monofixation syndrome
- H50.43 Accommodative component in esotropia
- H50.50 Unspecified heterophoria
- H50.51 Esophoria
- H50.52 Exophoria
- H50.53 Vertical heterophoria
- H50.54 Cyclophoria
- H50.55 Alternating heterophoria
- 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 Palsy (spasm) of conjugate gaze
- H51.11 Convergence insufficiency
- H51.12 Convergence excess
- H51.21 Internuclear ophthalmoplegia, right eye
- H51.22 Internuclear ophthalmoplegia, left eye
- H51.23 Internuclear ophthalmoplegia, bilateral
- H51.8 Other specified disorders of binocular movement
- H51.9 Unspecified disorder of binocular movement

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H52.531 Spasm of accommodation, right eye
 H52.532 Spasm of accommodation, left eye
 H52.533 Spasm of accommodation, bilateral
 H52.539 Spasm of accommodation, unspecified eye
 H52.7 Unspecified disorder of refraction
 H53.001 Unspecified amblyopia, right eye
 H53.002 Unspecified amblyopia, left eye
 H53.003 Unspecified amblyopia, bilateral
 H53.009 Unspecified amblyopia, unspecified eye
 H53.011 Deprivation amblyopia, right eye
 H53.012 Deprivation amblyopia, left eye
 H53.013 Deprivation amblyopia, bilateral
 H53.019 Deprivation amblyopia, unspecified eye
 H53.021 Refractive amblyopia, right eye
 H53.022 Refractive amblyopia, left eye
 H53.023 Refractive amblyopia, bilateral
 H53.029 Refractive amblyopia, unspecified eye
 H53.031 Strabismic amblyopia, right eye
 H53.032 Strabismic amblyopia, left eye
 H53.033 Strabismic amblyopia, bilateral
 H53.039 Strabismic amblyopia, unspecified eye
 H53.2 Diplopia
 H55.81 Saccadic eye movements
 H55.82 Deficient smooth pursuit eye movements
 H55.89 Other irregular eye movements

REVISIONS

12-15-2005	In "Coding" section, CPT, deleted CPT code 96115 and added CPT code 96116.
09-05-2013	Policy reviewed.
	In Coding section: <ul style="list-style-type: none"> ▪ Added ICD-10 Diagnosis (<i>Effective October 1, 2014</i>)
	Updated Reference section.
03-31-2015	In Title section, removed "(This policy was requested and developed by the Optometric Committee)".
	In Coding section: <ul style="list-style-type: none"> ▪ Updated nomenclature for CPT Code 96116.
03-16-2016	Description, Policy, and Coding sections reviewed with no updates.
01-18-2017	Policy reviewed; no revisions made.
02-15-2018	In Coding section: <ul style="list-style-type: none"> ▪ Removed ICD-9 codes.
	The remainder of the policy was reviewed; no revisions made.
01-01-2019	In Coding section:

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	<ul style="list-style-type: none"> ▪ Added new CPT code: 96121. ▪ Revised nomenclature to CPT code: 96116.
04-24-2019	Policy reviewed; no revisions made.
10-01-2020	In Coding Section: Added ICD-10: H55.82
04-16-2021	Policy reviewed; no revisions made.
02-22-2022	Archived

REFERENCES

1. Blue Cross and Blue Shield of Kansas Optometric Liaison Committee meeting, May 26, 2005, (see Blue Cross and Blue Shield of Kansas Newsletter, Blue Shield Report. MAC-02-05).
2. Blue Cross and Blue Shield of Kansas Medical Advisory Committee meeting, August 4, 2005 (see Blue Cross and Blue Shield of Kansas Newsletter, Blue Shield Report. MAC-02-05).
3. Blue Cross and Blue Shield of Kansas Optometry Liaison Committee, May 2013.
4. Blue Cross and Blue Shield Ophthalmology/ Optometry Liaison Committee May 2021.