MEDICAL POLICY

POLICY TITLE	VISION THERAPY
POLICY NUMBER	MP 4.007

CLINICAL BENEFIT	☐ MINIMIZE SAFETY RISK OR CONCERN. ☒ MINIMIZE HARMFUL OR INEFFECTIVE INTERVENTIONS. ☐ ASSURE APPROPRIATE LEVEL OF CARE. ☐ ASSURE APPROPRIATE DURATION OF SERVICE FOR INTERVENTIONS. ☒ ASSURE THAT RECOMMENDED MEDICAL PREREQUISITES HAVE BEEN MET. ☐ ASSURE APPROPRIATE SITE OF TREATMENT OR SERVICE.
Effective Date:	**4/1/2026**

POLICY

Vision therapy may be considered **medically necessary** for symptomatic convergence insufficiency. Some examples (not all-inclusive) of conditions that can cause convergence insufficiency are the following conditions:

- Amblyopia
- Strabismus
- Accommodative dysfunction
- General binocular dysfunction
- Mild traumatic brain injury (mTBI)
- Concussion
- Stroke

More than 24 sessions of vision therapy are considered **investigational** per symptomatic occurrence (see policy guidelines).

Vision therapy is considered **investigational** for all other indications. There is insufficient evidence to support a conclusion concerning the health outcomes or benefits associated with this procedure.

Orthoptic eye exercises are considered **investigational** for the treatment of learning disabilities in the absence of symptomatic convergence insufficiency.

A home computer orthoptic program consisting of eye exercises performed when following computer instructions that is tailored to the individual's personal binocular problem is considered **investigational.** There is insufficient evidence to support a conclusion concerning the health outcomes or benefits associated with this procedure for these indications.

Policy Guidelines

This policy addresses office-based orthoptic training. This policy does not address standard vision therapy with lenses, prisms, filters or occlusion (i.e., for treatment of amblyopia or acquired esotropia prior to surgical intervention).

Up to 12 sessions of office-based vision therapy, typically performed once per week, has been shown to improve symptomatic convergence insufficiency. If individuals remain symptomatic

after 12 weeks of orthoptic training, yet there is documentation of improvement through examination notes, then another 12 sessions may be needed.

The American Association for Pediatric Ophthalmology and Strabismus states on their website:

> At times, convergence insufficiency symptoms will resurface after illness, lack of sleep or increased near work demands. If treatment had been successful previously, an additional course of treatment may be successful at resolving recurrent symptoms.

A diagnosis of convergence insufficiency is based on asthenopic symptoms (sensations of visual or ocular discomfort) at near point combined with difficulty sustaining convergence.

Convergence insufficiency and stereoacuity are documented by:

- Exodeviation at near vision at least 4 prism diopters greater than at far; AND
- Insufficient positive fusional vergence at near (positive fusional vergence (PFV) less than 15 prism diopters blur or break) on PFV testing using a prism bar; AND
- Near point of convergence (NPC) break of more than 6 cm; AND
- Appreciation by the patient of at least 500 seconds of arc on stereoacuity testing.

***Cross-references*:**

MP 2.304 Medical Treatments of Autism Spectrum Disorders
MP 6.058 Intraocular Lenses, Spectacle Correction, and Iris Prosthesis

PRODUCT VARIATIONS

This policy is only applicable to certain programs and products administered by Capital Blue Cross and subject to benefit variations. Please see additional information below.

FEP PPO: Refer to FEP Medical Policy Manual. The FEP Medical Policy manual can be found at:
https://www.fepblue.org/benefit-plans/medical-policies-and-utilization-management-guidelines/medical-policies

DESCRIPTION/BACKGROUND

Common forms of vision therapy are known as orthoptics and pleoptics. Orthoptics is a technique of eye exercises intended to improve eye movements and/or visual tracking. Pleoptics are eye exercises used to improve impaired vision when there is no evidence of organic eye diseases. A related but distinct training technique is behavioral or perceptual vision therapy, in which eye movement and eye hand coordination training techniques are used to improve learning efficiency by optimizing visual processing skills.

The American Association for Pediatric Ophthalmology and Strabismus (AAPOS) states that optometrists define vision therapy 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. The AAPOS states that there are three main categories of vision therapy which are orthoptic vision therapy, behavioral/perceptual vision therapy, and vision therapy for

prevention or correction of myopia (nearsightedness). Orthoptic vision therapy includes eye exercises to improve binocular function whereas behavioral/perceptual vision therapy includes eye exercises to improve visual processing and visual perception. Orthoptic eye exercises can be beneficial in the treatment of symptomatic convergence insufficiency.

Convergence insufficiency (CI) is a binocular vision disorder in the ability for the eyes to turn inward towards each other (e.g., when looking at near objects). It is most common in children and young adults when they begin to experience symptoms from prolonged periods of near work. Symptoms of this condition may include eyestrain, headaches, blurred vision, diplopia, sleepiness, difficulty concentrating, movement of print, and loss of comprehension after short periods of reading or performing close activities. Prism reading glasses, home therapy with pencil push-ups, and office-based vision therapy and orthoptics have been evaluated for the treatment of convergence insufficiency. Prism reading glasses tend to treat the symptom of double vision but does not actually treat the condition itself. The goal of vision therapy in the treatment of CI is to stimulate the communication between the brain and eyes, to enable clear and comfortable vision at all times.

In addition to its use in the treatment of accommodative and convergence dysfunction, vision therapy is being investigated for the treatment of attention deficient disorders, dyslexia, dysphasia, and reading disorders. The American Academy of Ophthalmology, in a joint statement on learning disabilities, dyslexia, and vision, concluded that:

> Currently, there is no adequate scientific evidence to support the view that subtle eye or visual problems cause learning disabilities. Furthermore, the evidence does not support the concept that vision therapy or tinted lenses or filters are effective, directly or indirectly, in the treatment of learning disabilities. Thus, the claim that vision therapy improves visual efficiency cannot be substantiated. Diagnostic and treatment approaches that lack scientific evidence of efficacy are not endorsed or recommended.

Computer based programs

RevitalVision received FDA clearance for its vision training software program which provides home-based vision training to people 9 years of age and older with amblyopia.

The CureSight system is a non-invasive eye tracking system designed for remote binocular vision treatment in pediatric patients (aged 4 to 9 years) suffering from amblyopia. The proprietary screen allows for treatment while the child watches their favorite streamed content in the comfort of their home.

RATIONALE

Summary of Evidence

For individuals who have convergence insufficiency who receive office-based orthoptic training, the evidence includes a TEC Assessment, several randomized controlled trials (RCTs), and nonrandomized comparative studies. Relevant outcomes are symptoms and functional outcomes. The most direct evidence on office-based orthoptic training comes from a 2008 RCT that demonstrated office-based vision or orthoptic training improves symptoms of convergence

insufficiency in a greater percentage of patients than a home-based vision exercise program consisting of pencil push-ups or home computer vision exercises. Subgroup analyses of this RCT demonstrated improvements in accommodative vision, parental perception of academic behavior, and specific convergence insufficiency symptoms. The evidence is sufficient to determine that the technology results in an improvement in the net health outcome.

For individuals who have learning disabilities who receive office-based orthoptic training, the evidence includes a TEC Assessment as well as nonrandomized comparative and noncomparative studies. Relevant outcomes are functional outcomes. A 1996 TEC Assessment did not find evidence that orthoptic training improves outcomes for individuals with learning disabilities. Since that publication, peer-reviewed studies have not directly demonstrated improvements in reading or learning outcomes with orthoptic training. At least 2 earlier studies that have addressed other types of vision therapies reported mixed improvements in reading. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have received computer-based therapy programs, the evidence includes a prospective study to evaluate the efficacy of perceptual vision therapy in enhancing best corrected visual acuity and contrast sensitivity function in amblyopic patients. The authors concluded the results demonstrate the efficacy of perceptual vision therapy in improving visual acuity. Long-term follow-up and further studies are needed. The evidence is insufficient to determine the effects of the technology on health outcomes.

DEFINITIONS

ACCOMMODATION is the adjustment of the optics of the eye to keep an object in focus on the retina as its distance from the eye varies.

AMBLYOPIA is reduced vision, typically in one eye, that results from the brain suppressing input from the affected eye due to unequal visual signals from each eye leading to poor development of visual acuity in the affected eye.

BINOCULAR VISION is the visual sensation that is produced when the images perceived by each eye are fused to appear as one.

STRABISMUS refers to an abnormal ocular condition in which the visual axes of the eyes are not directed at the same point.

DISCLAIMER

Capital Blue Cross' medical policies are used to determine coverage for specific medical technologies, procedures, equipment, and services. These medical policies do not constitute medical advice and are subject to change as permitted by law or applicable clinical evidence from independent treatment guidelines. Treating providers are solely responsible for medical advice and treatment of members. These polices are not a guarantee of coverage or payment. Payment of claims is subject to a determination regarding the member's benefit program and eligibility on the date of service, and a determination that the services are medically necessary and appropriate. Final processing of a claim is based upon the terms of contract that applies to

the members' benefit program, including benefit limitations and exclusions. If a provider or a member has a question concerning this medical policy, please contact Capital Blue Cross' Provider Services or Member Services.

CODING INFORMATION

Note: This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

Investigational, therefore not covered:

Procedure Codes							
0687T	0688T	0704T	0705T	0706T	A9292		

Covered when medically necessary:

Procedure Codes							
92065	92066						

ICD-10-CM Diagnosis Codes	Description
H51.11	Convergence insufficiency
H51.12	Convergence excess

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POLICY HISTORY

MP 4.007	**12/01/2022 Administrative Update.** Added new code 92066; effective 01/01/2023
	04/28/2023 Consensus Review. Updated policy guidelines and references.
	09/07/2023 Administrative Update. Added new code A9292 to NMN table. Effective date 10/01/2023.
	06/20/2024 Consensus Review. Updated cross-references and references. No changes to coding.
	03/19/2025 Consensus Review. Updated NMN statement to INV; no change to intent. No changes to coding.
	02/20/2026 Administrative Update. Updated language preceding coding table (NMN to INV). Effective date 04/01/2026.