



POLICY TITLE	Vision Therapy		
CATEGORY	Medical Optometry	POLICY ID NUMBER	100_v2_NYS_HF
ORIGINAL EFFECTIVE DATE	01/01/2024	LAST REVIEW DATE	10/15/2024
LAST APPROVAL DATE	11/2024	LAST REVISION DATE	10/15/2024

EXCLUSIONS **Applicable to New York State only.**

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Applicable Codes:

92065 – Orthoptic training; performed by a physician or other qualified healthcare professional (e.g., Optometrist

1 Indication and Limitations¹

1.1 Medical Necessity

- 1.1.1** Treatment must be prescribed by a licensed optometrist for the treatment of symptomatic convergence insufficiency.
- 1.1.2** Patient must have chief complaints consistent with convergence insufficiency.
- 1.1.3** Must have a previous failure of conservative treatment.
 - 1.1.3.1** Exercises including push-ups, jump to, stereogram, and recessions from target must have been tried for a minimum of 12 weeks without success prior to vision therapy.
- 1.1.4** Treatment plan must be clearly defined in patient chart to support medical necessity including:
 - 1.1.4.1** Duration of treatment
 - 1.1.4.2** Frequency of visits
 - 1.1.4.3** Specific therapy activities must be listed for office supervision and activities defined for patient to perform at home
 - 1.1.4.4** Goals must be defined with desired outcome

¹ Provider attests at time of request submission that provider signed documentation across the full timeframe of treatment rendered (chart, procedures, order, testing interpretation) supports all indications and limitations for service based on this policy and industry billing guidance.

1.2 Additional Requirements & Guidelines

- 1.2.1 Treatments may be performed by a licensed optometrist or qualified healthcare provider.
- 1.2.2 The primary eye care practitioner must provide the services and submit comprehensive eye examination notes (details above) Goal and anticipated outcomes of treatment.
- 1.2.3 Progress notes must be included after treatments.
- 1.2.4 Condition-oriented treatments must be noted, e.g., visual disorder other than convergence insufficiency, ADD, reading or learning disability/impairment

1.3 Utilization Guidelines

- 1.3.1 Treatment Plan approval is 6 months per approval
- 1.3.2 Maximum 12 visits per calendar year

2 Supporting Diagnoses

H49.00	Third [oculomotor] nerve palsy, unspecified eye
H49.01	Third [oculomotor] nerve palsy, right eye
H49.02	Third [oculomotor] nerve palsy, left eye
H49.03	Third [oculomotor] nerve palsy, bilateral
H49.10	Fourth [trochlear] nerve palsy, unspecified eye
H49.11	Fourth [trochlear] nerve palsy, right eye
H49.12	Fourth [trochlear] nerve palsy, left eye
H49.13	Fourth [trochlear] nerve palsy, bilateral
H49.20	Sixth [abducent] nerve palsy, unspecified eye
H49.21	Sixth [abducent] nerve palsy, right eye
H49.22	Sixth [abducent] nerve palsy, left eye
H49.23	Sixth [abducent] nerve palsy, bilateral
H49.30	Total (external) ophthalmoplegia, unspecified eye
H49.31	Total (external) ophthalmoplegia, right eye
H49.32	Total (external) ophthalmoplegia, left eye
H49.33	Total (external) ophthalmoplegia, bilateral
H49.40	Progressive external ophthalmoplegia, unspecified eye
H49.41	Progressive external ophthalmoplegia, right eye
H49.42	Progressive external ophthalmoplegia, left eye
H49.43	Progressive external ophthalmoplegia, bilateral
H49.881	Other paralytic strabismus, right eye
H49.882	Other paralytic strabismus, left eye
H49.883	Other paralytic strabismus, bilateral
H49.889	Other paralytic strabismus, unspecified eye
H49.9	Unspecified paralytic strabismus
H50.00	Unspecified esotropia
H50.011	Monocular esotropia, right eye
H50.012	Monocular esotropia, left eye
H50.021	Monocular esotropia with A pattern, right eye
H50.022	Monocular esotropia with A pattern, left eye
H50.031	Monocular esotropia with V pattern, right eye

H50.032	Monocular esotropia with V pattern, left eye
H50.041	Monocular esotropia with other noncomitancies, right eye
H50.042	Monocular esotropia with other noncomitancies, left eye
H50.05	Alternating esotropia
H50.06	Alternating esotropia with A pattern
H50.07	Alternating esotropia with V pattern
H50.08	Alternating esotropia with other noncomitancies
H50.10	Unspecified exotropia
H50.111	Monocular exotropia, right eye
H50.112	Monocular exotropia, left eye
H50.121	Monocular exotropia with A pattern, right eye
H50.122	Monocular exotropia with A pattern, left eye
H50.131	Monocular exotropia with V pattern, right eye
H50.132	Monocular exotropia with V pattern, left eye
H50.141	Monocular exotropia with other noncomitancies, right eye
H50.142	Monocular exotropia with other noncomitancies, left eye
H50.15	Alternating exotropia
H50.16	Alternating exotropia with A pattern
H50.17	Alternating exotropia with V pattern
H50.18	Alternating exotropia with other noncomitancies
H50.21	Vertical strabismus, right eye
H50.22	Vertical strabismus, left eye
H50.30	Unspecified intermittent heterotropia
H50.311	Intermittent monocular esotropia, right eye
H50.312	Intermittent monocular esotropia, left eye
H50.32	Intermittent alternating esotropia
H50.331	Intermittent monocular exotropia, right eye
H50.332	Intermittent monocular exotropia, left eye
H50.34	Intermittent alternating exotropia
H50.40	Unspecified heterotropia
H50.411	Cyclotropia, right eye
H50.412	Cyclotropia, left eye
H50.42	Monofixation syndrome
H50.43	Accommodative component in esotropia
H50.50	Unspecified heterophoria
H50.51	Esophoria
H50.52	Exophoria
H50.53	Vertical heterophoria
H50.54	Cyclophoria
H50.55	Alternating heterophoria
H50.60	Mechanical strabismus, unspecified
H50.611	Brown's sheath syndrome, right eye
H50.612	Brown's sheath syndrome, left eye
H50.69	Other mechanical strabismus
H50.811	Duane's syndrome, right eye

H50.812	Duane's syndrome, left eye
H50.89	Other specified strabismus
H50.9	Unspecified strabismus
H51.0	Palsy (spasm) of conjugate gaze
H51.11	Convergence insufficiency
H51.12	Convergence excess
H51.20	Internuclear ophthalmoplegia, unspecified eye
H51.21	Internuclear ophthalmoplegia, right eye
H51.22	Internuclear ophthalmoplegia, left eye
H51.23	Internuclear ophthalmoplegia, bilateral
H51.8	Other specified disorders of binocular movement
H51.9	Unspecified disorder of binocular movement
H53.001	Unspecified amblyopia, right eye
H53.002	Unspecified amblyopia, left eye
H53.003	Unspecified amblyopia, bilateral
H53.009	Unspecified amblyopia, unspecified eye
H53.011	Deprivation amblyopia, right eye
H53.012	Deprivation amblyopia, left eye
H53.013	Deprivation amblyopia, bilateral
H53.019	Deprivation amblyopia, unspecified eye
H53.021	Refractive amblyopia, right eye
H53.022	Refractive amblyopia, left eye
H53.023	Refractive amblyopia, bilateral
H53.029	Refractive amblyopia, unspecified eye
H53.031	Strabismic amblyopia, right eye
H53.032	Strabismic amblyopia, left eye
H53.033	Strabismic amblyopia, bilateral
H53.039	Strabismic amblyopia, unspecified eye
H53.041	Amblyopia suspect, right eye
H53.042	Amblyopia suspect, left eye
H53.043	Amblyopia suspect, bilateral
H53.049	Amblyopia suspect, unspecified eye
H53.2	Diplopia
H55.01	Congenital nystagmus

References²

American Academy of Ophthalmology, Convergence Insufficiency. July 14, 2022.

New York State Medicaid Program, Vision Care Manual, Policy Guidelines, Orthoptic Training. September 2013.

² Retrieved electronically July 2023

Review and Approval Change Log

AUG 2022	Medical Surgical base criterion drafted
JUL 2023	Revised scope limited to NYS medical surgical prior authorization requirement.
NOV 2023	Approved by HealthFirst Medical Team
JAN 2024	Reviewed, no edits, effected
OCT 2024	Reviewed, non-material formatting edits; material edits: applicable ICD-10 per AAPC
NOV 2024	Approved by HealthFirst Medical Team