

## Vision Therapy for Convergence Insufficiency, Medical 324

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Effective Date 8/1/2025

Next Review Date 5/2026

Coverage Policy Medical 324

Version 6

**Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details [\\*](#).**

### Description & Definitions:

**Vision Therapy** are eye exercises using special lens, electronic targets with timing mechanisms, filters, prisms or other specialty tools to improve basic visual skills and abilities, as well as visual comfort, ease and efficiency.

### Criteria:

Vision therapy is considered medically necessary for **all** of the following:

- Individual has indications of **1 or more** of the following:
  - Acquired convergence insufficiency
  - Congenital convergence insufficiency
- Request is from **1 or more** of the following:
  - Optometrist
  - Ophthalmologist
  - Therapist supervised by a physician.
- Request is for no more than 12 visits per calendar year

Vision therapy is **NOT COVERED** for **ANY** of the following:

- More than 12 visits per calendar year
- Any other indication than acquired or congenital convergence insufficiency

### Document History:

Revised Dates:

- 2025: May – Implementation date of August 1, 2025. Clarified limits. Updated to new format. Go live 7.1.2025.
- 2023: November
- 2023: May

Reviewed Dates:

- 2024: May – no changes references updated
- 2022: May
- 2021: May
- 2020: June

Coding:

Medically necessary with criteria:

Coding	Description
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92065	Orthoptic and/or pleoptic training, with continuing medical direction and evaluation
92066	Orthoptic training; under supervision of a physician or other qualified health care professional
92499	Unlisted ophthalmological service or procedure

#### Considered Not Medically Necessary:

Coding	Description
	None

U.S. Food and Drug Administration (FDA) - approved only products only.

*The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, 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.*

#### Special Notes: \*

- Coverage: See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to Products: Policy is applicable to Commercial products.
- Authorization Requirements: Pre-certification by the Plan is required.
- Special Notes:
  - Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.
  - Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

#### References:

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## Keywords:

SHP Vision Therapy for Convergence Insufficiency, SHP Medical 324, Acquired convergence insufficiency, Congenital convergence insufficiency, Optometrist, Ophthalmologist, Commercial