

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)

Applicable to Vendors? Yes ☐ No ☒

Purpose and Applicability:

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

Policy:

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 below.

Commercial, Self-Funded and Medicare Advantage: cover vision therapy utilizing the criteria below. If medically appropriate, twelve office vision therapy sessions are approved. Requests for orthoptic vision therapy exceeding 12 visits for this indication is subject to medical review and require documentation of member's progress. Members should be transitioned to a home program of exercises for convergence insufficiency (e.g., pencil push-ups).

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

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

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

Clinical Indications

Vision therapy is considered medically appropriate for **1 or more** of the following conditions:

- For children up to 17 years of age including in cases of traumatic brain injury and 1 or more of the following:
 - Strabismus (esotropia/exotropia)
 - Convergence insufficiency
- For adults with vision difficulties resulting from cerebral vascular accidents or traumatic brain injury and **1 or more** of the following:
 - Strabismus (esotropia/exotropia)
 - Convergence insufficiency

NOT COVERED for **ANY** of the following:

- Vision therapy for learning disorders and all other indications not noted above is considered to be investigational and not covered

Pre-Authorization Required? Yes ☒ No ☐

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

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

Related Policies, Processes and Other Documents

N/A

Non-Regulatory references

American Academy of Ophthalmology [web site]. Amblyopia Preferred Practice Pattern® 2022- Updated 2024. Available at: <https://www.aao.org/education/preferred-practice-pattern/amblyopia-ppp-2022> Accessed September 9, 2025.

American Academy of Ophthalmology [web site]. Joint Statement: Learning Disabilities, Dyslexia, and Vision - Reaffirmed 2014. Available at: <https://www.aao.org/education/clinical-statement/joint-statement-learning-disabilities-dyslexia-vis> Accessed September 9, 2025.

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; Revised 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 9, 2025.

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 17, 2024.)

Coats DK, Paysse EA. Causes of horizontal strabismus in children. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. (Accessed on September 17, 2024.)

Hayes, Inc. Evidence Analysis Research Brief Vision Therapy for Treatment of Convergence Insufficiency in Adults. Lansdale, PA. August 2023.

Hayes, Inc. Health Technology Brief, Vision Therapy for Convergence Insufficiency and Accommodative Dysfunction in Children, Lansdale, PA. December 2013.

Symplr, Inc. Medical Technology Directory, Vision Therapy for Accommodative and Vergence Dysfunction, Landsdale, PA. November 2011.

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 2024. Available at:

https://www.emedny.org/ProviderManuals/VisionCare/PDFS/VisionCare_Procedure_Codes.pdf

Accessed September 9, 2025.

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
12/1/2025	Health Care Services	Revised- Formatting only
12/1/2025	Health Care Services	Reviewed
12/1/2024	Health Care Services	Revised
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
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9/15/2009	Medical Management	Reviewed
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