

POLICY TITLE	VISION THERAPY
POLICY NUMBER	MP-4.007

Original Issue Date (Created):	July 1, 2002
Most Recent Review Date (Revised):	February 26, 2013
Effective Date:	March 1, 2013

I. POLICY

Vision therapy may be considered **medically necessary** for the following conditions:

- Strabismus
- Accommodative dysfunction (e.g., accommodative insufficiency)
- General binocular dysfunction (e.g., convergence insufficiency)
- Amblyopia when performed by a physician, optometrist, or licensed physical therapist (when prescribed by a physician or optometrist)

Vision therapy for conditions other than listed above requires review by a medical director.

Orthoptic eye exercises are considered **not medically necessary** for the treatment of learning disabilities. A home computer orthoptic program consisting of eye exercises performed when following computer instructions that is tailored to the patient’s personal binocular problem is **not medically necessary**.

Orthoptic eye exercises are **investigational** for all other conditions, including but not limited to the following:

- Slow reading
- Visual disorders other than those listed above in the policy

There is insufficient evidence to support a conclusion concerning the health outcomes or benefits associated with this procedure for these indications.

Cross-references:

MP-2.304 Pervasive Developmental Disorders

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II. PRODUCT VARIATIONS

[N] = No product variation, policy applies as stated

[Y] = Standard product coverage varies from application of this policy, see below

[N] Capital Cares 4 Kids

[N] Indemnity

[N] PPO

[N] SpecialCare

[N] HMO

[N] POS

[N] SeniorBlue HMO

[Y] FEP PPO*

[N] SeniorBlue PPO

* Eye exercises, visual training, or orthoptics are covered for the treatment of amblyopia and strabismus for children from birth through age 18.

III. 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.

Generally, positive results from vision therapy can be obtained within three to twelve consecutive months of treatment, with two exercise therapy sessions per week. Common diagnoses for which vision therapy is used as a treatment are amblyopia, strabismus, accommodative strabismus, and general binocular dysfunction.

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). Symptoms of this common 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.

Some learning disabilities, particularly those in which reading is impaired, have been associated with deficits in eye movements and/or visual tracking. For example, many dyslexic persons may have unstable binocular vision and report that letters may appear to move around, causing visual confusion. Orthoptic training is being investigated for the treatment of attention deficient disorders, dyslexia, dysphasia, and reading disorders. Also known as vision therapy or ocular pursuit, the treatment may include the use of training glasses, prism glasses, or tinted or colored lenses.

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IV. DEFINITIONS

ACCOMMODATIVE STRABISMUS is strabismus resulting from an abnormal demand on accommodations, such as convergent strabismus, uncorrected hyperopia, divergent strabismus, or uncorrected myopia.

AMBLYOPIA means reduced vision in an eye not correctable by a manifest refraction and with no obvious pathologic or structural cause.

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.

V. BENEFIT VARIATIONS

The existence of this medical policy does not mean that this service is a covered benefit under the member's contract. Benefit determinations should be based in all cases on the applicable contract language. Medical policies do not constitute a description of benefits. A member's individual or group customer benefits govern which services are covered, which are excluded, and which are subject to benefit limits and which require preauthorization. Members and providers should consult the member's benefit information or contact Capital for benefit information.

VI. DISCLAIMER

Capital's medical policies are developed to assist in administering a member's benefits, do not constitute medical advice and are subject to change. Treating providers are solely responsible for medical advice and treatment of members. Members should discuss any medical policy related to their coverage or condition with their provider and consult their benefit information to determine if the service is covered. If there is a discrepancy between this medical policy and a member's benefit information, the benefit information will govern. Capital considers the information contained in this medical policy to be proprietary and it may only be disseminated as permitted by law.

VII. REFERENCES

American Academy of Pediatrics, Section on Ophthalmology, Council on Children with Disabilities; American Academy of Ophthalmology; American Association for Pediatric Ophthalmology and Strabismus; American Association of Certified Orthoptists. Joint statement--Learning disabilities, dyslexia, and vision. Pediatrics 2009; 124(2):837-44.

American Optometric Association. Care of the Patient with Learning Related Visual Problems. Revised 2008. [Website]: <http://www.aoa.org/documents/CPG-20.pdf>. Accessed November 14, 2012.

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BCBSA TEC Assessment. Orthoptic training for the treatment of learning disabilities; 1996, Tab 2.

Borsting E, Mitchell GL, Kulp MT et al. Improvement in Academic Behaviors After Successful Treatment of Convergence Insufficiency. Optom Vis Sci 2011.

Convergence Insufficiency Treatment Trial Study Group. Long-term effectiveness of treatments for symptomatic convergence insufficiency in children. Optom Vis Sci 2009; 86(9):1096-103.

Convergence Insufficiency Treatment Trial Study Group. Randomized clinical trial of treatments for symptomatic convergence insufficiency in children. Arch Ophthalmol 2008; 126(10):1336-49.

Dusek WA, Pierscionek BK, McClelland JF. An evaluation of clinical treatment of convergence insufficiency for children with reading difficulties. BMC Ophthalmol 2011; 11:21.

Handler SM, Fierson WM, Section on Ophthalmology and Council on Children with Disabilities AAoO, American Association for Pediatric Ophthalmology and Strabismus, and American Association of Certified Orthoptists,. Learning disabilities, dyslexia, and vision. Pediatrics 2011; 127(3):e818-56.

Palomo-Alvarez C, Puell MC. Accommodative function in school children with reading difficulties. Graefes Arch Clin Exp Ophthalmol 2008; 246(12):1769-74.

Ponsonby AL, Williamson E, Smith K, et al. Children with low literacy and poor stereoacuity: an evaluation of complex interventions in a community-based randomized trial. Ophthalmic Epidemiol 2009; 16(5):311-21. Scheiman M, Gwiazda J, Li T. Non-surgical interventions for convergence insufficiency. Cochrane Database Syst Rev 2011; (3):CD006768.

Scheiman M, Cotter S, Kulp MT et al. Treatment of accommodative dysfunction in children: results from a randomized clinical trial. Optom Vis Sci 2011; 88(11):1343-52.

Scheiman M, Rouse M, Kulp MT et al. Treatment of convergence insufficiency in childhood: a current perspective. Optom Vis Sci 2009; 86(5):420-8.

Shin HS, Park SC, Maples WC. Effectiveness of vision therapy for convergence dysfunctions and long-term stability after vision therapy. Ophthalmic Physiol Opt 2011; 31(2):180-9.

Taber's Cyclopedic Medical Dictionary, 19th edition.

Vision, Learning and Dyslexia. A joint organizational policy statement of the American Academy of Optometry and the American Optometric Association. [Website]: http://www.children-special-needs.org/parenting/dyslexia_dyslexic_pf.html. Accessed November 14, 2012.

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VIII. 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.

Covered when medically necessary:

CPT Codes ®							
92065							

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ICD-9-CM Diagnosis Code*	Description
367.31	ANISOMETROPIA
367.32	ANISEIKONIA
367.51	PARESIS OF ACCOMMODATION
367.52	TOTAL OR COMPLETE INTERNAL OPHTHALMOPLÉGIA
367.53	SPASM OF ACCOMMODATION
367.89	OTHER DISORDERS OF REFRACTION AND ACCOMMODATION
368.00	UNSPECIFIED AMBLYOPIA
368.01	STRABISMIC AMBLYOPIA
368.02	DEPRIVATION AMBLYOPIA
368.03	REFRACTIVE AMBLYOPIA
378.00 – 378.9	STRABISMUS AND OTHER DISORDERS OF BINOCULAR EYE MOVEMENTS

*If applicable, please see Medicare LCD or NCD for additional covered diagnoses.

The following ICD-10 diagnosis codes will be effective October 1, 2014

ICD-10-CM Diagnosis Code*	Description
H51.11-H51.12	Convergence insufficiency and excess code range
F81.0	Specific reading disorder

*If applicable, please see Medicare LCD or NCD for additional covered diagnoses.

MEDICAL POLICY

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IX. POLICY HISTORY

MP 4.007	CAC 7/27/04
	CAC 8/30/05
	CAC 9/26/06
	CAC 11/28/06
	CAC 11/27/07
	CAC 11/25/08
	7/1/09 Cross-Reference added for Pervasive Developmental Disorders
	CAC 11/24/09 Consensus Review – Policy statement unchanged, references updated.
	CAC 11/30/10 Consensus Review
	CAC 7/26/11 Minor revision. Policy statement added that orthoptic eye exercises are not medically necessary for the treatment of learning disabilities. Also added a statement that orthoptic eye exercises are investigational for all other indications including slow reading. Background information updated.
	CAC 1/29/13 Consensus review. References updated; no changes to policy statements.
	04/05/2013- Removed code 92060-skb

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