



**BlueCross
BlueShield
of Arizona**

An Independent Licensee of the
Blue Cross and Blue Shield Association

MEDICAL COVERAGE GUIDELINES
SECTION: VISION

ORIGINAL EFFECTIVE DATE: 02/02/11
LAST REVIEW DATE: 02/04/14
LASTCRITERIA REVISION DATE: 02/04/14
ARCHIVE DATE:

VISION THERAPY (ORTHOPTICS)

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Description:

Vision therapy includes visual training, eye muscle and eye/hand coordination exercises and perceptual training. It is used to treat eye movement disorders, inefficient eye teaming, misalignment of the eyes (strabismus), poorly developed vision (amblyopia), focusing problems (accommodative disorders), visual information processing disorders, including visual-motor integration and integration with other sensory modalities.

Vision therapy may also be known as orthoptic training.



**BlueCross
BlueShield
of Arizona**

An Independent Licensee of the
Blue Cross and Blue Shield Association

MEDICAL COVERAGE GUIDELINES
SECTION: VISION

ORIGINAL EFFECTIVE DATE: 02/02/11
LAST REVIEW DATE: 02/04/14
LASTCRITERIA REVISION DATE: 02/04/14
ARCHIVE DATE:

VISION THERAPY (ORTHOPTICS) (cont.)

Criteria:

**COVERAGE FOR VISION THERAPY IS DEPENDENT UPON BENEFIT PLAN LANGUAGE.
REFER TO MEMBER'S SPECIFIC BENEFIT PLAN BOOKLET TO VERIFY BENEFITS.**

- **If benefit coverage for vision therapy (orthoptics) is not available**, vision therapy is considered **a benefit plan exclusion** and **not eligible for coverage**.
- **If benefit coverage for vision therapy (orthoptics) is not available**, sensorimotor examination with measurements of ocular deviation performed in conjunction with vision therapy is considered **a benefit plan exclusion** and **not eligible for coverage**.
- **If benefit coverage for vision therapy (orthoptics) is available**, vision therapy is considered **medically necessary** for individuals age seven (7) years and older with documentation of **ANY** of the following:
 1. Accommodative dysfunctions
 2. Amblyopia
 3. Binocular dysfunctions
 4. Convergence insufficiency
 5. Exophoria
 6. Exotropia, intermittent
 7. Following surgery to correct intermittent exotropia for distance fixation - greater than 20 feet
 8. Strabismus
- **If benefit coverage for vision therapy (orthoptics) is available**, vision therapy for the treatment of learning disorders, including dyslexia, is considered **not medically necessary**.
- **If benefit coverage for vision therapy (orthoptics) is available**, vision therapy for all other vision disorders not previously listed or if above criteria not met is considered **experimental or investigational** based upon insufficient scientific evidence to permit conclusions concerning the effect on health outcomes.



**BlueCross
BlueShield
of Arizona**

An Independent Licensee of the
Blue Cross and Blue Shield Association

**MEDICAL COVERAGE GUIDELINES
SECTION: VISION**

**ORIGINAL EFFECTIVE DATE: 02/02/11
LAST REVIEW DATE: 02/04/14
LASTCRITERIA REVISION DATE: 02/04/14
ARCHIVE DATE:**

VISION THERAPY (ORTHOPTICS) (cont.)

Resources:

1. 9.03.03 BCBS Association Medical Policy Reference Manual. Orthoptic Training for the Treatment of Vision or Learning Disabilities. Re-issue date 01/09/2014, issue date 07/31/1996
2. Abdi S, Rydberg A. Asthenopia in schoolchildren, orthoptic and ophthalmological findings and treatment. *Doc Ophthalmol.* 2005 Sep;111(2):65-72
3. American Academy of Optometry and American Optometric Association, Joint Organizational Policy Statement. Vision Therapy. 1999
4. American Academy of Pediatrics, 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 Aug;124(2):837-844
5. American Academy of Pediatrics, American Association for Pediatric Ophthalmology and Strabismus, and American Academy of Ophthalmology, Joint Statement. Learning Disabilities, Dyslexia, and Vision. September 1998
6. American Optometric Association. Position Statement on Optometric Vision Therapy. June 1993
7. EyeCare America, The Foundation of the American Academy of Ophthalmology. Vision Therapies for Learning Disabilities. 2007
8. Helveston EM. Visual training: current status in ophthalmology. *Am J Ophthalmol.* 2005 Nov;140(5):903-910