

March Vision Care

Vision Therapy

Subject: Vision Therapy

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Overview

Vision therapy refers to orthoptic eye exercises as prescribed by pediatric ophthalmologists and optometrists in the treatment of symptomatic convergence insufficiency and other ocular motor dysfunctions. A vision therapy program is based on the results of standardized binocular tests, the needs of the member, and the member's signs and symptoms.

Clinical Guidelines

March Vision has determined the following to be medically necessary:

- Phonological disorder – Social pragmatic communication disorder
- Specific reading disorder
- Disorder of written expression
- Developmental disorder of scholastic skills, unspecified
- Autistic disorder
- Unspecified disorder of psychological development
- Third [oculomotor] nerve palsy
- Progressive external ophthalmoplegia
- Monocular esotropia
- Alternating esotropia
- Monocular exotropia
- Alternating exotropia
- Intermittent monocular esotropia
- Accommodative component in esotropia
- Esophoria
- Alternating heterophoria
- Brown's sheath syndrome
- Duane's syndrome
- Convergence insufficiency
- Convergence excess
- Internal ophthalmoplegia (complete) (total)
- Spasm of accommodation
- Deprivation amblyopia

- Strabismic amblyopia
- Unspecified subjective visual disturbances
- Transient visual loss
- Psychophysical visual disturbances
- Diplopia
- Suppression of binocular vision
- Congenital nystagmus
- Visual deprivation nystagmus
- Saccadic eye movements
- Central auditory processing disorder
- Dyslexia and alexia
- Visual agnosia
- Abnormal oculomotor study

CPT Coding

The following list of codes are for informational purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

92060	Sensorimotor examination with multiple measurements of ocular deviation with interpretation and report
92065	Orthoptic and/or pleoptic training, with continuing medical direction and evaluation

Quantity Limits

Vision therapy is payable at a maximum of 12 visits per benefit year.