Visual Aids and Vision Therapy
OPH-002

Iowa Medicaid Program	Prior Authorization	**Effective Date**	04/13/2012
Revision Number	11	**Last Reviewed**	01/16/2026
Reviewed By	Medicaid Medical Director	**Next Review**	01/15/2027
Approved By	Medicaid Clinical Advisory Committee	**Approved Date**	11/22/2017

Narrative Summary

Orthoptic training is vision training. Eye health professionals prescribe a series of exercises done over several weeks to try to address eye problems. Vision training can be successful when used to train both eyes in working together for convergence insufficiency and amblyopia. Vision training is not effective in treating other eye problems such as slow reading or learning disabilities per Iowa Administrative Code 78.28(4).

Criteria

Prior authorization is required.

Orthoptic/pleoptic training is considered medically necessary when the following criteria are met:

1. Diagnosis of convergence insufficiency or amblyopia is established; **AND**
2. Provider is an ophthalmologist or optometrist

Services will be allowed for a period of 90 days

If additional treatments are requested after ninety days, the following must be submitted:

A treatment plan documenting progress towards goal

Another 90 days of treatment will be allowed

Orthoptic/pleoptic training is **NOT medically necessary** in the following circumstances:

1. Provider is an optician; **OR**
2. A period longer than 180 days is being requested

Subnormal Vision Aids

Subnormal vision aids include, but are not limited to, hand magnifiers, stand magnifiers, loupes, telescopic spectacles, or projection screens.

Subnormal visual aids are considered medically necessary if **ONE** of the following is met:

1. Best corrected visual acuity of 20/200 or worse visual acuity for distance or near vision in the best-seeing eye measured with a standardized instrument, such as the Retinopathy Study, ETDRS chart, Colenbrander chart, or the Berkeley Rudimentary Vision Test at 25 cm (10 inches); **OR**
2. Best corrected visual acuity of 20/50 in the best-seeing eye along with documented scotoma, restrictions of visual field, or loss of contrast sensitivity requiring low vision aids for activities of daily life.

Coding

The following lists of codes are provided for reference purposes only and may not be all inclusive. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment, nor does the exclusion of a code imply that its association to the HCPCS/CPT code is inappropriate.

HCPCS	Description
V2115	Lenticular, (myodisc), per lens, single vision.
V2218	Aniseikonic lens, single vision.
V2315	Lenticular, (myodisc), per lens, trifocal.
V2318	Aniseikonic lens, trifocal.
V2399	Specialty trifocal (by report).
V2410	Variable asphericity lens, single vision, full field, glass or plastic, per lens.
V2430	Variable asphericity lens, bifocal, full field, glass or plastic, per lens.
V2600	Handheld low vision AIDS and other nonspectacle mounted AIDS.
V2610	Single lens spectacle mounted low vision AIDS.
V2615	Telescopic and other compound lens system, including distance vision telescopic, near vision telescopes and compound microscopic lens system.

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

ICD-10	Description
H51.11	Convergence insufficiency
H53.01	Deprivation amblyopia

ICD-10	Description
H53.02	Refractive amblyopia
H53.03	Strabismic amblyopia

Compliance

1. Should conflict exist between this policy and applicable statute, the applicable statute shall supersede.
2. Federal and State law, as well as contract language, including definitions and specific contract provisions or exclusions, take precedence over medical policy and must be considered first in determining eligibility for coverage.
3. Medical technology is constantly evolving, and Iowa Medicaid reserves the right to review and update medical policy on an annual and as-needed basis.

Medical necessity guidelines have been developed for determining coverage for member benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. Criteria are revised and updated annually, or more frequently if new evidence becomes available that suggests needed revisions.

References

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Optometrist and Optician Services Provider Manual. Iowa Department of Human Services. Chapter 6. Prior Authorization. April 1, 2014

Iowa Administrative Code 441-78.28 (4).

Chen JJ. Office-based therapies benefit children with convergence insufficiency. Knights Templar Eye Foundation. Pediatric Ophthalmology Education Center. July 28, 2021

Chang MY. Morrison DG. Binenbaum G. et al. Home- and office-Based Vergence and Accommodative Therapies for Treatment of convergence Insufficiency in Children and Young Adults. Office of Technology Assessment. Pediatric Ophthalmology/Strabismus Panel, Hoskins center for Quality Eye Care. American Academy of Ophthalmology. Ophthalmology Vol. 128, 1756-1765, 2021.

Porter D. Convergence Insufficiency. American Academy of Ophthalmology. Eye Smart. Published May 18, 2021.

Coats DK. Paysse EA. Causes of horizontal strabismus in children. UpToDate. Topic last updated July 29, 2025. Accessed October 28, 2025

Development of utilization management criteria may also involve research into other state Medicaid programs, other payer policies, consultation with experts and review by the Medicaid Clinical Advisory Committee (CAC). These sources may not be referenced individually unless they are specifically published and are otherwise applicable to the criteria at issue.

Criteria Change History

Change Date	Changed By	Description of Change	Version
[mm/dd/yyyy]			[#]
Signature			

Change Date	Changed By	Description of Change	Version
01/16/2026	CAC	Annual review. References updated.	11
Signature William Jagiello, DO			
Change Date	**Changed By**	**Description of Change**	**Version**
01/17/2025	CAC	Annual review. Added Narrative Summary. Updated Criteria and References. Added ICD-10 codes. Removed Vision/Visual Therapy section.	10
Signature William Jagiello, DO			
Change Date	**Changed By**	**Description of Change**	**Version**
01/19/2024	CAC	Annual review.	9
Signature William Jagiello, DO			
Change Date	**Changed By**	**Description of Change**	**Version**
01/20/2023	CAC	Annual review.	8
Signature William Jagiello, DO			
Change Date	**Changed By**	**Description of Change**	**Version**
10/15/2021	Medical Director	Annual review. Formatting changes.	7
Signature William Jagiello, DO			
Change Date	**Changed By**	**Description of Change**	**Version**
04/17/2015	Medical Director	Added last paragraph in References.	6
Signature C. David Smith, MD			
Change Date	**Changed By**	**Description of Change**	**Version**

Criteria Change History

03/10/2015	Ophthalmology and Optometry Review Consultants	Under subnormal visual aids, added measurement narrative to #1. Added references.	5

Signature

Change Date	Changed By	Description of Change	Version
06/02/2014	Medical Director	Added references. Added new diagnoses and changed "visual therapy" to "vision therapy", the more generally used term. Clarified wording around Subnormal Visual Aids. Removal of eyeglass lens and contact lenses from these criteria.	4

Signature

Change Date	Changed By	Description of Change	Version
04/02/2014	Ophthalmology and Optometry Review Consultants	Under Criteria, paragraph 4 removed "amblyopia" as approved diagnosis and added "and is covered when provided by ophthalmologists, orthoptists, and optometrists".	3

Signature

Change Date	Changed By	Description of Change	Version
05/14/2013	Policy	Added rule changes from 11/1/2012.	2

Signature

Change Date	Changed By	Description of Change	Version
04/19/2013	CAC	Re-number of 1-5 under coverage of contact lens.	1

Signature

CAC = Medicaid Clinical Advisory Committee