



MASSACHUSETTS

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Medical Policy

Orthoptic Training for the Treatment of Vision or Learning Disabilities

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Policy Number: 611

BCBSA Reference Number: 9.03.03

NCD/LCD: N/A

Related Policies

- Endothelial Keratoplasty, [#180](#)
- Epiretinal Radiation Therapy for Age-Related Macular Degeneration, [#610](#)
- Gas Permeable Scleral Contact Lens, [#371](#)
- Implantation of Intrastromal Corneal Ring Segments, [#235](#)
- Intravitreal Angiogenesis Inhibitors for Choroidal Vascular Conditions, [#343](#)
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- Transpupillary Thermotherapy for Treatment of Choroidal Neovascularization, [#600](#)
- Vision Services, [#675](#)

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Medicare HMO BlueSM and Medicare PPO BlueSM Members

Office-based vergence/accommodative therapy may be **MEDICALLY NECESSARY** for patients with symptomatic convergence insufficiency if, following a minimum of 12 weeks of home-based therapy (eg, push-up exercises using an accommodative target; push-up exercises with additional base-out 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.

Up to 12 sessions of office-based vergence/accommodative therapy, typically performed once a week, has been shown to improve symptomatic convergence insufficiency in children ages 9 to 17 years. If patients remain symptomatic after 12 weeks of orthoptic training, alternative interventions should be considered.

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 such as:
 - Amblyopia
 - Eye movement disorders
 - Focusing disorders
 - Non-strabismic binocular dysfunctions
 - Nystagmus
 - Strabismus.

Prior Authorization Information

Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

Outpatient

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

	Outpatient
Commercial Managed Care (HMO and POS)	Prior authorization is not required .
Commercial PPO and Indemnity	Prior authorization is not required .
Medicare HMO Blue SM	Prior authorization is not required .
Medicare PPO Blue SM	Prior authorization is not required .

CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The above **medical necessity criteria MUST** be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:

CPT Codes

CPT codes:	Code Description
92065	Orthoptic and/or pleoptic training, with continuing medical direction and evaluation

The following ICD Diagnosis Codes are considered medically necessary when submitted with the CPT code above if **medical necessity criteria** are met:

ICD-10-CM Diagnosis Codes

ICD-10-CM diagnosis codes:	Code Description
H51.11	Convergence insufficiency

Description

Convergence Insufficiency

Convergence insufficiency is a binocular vision disorder associated with defects in the eyes' ability to turn inward toward each other (eg, when looking at near objects). The diagnosis of convergence insufficiency is made when patients have a remote near point of convergence or difficulty in sustaining convergence in conjunction with sensations of visual or ocular discomfort at near vision. 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 an unstable binocular vision and report that letters appear to move around, causing visual confusion.

Treatment

Orthoptic training refers to techniques designed to correct accommodative and convergence insufficiency (or convergence dysfunction), which may include push-up exercises using an accommodative target of letters, numbers, or pictures; push-up exercises with additional base-out prisms; jump-to-near convergence exercises; stereogram convergence exercises; and recession from a target.¹ A related but distinct training technique is behavioral or perceptual vision therapy, in which eye movement and eye-hand coordination training techniques are used to improve learning efficiency by optimizing visual processing skills.

In addition to its use in the treatment of accommodative and convergence dysfunction, orthoptic training is being investigated for the treatment of attention deficient disorders, dyslexia, dysphasia, and reading disorders.

Summary

Orthoptic training refers to techniques designed to correct accommodative and convergence insufficiency (or convergence dysfunction). Regimens may include push-up exercises using an accommodative target of letters, numbers, or pictures; push-up exercises with additional base-out prisms; jump-to-near convergence exercises; stereogram convergence exercises; and/or recession from a target. In addition to its use to treat convergence insufficiency, orthoptic training has been investigated for treating attention deficient disorders, dyslexia, and dysphasia.

For individuals who have convergence insufficiency who receive office-based orthoptic training, the evidence includes a TEC Assessment, several randomized controlled trials, and nonrandomized comparative studies. Relevant outcomes are symptoms and functional outcomes. The most direct evidence on office-based orthoptic training comes from a 2008 randomized controlled trial that demonstrated office-based vision or orthoptic training improves symptoms of convergence insufficiency in a greater percentage of patients than a home-based vision exercise program consisting of pencil push-ups or home computer vision exercises. Subgroup analyses of this randomized controlled trial demonstrated improvements in accommodative vision, parental perception of academic behavior, and specific convergence insufficiency-related symptoms. However, in this trial, as in others, the home-based regimen did not include the full range of home-based therapies, which may have biased results in favor of the orthoptic training. The evidence is insufficient to determine the effects of the technology on health outcomes.

Clinical input obtained in 2011 supported the use of office-based orthoptic training when home-based therapy has failed. Therefore, orthoptic training may be considered medically necessary in patients with convergence insufficiency whose symptoms have failed to improve with a home-based treatment trial of at least 12 weeks. Home-based therapy should include push-up exercises using an accommodative target, push-up exercises with additional base-out prisms, jump-to-near convergence exercises,

stereogram convergence exercises, recession from a target, and maintaining convergence for 30 to 40 seconds.

For individuals who have learning disabilities who receive office-based orthoptic training, the evidence includes a TEC Assessment as well as nonrandomized comparative and noncomparative studies. Relevant outcomes are functional outcomes. A 1996 TEC Assessment did not find evidence that orthoptic training improved outcomes for individuals with learning disabilities. Since that publication, peer-reviewed studies have not directly demonstrated improvements in reading or learning outcomes with orthoptic training. At least two earlier studies that addressed other types of vision therapies have reported mixed improvements in reading. The evidence is insufficient to determine the effects of the technology on health outcomes.

Policy History

Date	Action
4/2019	BCBSA National medical policy review. Description, summary and references updated. Policy statements unchanged.
9/2017	Medically necessary criteria clarified.
4/2017	New references added from BCBSA National medical policy.
3/2015	New references added from BCBSA National medical policy.
12/2014	BCBSA National medical policy review. New medically necessary indications described. Effective 12/1/2014.
5/2014	Medical policy ICD10 remediation: Formatting, editing and coding updates. No changes to policy statements.
2/2012	MPG Psychiatry and Ophthalmology, no changes in coverage were made.
9/2011	Added covered indication (378.83: Other disorders of binocular eye movements; convergence insufficiency or palsy) for orthotopic/pleotopic training. Effective 9/1/2011.

Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

[Medical Technology Assessment Guidelines](#)

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