

## Vision Therapy

Policy Number: **M060901642**  
Effective Date: **9/1/2006**  
Sponsoring Department: **Health Care Services**  
Impacted Department(s): **Health Care Services**

**Type of Policy:**  Internal  External

**Data Classification:**  Confidential  Restricted  Public

### Applies to (Line of Business):

- Corporate (All)
- State Products, if yes which plan(s):  MediSource;  MediSource Connect;  Child Health Plus;  Essential Plan
- Medicare, if yes, which plan(s):  MAPD;  PDP;  ISNP;  CSNP
- Commercial, if yes, which type:  Large Group;  Small Group;  Individual
- Self-Funded Services (*Refer to specific Summary Plan Descriptions (SPDs) to determine any pre-authorization or pre-certification requirements and coverage limitations. In the event of any conflict between this policy and the SPD of a Self-Funded Plan, the SPD shall supersede the policy.*)

### Excluded Products within the Selected Lines of Business (LOB)

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**Applicable to Vendors?** Yes  No

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### Purpose and Applicability:

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To set forth criteria necessary to establish the medical necessity of **vision therapy**.

## Policy:

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### **Commercial and Medicare Advantage:**

Vision therapy is considered medically appropriate for the following conditions for children up to 17 years of age including in cases of traumatic brain injury:

- Strabismus (esotropia/exotropia)
- Convergence insufficiency

Vision therapy is considered medically appropriate for the following conditions for adults with vision difficulties listed below resulting from cerebral vascular accidents or traumatic brain injury:

- Strabismus (esotropia/exotropia)
- Convergence insufficiency

If medically appropriate, twelve office vision therapy sessions are approved. Additional visit requests require documentation of member's progress.

Vision therapy for learning disorders and all other indications not noted above is considered to be investigational and is not covered for members at this time.

### **MediSource, MediSource Connect, Child Health Plus and Essential Plan:**

MediSource, MediSource Connect, and Essential Plan cover vision therapy utilizing the criteria above.

Vision therapy is not a covered service for Child Health Plus.

### **Background:**

The therapeutic goal of vision therapy is to correct or improve specific visual dysfunctions, such as accommodative and convergence disorder, amblyopia and strabismus. Vision therapy is considered part of optometric practice.

Vision therapy has been used in the management of amblyopia, certain types of strabismus and convergence insufficiency. Some have also advocated vision therapy for dyslexia and other learning and reading disabilities. The latter has been controversial, and the literature does not have well-done randomized controlled trials documenting efficacy of vision therapy in improving outcomes for the learning disabled.

An evaluation of the peer-reviewed scientific literature, including but not limited to subscription materials, has provided Independent Health the basis for its medical necessity coverage outlined above.

**Pre-Authorization Required?** Yes  No

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Pre-authorization may or may not be required for this service. However, Independent Health applies Medical Necessity guidelines within this policy prospectively or retrospectively on review if deemed appropriate.

## Definitions

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**Vision therapy** is broadly defined as a treatment program that involves the use of lenses, prisms, filters, occlusion and other appropriate materials, methods, equipment and procedures, including eye exercises and behavioral modalities that are used for eye movement and fixation training.

## References

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### Related Policies, Processes and Other Documents

N/A

### Non-Regulatory references

American Academy of Ophthalmology [web site]. Amblyopia Preferred Practice Pattern® 2017. Available at: [https://www.aaojournal.org/article/S0161-6420\(17\)33041-5/pdf](https://www.aaojournal.org/article/S0161-6420(17)33041-5/pdf) Accessed September 8, 2023.

American Optometric Association, Optometric Clinical Practice Guideline, Care of The Patient with Strabismus: Esotropia And Exotropia. Reference Guide for Clinicians. June 28, 1995, Revised June 1999; Reviewed 2010. Available at: <https://www.aoa.org/AOA/Documents/Practice%20Management/Clinical%20Guidelines/Consensus-based%20guidelines/Care%20of%20Patient%20with%20Strabismus%20Esotropia%20and%20Exotropia.pdf> Accessed September 8, 2023.

American Optometric Association Vision, Learning and Dyslexia. A Joint Organizational Policy Statement of the American Optometric Association (AOA)[web site]: Policy Statement of the American Optometric Association Reaffirmed 2014. Available at: <https://www.aao.org/clinical-statement/joint-statement-learning-disabilities-dyslexia-vis> Accessed September 8, 2023.

Brain Injury Medicine, 2nd Edition: Principles and Practice edited by Nathan D. Zasler, MD, Douglas I. Katz, MD, Ross D. Zafonte, DO, David B. Arciniegas, MD Chapter 45; page 473.

Coats DK, Paysse EA. Amblyopia in children: Management and outcome. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. (Accessed on September 8, 2023)

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Holmes JM, Lazar EL, Melia BM, et al. Pediatric Eye Disease Investigator Group. Effect of age on response to amblyopia treatment in children. Arch Ophthalmol. 2011 Nov; 129(11):1451-7.

J.D. Reynolds, MD (personal communication, October 29, 2013).

P.R. Niswander, MD (personal communication, July 29, 2014).

### Regulatory References

New York State Department of Health [web site]. New York State Medicaid Program Vision Care Procedure Codes. Version April 2023 . Available at:

[https://www.emedny.org/ProviderManuals/VisionCare/PDFS/VisionCare\\_Procedure\\_Codes.pdf](https://www.emedny.org/ProviderManuals/VisionCare/PDFS/VisionCare_Procedure_Codes.pdf)

Accessed September 8, 2023.

New York State Department of Health, Division of Managed Care Response to Coverage Question (CovQuest). MA – 00192. April 1, 2004.

***This policy contains medical necessity criteria that apply for this service. Please note that payment for covered services is subject to eligibility criteria, contract exclusions and the limitations noted in the member’s contract at the time the services are rendered.***

### Version Control

Signature / Approval on File? Yes  No

Revision Date	Owner	Notes
1/1/2024	Health Care Services	Revised
11/1/2023	Health Care Services	Reviewed
11/1/2022	Health Care Services	Revised
6/1/2022	Health Care Services	Reviewed
6/1/2021	Health Care Services	Revised
6/1/2021	Health Care Services	Revised
6/1/2020	Health Care Services	Reviewed
7/1/2019	Medical Management	Revised
9/1/2018	Medical Management	Reviewed
9/1/2017	Medical Management	Reviewed
11/1/2016	Medical Management	Revised
11/1/2015	Medical Management	Revised
10/01/2014	Medical Management	Revised
2/1/2014	Medical Management	Revised
11/1/2012	Medical Management	Revised

11/1/2011	Medical Management	Revised
11/1/2010	Medical Management	Revised
9/15/2009	Medical Management	Reviewed
10/01/2008	Medical Management	Revised
09/01/2008	Medical Management	Revised
07/17/2007	Medical Management	Reviewed