

Vision Therapy for Convergence Insufficiency, Medical 324

Table of Content
<u>Purpose</u>
<u>Description & Definitions</u>
<u>Criteria</u>
<u>Coding</u>
<u>Document History</u>
<u>References</u>
<u>Special Notes</u>
<u>Keywords</u>

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<u>Coverage Policy</u>	Medical 324
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Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual’s benefit plan for details*.

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 **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.

Vision Therapy is **not medically necessary** for any use other than those indicated in clinical criteria, to include but not limited to:

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

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:

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

Effective Date:

- October 2019

References:

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 expresses Sentara Health Plan's determination of medical necessity of services, and they are based upon a review of currently available clinical information. 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.

Keywords:

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