



## UTILIZATION REVIEW CRITERIA

### Strabismus iCare Criteria #673.00

#### STRABISMUS SURGERY: Adult and Pediatric Guidelines – CPT CODES: 67311, 67312, 67314, 67316, 67318

#### Coverage Indications, Limitations, and/or Medical Necessity:

##### Adult Strabismus Surgery:

The following criteria will be considered for medically necessary authorization of strabismus surgery in the adult patient ( $\geq 18$  years of age). In the absence of the following criteria, strabismus surgery will be considered cosmetic, and as such, not covered as medically necessary.

##### **Clinical limitations required to support clinical findings for adult:**

- Restoration of binocular fusion and elimination of diplopia
- Acute cranial nerve palsy (duration of less than two years)
- Thyroid ophthalmopathy
- Acquired vertical strabismus, i.e., following cataract surgery
- Breakdown of an intermittent deviation

##### Pediatric Strabismus Surgery:

Strabismus surgery is considered medically necessary for children ( $< 18$  years of age) diagnosed with strabismus. Strabismus is an inability of one eye to attain binocular vision with the other because of imbalances of muscles of the eyeball. The treatment plan should include planned type of strabismus surgery including each EOM involved.

##### LIMITATIONS for both Adult and Pediatric Surgery:

Strabismus surgery will be considered cosmetic if any of the following exist:

- No light perception (or extremely poor vision)
- A strabismic deviation that has been present and not addressed for over five years
- Clinical findings that do not support restoration of binocular vision with prisms without inducing diplopia
- Patients with no complaint of diplopia (or a disturbance from the motility disorder)
- Angle of strabismus less than 12 prism diopters horizontal or less than 5 prism diopters vertical



### Documentation Requirements:

- All documentation must be maintained in the patient's medical record and made available upon request. *The provider has a responsibility to maintain a record for possible post payment review.*
- Every page of the record must be legible and include appropriate patient identification information (ex. complete name, date of birth, dates of service[s]).
- The documentation must include the legible signature of the physician responsible for and providing the care to the patient.
- The submitted medical record must support the use of the selected ICD-10-CM code(s). The submitted CPT/HCPSC code must describe the service performed.
- Office notes supplying documentation of complaints or symptomatology for visual disturbances and the effect on activities of daily living.
- Diagnostic test results.
- Documentation of risk, benefits, and alternatives having been explained to the patient and/or the patient's legal guardian.
- Documentation of a statement that the patient desires to proceed with the procedure must be obtained from the patient and/or the patient's legal guardian.
- Pre-operative notes must be signed by the provider that will be performing the procedure

### Sources:

*Portions of the criteria herein may have been adopted in whole or in part from Local Coverage Determinations as provided by the applicable fiscal intermediary and/or criteria from certain health plan partners.*

- American Academy of Ophthalmology. Adult Strabismus Preferred Practice Pattern®. San Francisco, CA: AAO; 2023.
- American Academy of Ophthalmology. Pediatric Eye Evaluations Preferred Practice Pattern®. San Francisco, CA: AAO; 2022.
- MacEwen C, Gregson R, Manual of Strabismus Surgery, 2003.

<b>REVIEW AND REVISION HISTORY</b>		
<b>Date</b>	<b>Description</b>	<b>Approver &amp; Title</b>
January 12, 2026	Approval by PAC	Approval by PAC
February 21, 2025	Revised criteria, Approved by PAC approved Via email.	Approved by PAC
February 2025	Administrative Revisions	Dr. Smith Blanc, Director of UM
January 13, 2025	Approved by PAC	Approved by PAC
January 15, 2024	Approval by PAC	Approved by PAC
November 2023	Administrative revisions (non-clinical)	Dr. Smith Blanc, Director of UM
July 17, 2023	Approval by PAC (clinical documentation changes made)	Approved by PAC
January 23, 2023	Approval by PAC	Approved by PAC
January 17, 2022	Approval by PAC	Approved by PAC
January 18, 2021	Approval by PAC	Approved by PAC
January 27, 2020	Approval by PAC	Approved by PAC
October 12, 2020	Approval by PAC	Approved by PAC
April 13, 2020	Approval by PAC	Approved by PAC
January 28, 2019	Approval by PAC	Approved by PAC
January 29, 2018	Approval by PAC	Approved by PAC
January 9, 2017	Approval by PAC	Approved by PAC