Visual Aids and Vision Therapy

Criteria – Subnormal Visual 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).
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.

Criteria – Vision/Vision Therapy

Vision therapy is defined as an attempt to develop or improve visual skills and abilities; improve visual comfort, ease, and efficiency; and change visual processing or interpretation of visual information. There are three main categories of vision therapy:

1. Orthoptic vision therapy - eye exercises to improve binocular function. Orthoptic eye exercises are used by pediatric ophthalmologists and orthoptists, while optometrists call it orthoptic vision therapy. When pediatric ophthalmologists and orthoptists prescribe orthoptic eye exercises, the exercises are taught in the office and carried out at home.
2. Behavioral/perceptual vision therapy - eye exercises to improve visual processing and visual perception.
3. Vision therapy for prevention or correction of myopia (nearsightedness).

Only orthoptic vision therapy is covered when prior authorized.

Vision therapy may be authorized, when warranted, by case history **AND** diagnosis for a period not greater than 90 days. Should continued therapy beyond 90 days be...
warranted, the prior approval should be resubmitted, accompanied by a report showing satisfactory progress.

Approved diagnoses are amblyopia, convergence insufficiency, convergence excess, accommodation deficiencies, and strabismus. Vision therapy is covered when provided by pediatric ophthalmologists, orthoptists, and optometrists. Vision therapy is not covered when provided by opticians.

**Coding**

**CPT Codes:**

92065
92499 (when used with definition vision therapy examination)

**HCPS Codes:**

V2115   V2117   V2218   V2315-V2318
V2399   V2410   V2430   V2600
V2610   V2615

**References**

Medicaid Provider Manual.

IAC 441-78.28 (3).


American Association for Pediatric Ophthalmology and Strabismus.


A binocular approach to treating amblyopia: antisuppression therapy. Hess, RF, Mansouri, B., Thompson, B. Optom Vis Sci 2010 Sep; 87(9): 697-704.


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

<table>
<thead>
<tr>
<th>Change Date</th>
<th>Changed By</th>
<th>Description of Change</th>
<th>Version</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/10/2015</td>
<td>Ophthalmology and Optometry Review Consultants</td>
<td>Under subnormal visual aids, added measurement narrative to #1. Added references.</td>
<td>5</td>
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<tr>
<td>6/2/2014</td>
<td>Medical Director</td>
<td>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 this criteria.</td>
<td>4</td>
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<tr>
<td>4/2/2014</td>
<td>Ophthalmology and Optometry Review Consultants</td>
<td>Under Criteria, paragraph 4 removed “amblyopia” as approved diagnosis and added “and is covered when provided by ophthalmologists, orthoptists, and optometrists”.</td>
<td>3</td>
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<tr>
<td>5/14/2013</td>
<td>Policy</td>
<td>Added rule changes from 11/1/2012.</td>
<td>2</td>
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<tr>
<td>4/19/2013</td>
<td>CAC</td>
<td>Re-number of 1-5 under coverage of contact lens.</td>
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Signature