



**Subject:** Orthoptic Therapy (Vision Therapy)

**Effective Date:** 12/93

**Revision Date:** 8/22

## **DESCRIPTION**

Orthoptic therapy is a treatment plan used to correct or improve specific dysfunctions of the vision system.

Convergence Insufficiency (CI) is a common and distinct binocular vision disorder. Common symptoms include diplopia, asthenopia (eye strain), headaches, and blurred vision usually associated with activities requiring close vision.

Convergence Excess (CE) is a sensory and neuromuscular anomaly of the binocular vision system, characterized by an excessive amount of convergence. Common symptoms include diplopia, headache, asthenopia, blurred vision, and avoidance or inability to sustain near visual tasks.

Divergence Excess (DE) is a vergence anomaly characterized by exophoria at distance greater than the near deviation. Patients with DE may be asymptomatic or may experience diplopia or asthenopia.

Oculomotor Dysfunction refers to difficulties in eye movements.

Accommodative Insufficiency is a condition where the patient's amplitude of accommodation is below that expected for his or her age.

Accommodative Infacility (also called accommodative inertia) is defined as sluggishness in changing from one level of accommodation to another.

Accommodative Excess (also known as accommodative spasm) is a greater accommodative response than is considered to be normal of a given stimulus.

Symptoms common to all types of accommodative dysfunctions are reduced nearpoint activity, a general inability to sustain nearpoint visual acuity, asthenopia, excessive rubbing of the eyes, headaches, periodic blurring of distance vision after prolonged near visual activities, periodic double near vision, and excessive fatigue at the end of the day.

## **POLICY**

Benefit will be limited to 12 sessions per lifetime for a covered diagnosis. No follow-up exams will be covered.

## PRIOR AUTHORIZATION

No prior authorization is required. Benefit is limited to 12 visits per lifetime for the above diagnoses.

## RELATED CPT CODES

*CPT Code(s) covered if selection criteria are met:*

92065 Orthoptic and/or Pleoptic training, with continuing medical evaluation

*CPT Code(s) not covered for any indication:*

0687T Treatment of amblyopia using an online digital program; device supply, educational set-up, and initial session

0688T Treatment of amblyopia using an online digital program; assessment of patient performance and program data by physician or other qualified health care professional, with report, per calendar month

0704T Remote treatment of amblyopia using an eye-tracking device; device supply with initial set-up and patient education on use of equipment

0705T Remote treatment of amblyopia using an eye-tracking device; surveillance center technical support including data transmission with analysis, with a minimum of 18 training hours, each 30 days

0706T Remote treatment of amblyopia using an eye tracking device; interpretation and report by physician or other qualified health care professional, per calendar month

## DIAGNOSES THAT MAY SUPPORT MEDICAL NECESSITY

H50.01 – H50.34	Esotropia, Exotropia, vertical strabismus, intermittent heterotropia
H50.51 – H50.53	Esophoria, Exophoria, vertical heterophoria
H51.11 – H51.12	Convergence insufficiency and spasm
H51.8	Other specified disorders of binocular movement
H52.511 – H52.533	Disorders of accommodation
H52.6	Other disorders of refraction
H53.01 – H53.043	Amblyopia
H55.81	Saccadic eye movements
H55.89	Other irregular eye movements

## INDICATIONS FOR APPROVAL

Orthoptic therapy will only be covered for the above diagnoses.

## PHYSICIAN DISCUSSION POINTS

In the first, randomized, placebo-controlled, multi-centered, clinical trial studying the treatment of children with convergence Insufficiency, orthoptics improved both signs and symptoms associated with the disorder. Pencil push-ups were not shown to be an effective means of treatment.

## EXCLUSIONS

OSU Health Plan does not cover the following (not all-inclusive):

- Orthoptic therapy for a non-covered diagnosis
- Orthoptic therapy beyond 12 visits in a member's lifetime
- Use of visual information processing evaluations
- Online / digital therapeutic vision training software (e.g., RevitalVision)
- Eye tracking digital system (e.g., CureSight System)

## REFERENCES AND ATTACHMENTS

1. American Optometric Association (AOA). Care of the patient with accommodative and vergence dysfunction. Optometric Clinical Practice Guideline. St. Louis, MO: American Optometric Association; 2011.
2. Board Certified Participating Ophthalmologist
3. Clinical Policy Bulletins: Orthoptic Vision Therapy. (2022) *Aetna Inc*. Retrieved from [www.aetna.com/cpb/medical/data/400\\_499/0489.html](http://www.aetna.com/cpb/medical/data/400_499/0489.html)
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5. Hess RF and Thompson B. New insights into amblyopia: Binocular therapy and noninvasive brain stimulation. *J AAPOS* 2013; 17:89-93.
6. Levi DM, Knill DC, Bavelier D. Stereopsis and amblyopia: A mini-review. *Vision Res*. 2015 Sep;114:17-30.
7. Millodot M. Dictionary of Optometry and Vision Science. 2004. Butterworth Heinemann.
8. Schieman M, Lynn Mitchell G., Cotter S et al. A Randomized Clinical trial of Treatments for Convergence Insufficiency in children. *Arch Ophthalmol*. 2005 Jan; 123(1): 14-24.
9. Scheiman M, Wick B. Clinical Management of Binocular Vision: Heterophoric, Accommodative and Eye Movement Disorders 4<sup>th</sup> Edition. 2013. Lipincott Williams and Williams.
10. Suchoff IB, Petito GT. The efficacy of vision therapy: Accommodative disorders and non-strabismic anomalies of binocular vision. *J Am Optom Assoc*. 1986;57(2): 119-125.