

Vision Therapy for Convergence Insufficiency

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Effective Date 10/2019
Next Review Date 5/15/2024
Coverage Policy Medical 324
Version 4

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.*.

Purpose:

This policy addresses vision therapy that is performed by an Optometrist or an Ophthalmologist

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 **1 or more** of the following:

- Individual has **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.
- Individual is under 21 years of age as part of the Sentara Health Plan Virginia Medicaid Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program and **1 or more** of the following:
 - 6 sessions or less are requested and **ALL** of the following:
 - Request is from an ophthalmologist or an optometrist.
 - 7th and subsequent sessions are requested and **ALL** of the following:
 - Request is from an ophthalmologist or an optometrist.

- Written documentation supporting continued need attached to the CMS-1500 (12-90).

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.

Document History:

Revised Dates:

- 2023: November
- 2023: May

Reviewed Dates:

- 2022: May
- 2021: May
- 2020: June

Effective Date:

- October 2019

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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Special Notes: *

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.*

Keywords:

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