



## MEDICAL SURGICAL VISION CLINICAL PROTOCOL & GUIDELINES

<b>POLICY TITLE</b>	<b>Vision Therapy</b>		
<b>CATEGORY</b>	Medical Surgical	<b>POLICY ID NUMBER</b>	100_NYS_HF_v2
<b>ORIGINAL EFFECTIVE DATE</b>	07/01/2023	<b>LAST REVIEW DATE</b>	09/09/2025
<b>LAST APPROVAL DATE</b>	09/09/2025	<b>LAST REVISION DATE</b>	07/22/2025
<b>EXCLUSIONS</b>	<b>Applicable to New York State, Healthfirst plans only.</b>		
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### Applicable Codes:

**92065** Orthoptic training; performed by a physician or other qualified healthcare professional (excluding staff)

## 1 Indication and Limitations<sup>1</sup>

### 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

<sup>1</sup> Physician attests at time of request submission that physician 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.

**1.1.4.4** Goals must be defined with desired outcome

## **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, Attention Deficit Disorder (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**

### **2.1 For ICD-10 list please see Vision Therapy Appendix A**

## **References<sup>2</sup>**

American Academy of Ophthalmology, Convergence Insufficiency. July 14, 2022.  
New York State Medicaid Program, Vision Care Manual, Policy Guidelines, Orthoptic Training. September 2013.  
American Psychology Association, 2021. Best practices.

## **Review and Approval Change Log**

Jul 2022	Medical Surgical policy drafted
Jul 2023	Scope limited to NYS medical surgical prior authorization requirements
Jan 2024	Reviewed, no updates
Oct 2024	Reviewed, non-material formatting edits; material edits: applicable ICD-10 per AAPC
Nov 2024	Approved by HealthFirst Medical Team
July 2025	Appendix A created and for ICD10 list, new format applied, Attention Deficit Disorder abbreviation spelled out, no content changes.
Sep 2025	Approved by Healthfirst Medical Team

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<sup>2</sup> Retrieved electronically July 2023