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Medical Benefit		Effective Date: 04/01/12	Next Review Date: 01/15
Preauthorization	Yes	Review Dates: 11/07, 11/08, 09/09, 09/10, 01/11, 01/12, 01/13, 01/14	

*The following Protocol contains medical necessity criteria that apply for this service. It is applicable to Medicare Advantage products unless separate Medicare Advantage criteria are indicated. If the criteria are not met, reimbursement will be denied and the patient cannot be billed. **Preauthorization is required.** Please note that payment for covered services is subject to eligibility and the limitations noted in the patient's contract at the time the services are rendered.*

Description

Orthoptic training is a technique of eye exercises intended to improve eye movements and/or visual tracking. In addition to its use in the treatment of convergence insufficiency (CI), orthoptic training has been investigated for treatment of attention deficient disorders, dyslexia, dysphasia, and reading disorders.

Background

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 a technique of eye exercises intended to improve eye movements and/or visual tracking. 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.

Policy (Formerly Corporate Medical Guideline)

Office-based vergence/accommodative therapy may be considered **medically necessary** for patients with symptomatic convergence insufficiency if, following a minimum of 12-weeks of home-based therapy (e.g., push-up exercises using an accommodative target; push-up exercises with additional baseout prisms; jump to near convergence exercises; stereogram convergence exercises; recession from a target; and maintaining convergence for 30-40 seconds), symptoms have failed to improve.

Orthoptic therapy is also **medically necessary** for:

- treatment of amblyopia in children up to and including age seven;
- diplopia in adult strabismus; or
- post strabismus surgery with residual symptoms.

Orthoptic eye exercises are considered **not medically necessary** for the treatment of learning disabilities.

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

- Slow reading
- Visual disorders other than convergence insufficiency or as discussed above.

Policy Guideline

This Protocol addresses office-based orthoptic training.

Up to 12 sessions of office-based vergence/accommodative therapy, typically performed once per week, has been shown to improve symptomatic convergence insufficiency (CI) in children aged nine to 17 years. If patients remain symptomatic after 12 weeks of orthoptic training, alternative interventions should be considered.

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 is documented by:

- Exodeviation at near at least four prism diopters greater than at far; AND
- Insufficient positive fusional vergence at near (PFV < 15 prism diopters blur or break) on PFV testing using a prism bar; AND
- Near point of convergence (NPC) break of > 6 cm; AND

Appreciation by the patient of at least 500 seconds of arc on stereoacuity testing.

Services that are the subject of a clinical trial do not meet our Technology Assessment Protocol criteria and are considered investigational. *For explanation of experimental and investigational, please refer to the Technology Assessment Protocol.*

It is expected that only appropriate and medically necessary services will be rendered. We reserve the right to conduct prepayment and postpayment reviews to assess the medical appropriateness of the above-referenced procedures. **Some of this Protocol may not pertain to the patients you provide care to, as it may relate to products that are not available in your geographic area.**

References

We are not responsible for the continuing viability of web site addresses that may be listed in any references below.

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