

# Vision Therapy for Convergence Insufficiency, Medical 324

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All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.[\\*](#)

## 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 medically necessary** 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

Origination Date: October 2019

**Coding:****Medically necessary with criteria:**

Coding	Description
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.*

**Special Notes: \***

- Coverage: See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to Products: This guideline is applicable to all Sentara Health Plan Virginia Medicaid products except Sentara Health Plan Virginia Medicaid FAMIS members.
  - Induced abortions are not payable for Sentara Health Plan Virginia Medicaid FAMIS members. For FAMIS members, the provider should bill DMAS directly.
  - Note: The policy statement does not pertain to the treatment of incomplete, missed, or septic abortions. Reimbursement for these types of abortions are covered as before.
- Authorization Requirements:
  - Pre-certification by the Plan is required.
- Special Notes:
  - Medicaid
    - This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.
    - 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.

- The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.
- Service authorization requests must be accompanied by sufficient clinical records to support the request. Clinical records must be signed and dated by the requesting provider within 60 days of the date of service requested.

## References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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## Keywords:

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