



MEDICAL COVERAGE POLICY

SERVICE: Orthoptic and Vision Therapy

Policy Number: 211

Effective Date: 08/01/2025

Last Review: 06/09/2025

Next Review: 06/09/2026

Important note: Unless otherwise indicated, medical policies will apply to all lines of business.

Medical necessity as defined by this policy does not ensure the benefit is covered. This medical policy does not replace existing federal or state rules and regulations for the applicable service or supply. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan documents. See the member plan specific benefit plan document for a complete description of plan benefits, exclusions, limitations, and conditions of coverage. In the event of a discrepancy, the plan document always supersedes the information in this policy.

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PRIOR AUTHORIZATION: Required.

POLICY: Please review the plan's EOC (Evidence of Coverage) or Summary Plan Description (SPD) for coverage details

Note: Unless otherwise indicated (see below), this policy will apply to all lines of business.

For Medicare plans, please refer to appropriate Medicare NCD (National Coverage Determination) or LCD (Local Coverage Determination). If there are no applicable NCD or LCD criteria, use the criteria set forth below.

For Medicaid plans, please confirm coverage as outlined in the [Texas Medicaid Provider Procedures Manual \(TMPPM\) Vision and Hearing Services Handbook](#). If there are no applicable criteria to guide medical necessity decision making in the TMPPM, use the criteria set forth below. If there are no applicable criteria to guide medical necessity decision making in the TMPPM, use the criteria set forth below.

BSWHP may consider orthoptic or vision therapy medically necessary for the treatment of convergence insufficiency (ability of eyes to fix on the same point) in the absence of accommodative (focusing) disorder.

Requests for vision therapy exceeding 12 visits may not be medically necessary.

Orthoptic or vision therapy is considered **NOT medically necessary for all other indications** -- including, but not limited to, the following conditions:

- A. Exotropia (eye deviates outward)
- B. Nystagmus (involuntary movement of the eyeballs)
- C. Convergence excess (double vision)
- D. Dyslexia and other learning and reading disabilities
- E. Learning disability or language disorder, including developmental delay



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BACKGROUND (from American Association for Pediatric Ophthalmology and Strabismus website):

“Vision therapy” is a term used by optometrists. Optometrists define vision therapy as an attempt to develop or improve visual skills and processing or interpretation of visual information. It is individually prescribed and monitored by the optometrist. An optometric vision therapy program may consist of exercises, lenses, prisms, filters, patches, electronic targets, or balance boards. The duration of the therapy program varies depending on the severity of the condition, There are three main categories of vision therapy:

1. Orthoptic vision therapy – eye exercises to improve binocular function
2. Behavioral/perceptual vision therapy – eye exercises to improve visual processing and visual perception
3. Vision therapy for prevention or correction of myopia (nearsightedness)

MANDATES: None.

CODES:

Important note: Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.

CPT Codes	92065 - Orthoptic training; performed by a physician or other qualified health care professional 92066 – Orthoptic training; under supervision of a physician or other qualified health care professional
ICD-10 codes covered	H51.11 - Convergence insufficiency
ICD-10 NOT covered	H50.0xx - Esotropia H53.0xx - Amblyopia

POLICY HISTORY:

Status	Date	Action
New	02/12/2015	New policy
Reviewed	02/04/2016	No changes
Reviewed	03/07/2017	No changes
Reviewed	01/30/2018	No changes
Reviewed	03/28/2019	Revised coverage statement.
Reviewed	06/25/2020	Added language for use across all LOBs
Reviewed	06/24/2021	No changes
Reviewed	06/23/2022	No changes



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Reviewed	07/27/2023	No changes
Reviewed	05/13/2024	Formatting changes and added hyperlink to TMPPM resources, beginning and ending note sections updated to align with CMS requirements and business entity changes.
Reviewed	06/09/2025	Updated hyperlink for TMPPM, Updated Background section, updated description of cpt code 92065 and added cpt code 92066 as covered; added additional references
Updated	08/11/2025	Removed "Medicare NCD or LCD specific InterQual criteria may be used when available."

REFERENCES:

The following scientific references were utilized in the formulation of this medical policy. BSWHP will continue to review clinical evidence related to this policy and may modify it at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available, and they are not included in the list, please forward the reference(s) to BSWHP so the information can be reviewed by the Medical Coverage Policy Committee (MCPC) and the Quality Improvement Committee (QIC) to determine if a modification of the policy is in order.

1. American Academy of Pediatrics, Section on Ophthalmology, Council on Children with Disabilities; American Academy of Ophthalmology; American Association for Pediatric Ophthalmology and Strabismus; American Association of Certified Orthoptists. Joint statement--Learning disabilities, dyslexia, and vision. *Pediatrics*. 2009 Aug;124(2):837-44.
2. Handler SM, Fierson WM, Section on Ophthalmology. Learning disabilities, dyslexia, and vision. *Pediatrics*. 2011 Mar;127(3):e818-56. PubMed PMID 21357342.
3. <http://www.aapos.org/terms/conditions/108>
4. www.aoa.org/practice/specialties/vision-therapy; American Optometric Association Vision Therapy Task Force, Mission Statement, April 2023
5. *Children (Basel)*. 2022 Nov 30;9(12):1873. Vision Therapy: A Primer and Caution for Pediatricians

Note:

Health Maintenance Organization (HMO) products are offered through Scott and White Health Plan dba Baylor Scott & White Health Plan, and Scott & White Care Plans dba Baylor Scott & White Care Plan. Insured PPO and EPO products are offered through Baylor Scott & White Insurance Company. Scott and White Health Plan dba Baylor Scott & White Health Plan serves as a third-party administrator for self-funded employer-sponsored plans. Baylor Scott & White Care Plan and Baylor Scott & White Insurance Company are wholly owned subsidiaries of Scott and White Health Plan. These companies are referred to collectively in this document as Baylor Scott & White Health Plan.

RightCare STAR Medicaid is offered through Scott and White Health Plan in the Central Texas Medicaid Rural Service Area (MRSA); FirstCare STAR is offered through SHA LLC dba FirstCare Health Plans (FirstCare) in the Lubbock and West MRSA; and FirstCare CHIP is offered through FirstCare in the Lubbock Service Area.