

Clinical Policy: Visual Therapy

Reference Number: CP.VP.46

Last Review Date: 01/2022

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

This policy describes the medical necessity requirements for visual therapy.

Policy/Criteria

- I. It is the policy of health plans affiliated with Centene Corporation[®] (Centene) that visual therapy is **medically necessary** for the following indications:
 - A. Occlusion or pharmacologic therapy in amblyopia (*See policy CP.VP.03 Amblyopia*)
 - B. Traumatic brain injury with resulting visual complications
 - C. Symptomatic convergence insufficiency
 - D. Prism adaptation therapy for the management of esotropia
- II. It is the policy of health plans affiliated with Centene that visual therapy is **not medically necessary** for the following indications:
 - A. Learning disabilities, including dyslexia and other reading disabilities
 - B. Developmental delays
 - C. Refractive error, including myopia prevention
- III. It is the policy of health plans affiliated with Centene that the following visual therapy techniques are **unproven** and therefore **not medically necessary**:
 - A. Behavioral or perceptual visual therapy
 - B. Visual information processing therapy and/or evaluation
 - C. Tinted lenses or filters

Background

Vision therapy is defined by the American Optometric Association as a sequence of neurosensory and neuromuscular activities individually prescribed and monitored by the doctor to develop, rehabilitate and enhance visual skills and processing. Vision problems can interfere with the process of learning; however, vision problems are not the cause of primary dyslexia or learning disabilities. The vision therapy program is based on the results of a comprehensive eye examination or consultation, and takes into consideration the results of standardized tests, the needs of the patient, and the patient's signs and symptoms. All therapy treatment plans must include:

- A. The patient's perception of visual function documenting symptoms associated with the visual condition for which therapy is indicated;
- B. Specific goals based on patient concerns and a description of the method to achieve each goal; and
- C. Progress reports of each session, identifying changes in goals, therapy schedules or treatment plan if applicable.

When there is no progress in a quantitative measurement of performance on two subsequent re-evaluations following the maximal measure of performance, subsequent treatment is not medically indicated.

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2018, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT® Codes	Description
92065	Orthoptic and/or pleoptic training, with continuing medical direction and evaluation

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

+ Indicates a code requiring an additional character

ICD-10-CM Code	Description
H49.01	Third [oculomotor] nerve palsy, right eye
H49.02	Third [oculomotor] nerve palsy, left eye
H49.03	Third [oculomotor] nerve palsy, bilateral
H49.11	Fourth [trochlear] nerve palsy, right eye
H49.12	Fourth [trochlear] nerve palsy, left eye
H49.13	Fourth [trochlear] nerve palsy, bilateral
H49.21	Sixth [abducent] nerve palsy, right eye
H49.22	Sixth [abducent] nerve palsy, left eye
H49.23	Sixth [abducent] nerve palsy, bilateral
H49.31	Total (external) ophthalmoplegia, right eye
H49.32	Total (external) ophthalmoplegia, left eye
H49.33	Total (external) ophthalmoplegia, bilateral
H49.41	Progressive external ophthalmoplegia, right eye
H49.42	Progressive external ophthalmoplegia, left eye
H49.43	Progressive external ophthalmoplegia, bilateral
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

CLINICAL POLICY
Visual Therapy

ICD-10-CM Code	Description
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
H50.111	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
H50.311	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
H50.411	Cyclotropia, right eye
H50.412	Cyclotropia, left eye
H50.42	Monofixation syndrome
H50.43	Accommodative component in esotropia
H50.51	Esophoria
H50.52	Exophoria
H50.53	Vertical heterophoria

CLINICAL POLICY
Visual Therapy

ICD-10-CM Code	Description
H50.54	Cyclophoria
H50.55	Alternating heterophoria
H50.611	Brown's sheath syndrome, right eye
H50.612	Brown's sheath syndrome, left eye
H50.811	Duane's syndrome, right eye
H50.812	Duane's syndrome, left eye
H51.0	Palsy (spasm) of conjugate gaze
H51.11	Convergence insufficiency
H51.12	Convergence excess
H51.21	Internuclear ophthalmoplegia, right eye
H51.22	Internuclear ophthalmoplegia, left eye
H51.23	Internuclear ophthalmoplegia, bilateral
H53.011	Deprivation amblyopia, right eye
H53.012	Deprivation amblyopia, left eye
H53.013	Deprivation amblyopia, bilateral
H53.021	Refractive amblyopia, right eye
H53.022	Refractive amblyopia, left eye
H53.023	Refractive amblyopia, bilateral
H53.031	Strabismic amblyopia, right eye
H53.032	Strabismic amblyopia, left eye
H53.033	Strabismic amblyopia, bilateral
H53.31	Abnormal retinal correspondence
H53.32	Fusion with defective stereopsis
H53.33	Simultaneous visual perception without fusion
H53.34	Suppression of binocular vision
H55.81	Deficient saccadic eye movements
H55.82	Deficient smooth pursuit eye movements
S06.0X0A	Concussion without loss of consciousness, initial encounter
S06.0X0D	Concussion without loss of consciousness, subsequent encounter
S06.0X0S	Concussion without loss of consciousness, sequela
S06.1X0A	Traumatic cerebral edema without loss of consciousness, initial encounter
S06.1X0D	Traumatic cerebral edema without loss of consciousness, subsequent encounter
S06.1X0S	Traumatic cerebral edema without loss of consciousness, sequela
S06.1X1A	Traumatic cerebral edema with loss of consciousness of 30 minutes or less, initial encounter

ICD-10-CM Code	Description
S06.1X1D	Traumatic cerebral edema with loss of consciousness of 30 minutes or less, subsequent encounter
S06.1X1S	Traumatic cerebral edema with loss of consciousness of 30 minutes or less, sequela
S06.1X2A	Traumatic cerebral edema with loss of consciousness of 31 minutes to 59 minutes, initial encounter
S06.1X2D	Traumatic cerebral edema with loss of consciousness of 31 minutes to 59 minutes, subsequent encounter
S06.1X2S	Traumatic cerebral edema with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.1X3A	Traumatic cerebral edema with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter
S06.1X3D	Traumatic cerebral edema with loss of consciousness of 1 hour to 5 hours 59 minutes, subsequent encounter
S06.1X3S	Traumatic cerebral edema with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela
S06.1X4A	Traumatic cerebral edema with loss of consciousness of 6 hours to 24 hours, initial encounter
S06.1X4D	Traumatic cerebral edema with loss of consciousness of 6 hours to 24 hours, subsequent encounter
S06.1X4S	Traumatic cerebral edema with loss of consciousness of 6 hours to 24 hours, sequela
S06.1X5A	Traumatic cerebral edema with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter
S06.1X5D	Traumatic cerebral edema with loss of consciousness greater than 24 hours with return to pre-existing conscious level, subsequent encounter
S06.1X5S	Traumatic cerebral edema with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela
S06.1X6A	Traumatic cerebral edema with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter
S06.1X6D	Traumatic cerebral edema with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, subsequent encounter
S06.1X6S	Traumatic cerebral edema with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.1X7A	Traumatic cerebral edema with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, initial encounter
S06.1X7D	Traumatic cerebral edema with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, subsequent encounter
S06.1X7S	Traumatic cerebral edema with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, sequela
S06.1X8A	Traumatic cerebral edema with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, initial encounter

ICD-10-CM Code	Description
S06.1X8D	Traumatic cerebral edema with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, subsequent encounter
S06.1X8S	Traumatic cerebral edema with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, sequela
S06.1X9A	Traumatic cerebral edema with loss of consciousness of unspecified duration, initial encounter
S06.1X9D	Traumatic cerebral edema with loss of consciousness of unspecified duration, subsequent encounter
S06.1X9S	Traumatic cerebral edema with loss of consciousness of unspecified duration, sequela
S06.2X0A	Diffuse traumatic brain injury without loss of consciousness, initial encounter
S06.2X0D	Diffuse traumatic brain injury without loss of consciousness, subsequent encounter
S06.2X0S	Diffuse traumatic brain injury without loss of consciousness, sequela
S06.2X1A	Diffuse traumatic brain injury with loss of consciousness of 30 minutes or less, initial encounter
S06.2X1D	Diffuse traumatic brain injury with loss of consciousness of 30 minutes or less, subsequent encounter
S06.2X1S	Diffuse traumatic brain injury with loss of consciousness of 30 minutes or less, sequela
S06.2X2A	Diffuse traumatic brain injury with loss of consciousness of 31 minutes to 59 minutes, initial encounter
S06.2X2D	Diffuse traumatic brain injury with loss of consciousness of 31 minutes to 59 minutes, subsequent encounter
S06.2X2S	Diffuse traumatic brain injury with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.2X3A	Diffuse traumatic brain injury with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter
S06.2X3D	Diffuse traumatic brain injury with loss of consciousness of 1 hour to 5 hours 59 minutes, subsequent encounter
S06.2X3S	Diffuse traumatic brain injury with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela
S06.2X4A	Diffuse traumatic brain injury with loss of consciousness of 6 hours to 24 hours, initial encounter
S06.2X4D	Diffuse traumatic brain injury with loss of consciousness of 6 hours to 24 hours, subsequent encounter
S06.2X4S	Diffuse traumatic brain injury with loss of consciousness of 6 hours to 24 hours, sequela
S06.2X5A	Diffuse traumatic brain injury with loss of consciousness greater than 24 hours with return to pre-existing conscious levels, initial encounter
S06.2X5D	Diffuse traumatic brain injury with loss of consciousness greater than 24 hours with return to pre-existing conscious levels, subsequent encounter

ICD-10-CM Code	Description
S06.2X5S	Diffuse traumatic brain injury with loss of consciousness greater than 24 hours with return to pre-existing conscious levels, sequela
S06.2X6A	Diffuse traumatic brain injury with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter
S06.2X6D	Diffuse traumatic brain injury with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, subsequent encounter
S06.2X6S	Diffuse traumatic brain injury with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.2X7A	Diffuse traumatic brain injury with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, initial encounter
S06.2X7D	Diffuse traumatic brain injury with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, subsequent encounter
S06.2X7S	Diffuse traumatic brain injury with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, sequela
S06.2X8A	Diffuse traumatic brain injury with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, initial encounter
S06.2X8D	Diffuse traumatic brain injury with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, subsequent encounter
S06.2X8S	Diffuse traumatic brain injury with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, sequela
S06.2X9A	Diffuse traumatic brain injury with loss of consciousness of unspecified duration, initial encounter
S06.2X9D	Diffuse traumatic brain injury with loss of consciousness of unspecified duration, subsequent encounter
S06.2X9S	Diffuse traumatic brain injury with loss of consciousness of unspecified duration, sequela
S06.810A	Injury of right internal carotid artery, intracranial portion, not elsewhere classified without loss of consciousness, initial encounter
S06.810D	Injury of right internal carotid artery, intracranial portion, not elsewhere classified without loss of consciousness, subsequent encounter
S06.810S	Injury of right internal carotid artery, intracranial portion, not elsewhere classified without loss of consciousness, sequela
S06.811A	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of 30 minutes or less, initial encounter
S06.811D	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of 30 minutes or less, subsequent encounter
S06.811S	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of 30 minutes or less, sequela
S06.812A	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of 31 minutes to 59 minutes, initial encounter

ICD-10-CM Code	Description
S06.812D	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of 31 minutes to 59 minutes, subsequent encounter
S06.812S	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.813A	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter
S06.813D	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of 1 hour to 5 hours 59 minutes, subsequent encounter
S06.813S	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela
S06.814A	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of 6 hours to 24 hours, initial encounter
S06.814D	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of 6 hours to 24 hours, subsequent encounter
S06.814S	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of 6 hours to 24 hours, sequela
S06.815A	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter
S06.815D	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness greater than 24 hours with return to pre-existing conscious level, subsequent encounter
S06.815S	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela
S06.816A	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter
S06.816D	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, subsequent encounter
S06.816S	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.817A	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, initial encounter
S06.817D	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, subsequent encounter

ICD-10-CM Code	Description
S06.817S	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, sequela
S06.818A	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, initial encounter
S06.818D	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, subsequent encounter
S06.818S	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, sequela
S06.819A	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of unspecified duration, initial encounter
S06.819D	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of unspecified duration, subsequent encounter
S06.819S	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of unspecified duration, sequela
S06.820A	Injury of left internal carotid artery, intracranial portion, not elsewhere classified without loss of consciousness, initial encounter
S06.820D	Injury of left internal carotid artery, intracranial portion, not elsewhere classified without loss of consciousness, subsequent encounter
S06.820S	Injury of left internal carotid artery, intracranial portion, not elsewhere classified without loss of consciousness, sequela
S06.821A	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of 30 minutes or less, initial encounter
S06.821D	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of 30 minutes or less, subsequent encounter
S06.821S	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of 30 minutes or less, sequela
S06.822A	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of 31 minutes to 59 minutes, initial encounter
S06.822D	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of 31 minutes to 59 minutes, subsequent encounter
S06.822S	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.823A	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter
S06.823D	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of 1 hour to 5 hours 59 minutes, subsequent encounter
S06.823S	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela

ICD-10-CM Code	Description
S06.824A	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of 6 hours to 24 hours, initial encounter
S06.824D	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of 6 hours to 24 hours, subsequent encounter
S06.824S	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of 6 hours to 24 hours, sequela
S06.825A	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter
S06.825D	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness greater than 24 hours with return to pre-existing conscious level, subsequent encounter
S06.825S	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela
S06.826A	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter
S06.826D	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, subsequent encounter
S06.826S	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.827A	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, initial encounter
S06.827D	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, subsequent encounter
S06.827S	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, sequela
S06.828A	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, initial encounter
S06.828D	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, subsequent encounter
S06.828S	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, sequela

ICD-10-CM Code	Description
S06.829A	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of unspecified duration, initial encounter
S06.829D	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of unspecified duration, subsequent encounter
S06.829S	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of unspecified duration, sequela

Reviews, Revisions, and Approvals	Date	Approval Date
Annual Review	12/2019	12/2019
Converted to new template	07/2020	10/2020
Annual Review; Updated ICD-10 diagnosis codes	12/2020	12/2020
Annual Review	12/2021	01/2022

References

1. Joint Policy Statement: Learning Disabilities, Dyslexia, and Vision, Reaffirmed: 2014, American Academy of Pediatrics, American Academy of Ophthalmology, American Association for Pediatric Ophthalmology and Strabismus, American Association of Certified Orthoptists, ©2009 American Academy of Ophthalmology®, P.O. Box 7424 / San Francisco, CA 94120 / 415.561.8500
2. Definition of Optometric Vision Therapy, Approved by the American Optometric Association Board of Trustees, April 2009, St. Louis, MO. <https://www.aoa.org/Documents/CRG/definition-of-optometric-vision-therapy.pdf>
3. Shaywitz SE. Dyslexia. New England Journal of Medicine. 1998;338(5):307-312.
4. Randomized Clinical Trial of Treatments for Symptomatic Convergence Insufficiency in Children, Arch Ophthalmology Volume 128, Number 10, 2008, Printed October 13, 2008, ©2008 American Medical Association All Rights Reserved
5. Oculomotor Rehabilitation for Reading in Acquired Brain Injury, NeuroRehabilitation 21 (2006) 9-21, IOS Press, Kenneth J. Ciuffreda, O.D., Ph.D.
6. Vision Therapy for Oculomotor Dysfunctions in Acquired Brain Injury: A Retrospective Analysis; State University of New York State College of Optometry, Raymond J. Greenwald Rehabilitation Center, New York, NY; Ciuffreda et.al.
7. Eye and Visual Function in Traumatic Brain Injury, Journal of Rehabilitation Research and Development, Volume 46, Number 6, 2009, Cockerham et.al.
8. Non-Surgical Interventions for Convergence Insufficiency (Review), Scheiman M., Gwiazda J., Li T., The Cochrane Collaboration®, The Cochrane Library 2011 Issue 3, ©2011 The Cochrane Collaboration®
9. Traumatic Brain Injury – What is the Optometrist’s Role?; Col. Francis L. McVeigh, O.D., M.S., Review of Optometry, April 15, 2008, 73-77

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of

medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

CLINICAL POLICY

Visual Therapy



Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

©2018 Centene Corporation. All rights reserved. All materials are exclusively owned by Centene Corporation and are protected by United States copyright law and international copyright law. No part of this publication may be reproduced, copied, modified, distributed, displayed, stored in a retrieval system, transmitted in any form or by any means, or otherwise published without the prior written permission of Centene Corporation. You may not alter or remove any trademark, copyright or other notice contained herein. Centene® and Centene Corporation® are registered trademarks exclusively owned by Centene Corporation.