Coverage Policy

Vision therapy and orthoptic and/or pleoptic training, to establish a home program, for the treatment of strabismus and other disorders of binocular eye movements is COVERED.

Any services for or related to vision therapy and orthoptic and/or pleoptic training other than stated above are excluded from coverage.

Note: Coverage under some plans is limited to a combined in-network and out-of-network total of 5 training visits and 2 followup eye exams per calendar year.

Note: This policy is not scheduled for routine review of the scientific literature.

Description

Vision therapy and orthoptic and/or pleoptic training encompasses a wide range of optometric treatment modalities, with the therapeutic goal of correcting or improving specific dysfunctions of the vision system. Although there is no clear consensus on the exact definition of vision therapy, with different vision training approaches in use, the American Optometric Association (AOA) broadly defines it as an individualized treatment regimen that involves the systematic use of lenses, prisms, filters, occlusions, and other appropriate materials, modalities, equipment and procedures. Dysfunctions of the visual system that have been treated by using vision therapy include amblyopia, strabismus, and other binocular vision disorders. Vision training-oriented optometrists focus on the processes involved in the coordination and integration of vision, including fixation and eye movement abilities, accommodation, convergence, binocularity, eye-hand coordination, visual perception, and visual-motor integration.

FDA Approval

Vision therapy is a therapy, and therefore is not regulated by the FDA.

Prior Authorization

Prior authorization is not required. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.
Coding Considerations

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

92065 - orthoptic and/or pleoptic training, with continuing medical direction and evaluation

Original Policy Effective Date: 3/1/2002

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