Category III Codes

These codes were new in 2022:

0687T  Treatment of amblyopia using an online digital program; device supply, educational set-up, and initial session

0688T  Treatment of amblyopia using an online digital program; assessment of patient performance and program data by physician or other qualified healthcare professional, with report, per calendar month

0704T  Remote treatment of amblyopia using an eye tracking device; device supply with initial set-up and patient education on use of equipment

0705T  Remote treatment of amblyopia using an eye tracking device; surveillance center technical support including data transmission with analysis, with a minimum of 18 training hours, each 30 days

0706T  Remote treatment of amblyopia using an eye tracking device; interpretation and report by physician or other qualified healthcare professional, per calendar month

Global Period

N/A

Modifiers

N/A

General Rule

Verify coverage: The CMS, in the Physician Fee Schedule, does not provide values for Category III codes. Coverage and payment are at the payer's discretion.

Prior authorization: Payers may require prior authorization. Verify coverage with every insurance plan.

Ask for an allowable when preauthorizing.

Do not report 0687T or 0688T in conjunction with 92065 Orthoptic training when performed on the same day

All codes are set to sunset 2027
Exception to General Rule

Many commercial payers consider these codes experimental or investigational and do not provide coverage.

Billing Guidelines and Checklist for 0687T and 0688T

Clinical vignette: A 6-year-old male, who was previously diagnosed with amblyopia and using best optical correction, is prescribed an online digital amblyopia vision-training program.

Code 0687T describes the initial in-person session for which the patient is trained on the set-up and use of the management portal. It includes the supply of the device.

Checklist:

- Medical diagnosis of amblyopia with unsuccessful eye patching treatment.
- Order for/prescription of remote treatment using digital tracking device.
- Details of patient training.

Report code 0688T for follow-up in-person assessment(s) after the patient has completed 20 to 40 at-home training sessions. This code should not be billed more than once per month.

Checklist:

- The treatment results are securely transmitted to a HIPAA-compliant database accessible for monitoring by the prescribing physician.
- Each month, the physician updates the visual acuity and stereo acuity results through the web application, and the treatment parameters are recalculated and updated automatically as needed.
- For each reporting month, the physician or qualified health care professional generates, in the chart note, an interpretative report that includes their review of the patient’s results during the month.
  - The physician’s review should note the number of completed sessions, visual acuity, stereo acuity, physician’s assessment of treatment and changes in parameter of treatment.

Billing Guidelines and Checklist for 0704T, 0705T and 0706T

Clinical vignette: A 4-year-old male is diagnosed with amblyopia following school-based visual screening. After an unsuccessful course of eye-patching treatment, the child is prescribed treatment using an eye-tracking device.

Codes 0704T through 0706T are billed for remote treatment only.

Code 0705T is billed once a month by the surveillance center technical support team if 18 or more training hours have occurred.

Checklist:

- The treatment results are securely transmitted to a HIPAA-compliant database and analyzed by surveillance center staff.
- In the event of low treatment frequency, surveillance center staff will contact the patient to encourage compliance and provide technical support and will notify the physician of the patient’s reduced treatment frequency.
- The surveillance center provides the physician or other qualified health care professional with the treatment data generated by the device and analyzed by the surveillance center.

Note: A qualified health care professional is someone who is licensed to practice medicine such as a nurse practitioner (NP) or physician assistant (PA).
### ICD-10 Code Options

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>H53.001</td>
<td>Unspecified amblyopia, right eye</td>
</tr>
<tr>
<td>H53.002</td>
<td>Unspecified amblyopia, left eye</td>
</tr>
<tr>
<td>H53.009</td>
<td>Unspecified amblyopia, unspecified eye</td>
</tr>
<tr>
<td>H53.011</td>
<td>Deprivation amblyopia, right eye</td>
</tr>
<tr>
<td>H53.012</td>
<td>Deprivation amblyopia, left eye</td>
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<tr>
<td>H53.013</td>
<td>Deprivation amblyopia, bilateral</td>
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<tr>
<td>H53.021</td>
<td>Refractive amblyopia, right eye</td>
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<td>H53.022</td>
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<tr>
<td>H53.023</td>
<td>Refractive amblyopia, bilateral</td>
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<tr>
<td>H53.031</td>
<td>Strabismic amblyopia, right eye</td>
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<tr>
<td>H53.032</td>
<td>Strabismic amblyopia, left eye</td>
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<tr>
<td>H53.033</td>
<td>Strabismic amblyopia, bilateral</td>
</tr>
</tbody>
</table>

### Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) or Article (LCA) and Billing Guidelines

There are no current MAC LCDs or LACs pertaining to these new Category III codes.

**Confirm other payer policies:** When searching on commercial payers' websites, these Category III codes may be found under the following topics: Category III codes, prior authorization, imaging, vision therapy, cognitive rehabilitation, emerging technology or investigational procedures.