CLINICAL MEDICAL POLICY	
Policy Name:	Vision Therapy (Orthoptics and Pleoptics)
Policy Number:	MP-131-MD-PA
Responsible Department(s):	Medical Management
Provider Notice/Issue Date:	09/01/2025; 09/01/2024
Effective Date:	10/01/2025; 10/01/2024
Next Annual Review:	06/2026
Development Date:	06/18/2025; 05/15/2024
Products:	Highmark Wholecare℠ Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1 of 8

Policy History

Date	Action
10/01/2025	Provider Effective date
08/18/2025	PARP Approval
06/18/2025	QI/UM Committee review
06/18/2025	Annual Review: No changes to clinical criteria. Updated 'Summary of Literature' and 'Reference Sources' sections.
10/01/2024	Provider Effective date
07/25/2024	PARP Approval
05/15/2024	QI/UM Committee review
05/15/2024	Policy initially developed

Disclaimer

Highmark Wholecare℠ medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

Policy Statement

Highmark Wholecare℠ may provide coverage under the therapy benefits of the Company's Medicaid products for medically necessary vision therapy, including orthoptics and pleoptics.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

(Current applicable Pennsylvania HealthChoices Agreement Section V. Program Requirements, B. Prior Authorization of Services, 1. General Prior Authorization Requirements.)

Definitions

Prior Authorization Review Panel (PARP) – A panel of representatives from within the PA Department of Human Services who have been assigned organizational responsibility for the review, approval, and denial of all PH-MCO Prior Authorization policies and procedures.

Orthoptics - the straightening of the eyes. It is generally used to improve binocular vision affected by an eye turn (strabismus) or a lazy eye (amblyopia). The main goal of orthoptic therapy is to strengthen the eye muscles and improve eye alignment. This type of therapy is limited to activities that focus on strengthening eye coordination, also known as binocular function.

Pleoptics - exercises designed to improve impaired vision when there is no evidence of organic eye diseases. Pleoptics are an active vision therapy procedure in which individuals receive visual feedback about their position of fixation and direction of gaze. These procedures are designed to correct the positional fixation problem and thereby improve the vision of the patient. Pleoptics has been used successfully in treating eccentric fixation in individuals not responding to regular occlusion therapy.

Procedures

1. Orthoptics and pleoptics may be considered medically necessary for ANY of the following (not an all-inclusive list):
    A. Amblyopia; OR
    B. Strabismus; OR
    C. Accommodative dysfunction; OR
    D. General binocular dysfunction.

2. A maximum of two (2) vision exercise sessions per week for one (1) treatment period of six (6) consecutive months (based on a seven [7] day week), beginning with the first treatment session may be considered medically necessary as prescribed by an optometrist or ophthalmologist and performed by an optometrist, vision therapist or an occupational therapist. Documentation will be required to substantiate medical necessity for further treatments beyond the initial six (6) months.

3. The following methods of therapy are considered not medically necessary:
   - Vision therapy for the treatment of learning disabilities, poor school test scores, and behavioral problems
   - Vision therapy performed to maintain a level of function
   - Home computer orthoptic programs as there are no direct professional services rendered with home use
   - Vision therapy beyond two (2) sessions per week for a six (6) month period as indicated in this policy
   - Vision therapy not meeting the criteria as indicated in this policy is considered not medically necessary

4. Post-payment Audit Statement
   The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Wholecare℠ at any time pursuant to the terms of your provider agreement.

5. Place of Service
   The proper place of service for vision therapy is typically an outpatient setting, which is only eligible for coverage as an inpatient procedure in special circumstances, including, but not limited to, the presence of co-morbid condition that would require monitoring in a more controlled environment such as the inpatient setting.

Governing Bodies Approval

CMS
There are currently no national or local coverage determinations.

Summary of Literature

Orthoptic exercises of the eye, also known as orthoptics, is a therapy performed by ophthalmologists or orthoptists. These exercises are used to improve binocular function. This exercise is taught in the office and done at home. Orthoptists also measure and diagnose eye movement issues, manage amblyopia (weak vision, lazy eye), and treat small eye movement problems. There are three main types of vision therapy:

1) Behavioral/perceptual vision therapy – eye exercises to improve visual processing and visual understanding
2) Vision therapy for prevention or treatment of myopia (nearsightedness)
3) Orthoptic vision therapy – eye exercises usually weekly over many months done in the optometrist office.

Orthoptic eye exercises as prescribed by an ophthalmologist, orthoptist, and optometrist can be helpful in the treatment of eye movement problems that cause blurry vision, double vision, or headaches (like convergence insufficiency) (AAPOS, 2023).

Convergence insufficiency is an eye condition that affects how a person's eyes work together when looking at nearby objects. This condition can cause blurry or double vision when the person looks at things up close, like a book or computer screen. Convergence insufficiency can usually begin during childhood but can appear in people of all ages after a brain injury, such as a concussion. The symptoms of convergence insufficiency can be:

- Tired or sore eyes
- Blurry vision
- Double vision
- Headaches
- Trouble concentrating

Convergence insufficiency can be effectively treated with vision therapy called convergence exercises. This therapy may include working with a specialist to practice focusing on objects at different distances. The exercises can also be performed in the home. It can take up to twelve weeks or more for a person to experience a change in their vision. Symptoms may arise again after being sick, not getting sufficient sleep, or doing close-up activities (NEI, 2019).

Strabismus (crossed eyes) occurs when eyes are not lined up properly and point in different directions. One eye may look straight ahead while the other eye turns up, down, in or out. The misalignment can move from one eye to the other. The symptoms can include eyes that appear out of alignment, weakness around the eye, vision changes (double vision), tilting or turning of the head to see an image clearly. Individuals who have strabismus may have some of these conditions:

- Health problems (diabetes, thyroid eye disease, myasthenia gravis, brain tumors, or a stroke)
- Accidents or head injury
- Damage to eye muscles during some kind of eye surgery(Boyd, 2024)

Coding Requirements

Procedure Codes

CPT Code	Description
92065	Orthoptic training; performed by a physician or other qualified health care professional
92066	Orthoptic training; under supervision of a physician or other qualified health care professional

Diagnosis Codes

ICD-10 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
H49.811	Kearns-Sayre syndrome, right eye
H49.812	Kearns-Sayre syndrome, left eye
H49.813	Kearns-Sayre syndrome, bilateral
H49.881	Other paralytic strabismus, right eye
H49.882	Other paralytic strabismus, left eye
H49.883	Other paralytic strabismus, bilateral
H49.9	Unspecified paralytic strabismus
H50.00	Unspecified esotropia
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
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
H50.10	Unspecified exotropia
H50.011	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
H50.21	Vertical strabismus, right eye
H50.22	Vertical strabismus, left eye
H50.30	Unspecified intermittent heterotropia
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
H50.40	Unspecified heterotropia
H50.411	Cyclotropia, right eye
H50.412	Cyclotropia, left eye
H50.42	Monofixation syndrome
H50.43	Accommodative component in esotropia
H50.50	Unspecified heterophoria
H50.51	Esophoria
H50.52	Exophoria
H50.53	Vertical heterophoria
H50.54	Cyclophoria
H50.55	Alternating heterophoria
H50.60	Mechanical strabismus, unspecified
H50.611	Brown's sheath syndrome, right eye
H50.612	Brown's sheath syndrome, left eye
H50.621	Inferior oblique muscle entrapment, right eye
H50.622	Inferior oblique muscle entrapment, left eye
H50.631	Inferior rectus muscle entrapment, right eye
H50.632	Inferior rectus muscle entrapment, left eye
H50.641	Lateral rectus muscle entrapment, right eye
H50.642	Lateral rectus muscle entrapment, left eye
H50.651	Medial rectus muscle entrapment, right eye
H50.652	Medial rectus muscle entrapment, left eye
H50.661	Superior oblique muscle entrapment, right eye
H50.662	Superior oblique muscle entrapment, left eye
H50.651	Medial rectus muscle entrapment, right eye
H50.652	Medial rectus muscle entrapment, left eye
H50.661	Superior oblique muscle entrapment, right eye
H50.662	Superior oblique muscle entrapment, left eye
H50.671	Superior rectus muscle entrapment, right eye
H50.672	Superior rectus muscle entrapment, left eye
H50.681	Extraocular muscle entrapment, unspecified, right eye
H50.682	Extraocular muscle entrapment, unspecified, left eye
H50.69	Other mechanical strabismus
H50.811	Duane's syndrome, right eye
H50.812	Duane's syndrome, left eye
H50.89	Other specified strabismus
H50.9	Unspecified strabismus
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
H51.8	Other specified disorders of binocular movement
H51.9	Unspecified disorder of binocular movement
H52.521	Paresis of accommodation, right eye
H52.522	Paresis of accommodation, left eye
H52.523	Paresis of accommodation, bilateral
H52.531	Spasm of accommodation, right eye
H52.532	Spasm of accommodation, left eye
H52.533	Spasm of accommodation, bilateral
H53.001	Unspecified amblyopia, right eye
H53.002	Unspecified amblyopia, left eye
H53.003	Unspecified amblyopia, 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
H53.2	Diplopia
H53.32	Fusion with defective stereopsis
H53.33	Simultaneous visual perception without fusion
H55.82	Deficient smooth pursuit eye movements

Reimbursement

Participating facilities will be reimbursed per their Highmark Wholecare℠ contract.

Reference Sources

Lazarus R. Optometrists Network. Vision Therapy or Orthoptic Therapy? January 27, 2021. Accessed on April 16, 2024.

American Optometric Association. Vision Therapy and Neuro-Rehabilitation: Optometric Considerations in Third Party Reimbursement. February 24, 2019 Version. Accessed on April 16, 2024.

American Association for Pediatric Ophthalmology and Strabismus (AAPOS). What is vision therapy? 2023 Accessed on April 16, 2024.

National Eye Institute (NEI). National Institutes of Health (NIH). Convergence Insufficiency. October 23, 2019. Accessed on April 16, 2024.

Boyd, K. American Academy of Ophthalmology. What is Adult Strabismus? September 9, 2024. Accessed on May 22, 2025.