

Policy Number: MP.104.MPC Last Review Date: 05/15/2025 Effective Date: 06/01/2025

MP.104.MPC Vision Therapy

Maryland Physicians Care considers **Orthoptic Vision Therapy** medically necessary for any one of the following conditions ⁽¹⁾:

- Amblyopia (poorly develop vision) (2)
- Strabismus (misalignment of the eyes) including esotropia, exotropia and hypertropia (3)
- Non-strabismic binocular disorders (inefficient eye teaming)
- Ocular motility dysfunctions (eye movement disorders)
- Accomodative disorder (focusing problems) (4)
- Visual information processing disorders, including visual-motor integration and integration with other sensory modalities (5)

Documented requirements for orthoptic vision therapy include **ALL** of the following:

- Initial evaluation completed by an ophthalmologist/optometrist including comprehensive plan of treatment with quantifiable measurements/percentages to support diagnosis
- 2. Follow-up examinations with quantifiable measurements or percentage of improvement compared with initial evaluation/visit
- 3. Use of modalities

NOTE: Coverage is limited per health benefit

Limitations

Vision Therapy is <u>not</u> covered for any of the following:

- An absence of documented improvement demonstrated between initial evaluation and follow-up visits;
- Dyslexia or other learning/educational disabilities including developmental delay;
- Behavioral/perceptual vision therapy;
- Treatment for traumatic brain injury;
- Home computer orthoptic programs.

Codes

CPT Codes / HCPCS Codes / ICD-10 Codes	
Code	Description
CPT Codes	



MP.104.MPC - Vision Therapy

Policy Number: MP.104.MPC Last Review Date: 05/15/2025 Effective Date: 06/01/2025

· ,	
Orthoptic training	
Orthoptic training; under supervision of a physician or other qualified health care professional	
ICD-10 codes covered if selection criteria are met:	
Paralytic strabismus	
Esotropia	
Exotropia	
Vertical strabismus Hypertropia	
Palsy (spasm) of conjugate gaze	
Convergence insufficiency	
Disorders of refraction and accommodation	
Amblyopia ex anopsia	
Other and unspecified disorders of binocular vision	

References

- 1. Williams GJ, Cotter SA, Hoffman LG, et al. VISION THERAPY.; 1999.
- Rouse MW, Cooper JS, Susan OD, et al. OPTOMETRIC CLINICAL PRACTICE GUIDELINE: CARE OF THE PATIENT WITH AMBLYOPIA. Published online 2004.
 - https://www.aoa.org/aoa/documents/practice%20management/clinical%20guidelines/consensus-
 - based%20guidelines/care%20of%20patient%20with%20amblyopia.pdf
- 3. Rutstein RP, Author Martin Cogen PS, Cotter SA, et al. OPTOMETRIC CLINICAL PRACTICE GUIDELINE: CARE OF THE PATIENT WITH STRABISMUS ESOTROPIA AND EXOTROPIA. Published online 2011. https://www.aoa.org/AOA/Documents/Practice%20Management/Clinical%20Guidelines/Consensus-
 - $\underline{based\%20guidelines/Care\%20of\%20Patient\%20with\%20Strabismus\%20Esotrop}\\ \underline{ia\%20and\%20Exotropia.pdf}$
- Cooper JS, Burns CR, Cotter SA, Daum KM, Griffin JR, Scheiman MM. OPTOMETRIC CLINICAL PRACTICE GUIDELINE: CARE OF THE PATIENT WITH ACCOMMODATIVE AND VERGENCE DYSFUNCTION. Published online 2011.
 - https://www.aoa.org/AOA/Documents/Practice%20Management/Clinical%20Guidelines/Consensus-
 - based%20guidelines/Care%20of%20Patient%20with%20Accommodative%20and%20Vergence%20Dysfunction.pdf



MP.104.MPC - Vision Therapy

Policy Number: MP.104.MPC Last Review Date: 05/15/2025 Effective Date: 06/01/2025

Garzia RP, Borsting EJ, Steven OD, et al. OPTOMETRIC CLINICAL PRACTICE GUIDELINE CARE OF THE PATIENT WITH LEARNING RELATED VISION PROBLEMS. Published online 2008.

https://www.aoa.org/AOA/Documents/Practice%20Management/Clinical%20Guidelines/Consensus-

based%20guidelines/Care%20of%20Patient%20with%20Learning%20Related%20Vision%20Problems.pdf

Disclaimer

Maryland Physicians Care medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of Maryland Physicians Care and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

Maryland Physicians Care reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

These policies are the proprietary information of Maryland Physicians Care. Any sale, copying, or dissemination of said policies is prohibited.

