

MEDICAL POLICY

POLICY TITLE	VISION THERAPY
POLICY NUMBER	MP 4.007

CLINICAL BENEFIT	<input checked="" type="checkbox"/> MINIMIZE SAFETY RISK OR CONCERN. <input checked="" type="checkbox"/> MINIMIZE HARMFUL OR INEFFECTIVE INTERVENTIONS. <input type="checkbox"/> ASSURE APPROPRIATE LEVEL OF CARE. <input type="checkbox"/> ASSURE APPROPRIATE DURATION OF SERVICE FOR INTERVENTIONS. <input type="checkbox"/> ASSURE THAT RECOMMENDED MEDICAL PREREQUISITES HAVE BEEN MET. <input type="checkbox"/> ASSURE APPROPRIATE SITE OF TREATMENT OR SERVICE.
Effective Date:	10/1/2024

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I. POLICY

Vision therapy may be considered **medically necessary** for symptomatic convergence insufficiency. Some examples (not all-inclusive) of conditions that can cause convergence insufficiency are the following conditions:

- Amblyopia
- Strabismus
- Accommodative dysfunction
- General binocular dysfunction
- Mild traumatic brain injury (mTBI)
- Concussion
- Stroke

More than 24 sessions of vision therapy are considered **not medically necessary** per symptomatic occurrence (see policy guidelines).

Vision therapy is considered **investigational** for all other indications. There is insufficient evidence to support a conclusion concerning the health outcomes or benefits associated with this procedure.

Orthoptic eye exercises are considered **investigational** for the treatment of learning disabilities in the absence of symptomatic convergence insufficiency.

A home computer orthoptic program consisting of eye exercises performed when following computer instructions that is tailored to the individual's personal binocular problem is considered **not medically necessary**. There is insufficient evidence to support a conclusion concerning the health outcomes or benefits associated with this procedure for these indications.

Policy Guidelines

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This policy addresses office-based orthoptic training. This policy does not address standard vision therapy with lenses, prisms, filters or occlusion (i.e., for treatment of amblyopia or acquired esotropia prior to surgical intervention).

Up to 12 sessions of office-based vision therapy, typically performed once per week, has been shown to improve symptomatic convergence insufficiency. If individuals remain symptomatic after 12 weeks of orthoptic training, yet there is documentation of improvement through examination notes, then another 12 sessions may be needed.

The American Association for Pediatric Ophthalmology and Strabismus states on their website:

At times, convergence insufficiency symptoms will resurface after illness, lack of sleep or increased near work demands. If treatment had been successful previously, an additional course of treatment may be successful at resolving recurrent symptoms.

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 vision at least 4 prism diopters greater than at far; AND
- Insufficient positive fusional vergence at near (positive fusional vergence (PFV) less than 15 prism diopters blur or break) on PFV testing using a prism bar; AND
- Near point of convergence (NPC) break of more than 6 cm; AND
- Appreciation by the patient of at least 500 seconds of arc on stereoacuity testing.

Cross-references:

MP 2.304 Autism Spectrum Disorders

MP 6.058 Intraocular Lenses, Spectacle Correction, and Iris Prosthesis

II. PRODUCT VARIATIONS

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This policy is only applicable to certain programs and products administered by Capital Blue Cross and subject to benefit variations as discussed in Section VI. Please see additional information below.

FEP PPO: Refer to FEP Medical Policy Manual. The FEP Medical Policy manual can be found at:

<https://www.fepblue.org/benefit-plans/medical-policies-and-utilization-management-guidelines/medical-policies>

III. DESCRIPTION/BACKGROUND

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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. A related but distinct training technique is behavioral or perceptual vision

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therapy, in which eye movement and eye hand coordination training techniques are used to improve learning efficiency by optimizing visual processing skills.

The American Association for Pediatric Ophthalmology and Strabismus (AAPOS) states that optometrists define vision therapy as an attempt to develop or improve visual skills and abilities; improve visual comfort, ease, and efficiency; and change visual processing or interpretation of visual information. The AAPOS states that there are three main categories of vision therapy which are orthoptic vision therapy, behavioral/perceptual vision therapy, and vision therapy for prevention or correction of myopia (nearsightedness). Orthoptic vision therapy includes eye exercises to improve binocular function whereas behavioral/perceptual vision therapy includes eye exercises to improve visual processing and visual perception. Orthoptic eye exercises can be beneficial in the treatment of symptomatic convergence insufficiency.

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). It is most common in children and young adults when they begin to experience symptoms from prolonged periods of near work. Symptoms of this 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. Prism reading glasses tend to treat the symptom of double vision but does not actually treat the condition itself. The goal of vision therapy in the treatment of CI is to stimulate the communication between the brain and eyes, to enable clear and comfortable vision at all times.

In addition to its use in the treatment of accommodative and convergence dysfunction, vision therapy is being investigated for the treatment of attention deficient disorders, dyslexia, dysphasia, and reading disorders. The American Academy of Ophthalmology, in a joint statement on learning disabilities, dyslexia, and vision, concluded that:

Currently, there is no adequate scientific evidence to support the view that subtle eye or visual problems cause learning disabilities. Furthermore, the evidence does not support the concept that vision therapy or tinted lenses or filters are effective, directly or indirectly, in the treatment of learning disabilities. Thus, the claim that vision therapy improves visual efficiency cannot be substantiated. Diagnostic and treatment approaches that lack scientific evidence of efficacy are not endorsed or recommended.

Computer based programs

RevitalVision received FDA clearance for its vision training software program which provides home-based vision training to people 9 years of age and older with amblyopia.

The CureSight system is a non-invasive eye tracking system designed for remote binocular vision treatment in pediatric patients (aged 4 to 9 years) suffering from amblyopia. The proprietary screen allows for treatment while the child watches their favorite streamed content in the comfort of their home.

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IV. RATIONALE

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Summary of Evidence

For individuals who have convergence insufficiency who receive office-based orthoptic training, the evidence includes a TEC Assessment, several randomized controlled trials (RCTs), and nonrandomized comparative studies. Relevant outcomes are symptoms and functional outcomes. The most direct evidence on office-based orthoptic training comes from a 2008 RCT 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 RCT demonstrated improvements in accommodative vision, parental perception of academic behavior, and specific convergence insufficiency symptoms. The evidence is sufficient to determine that the technology results in an improvement in the net health outcome.

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 improves 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 2 earlier studies that have addressed other types of vision therapies reported mixed improvements in reading. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have received computer-based therapy programs, the evidence includes a prospective study to evaluate the efficacy of perceptual vision therapy in enhancing best corrected visual acuity and contrast sensitivity function in amblyopic patients. The authors concluded the results demonstrate the efficacy of perceptual vision therapy in improving visual acuity. Long-term follow-up and further studies are needed. The evidence is insufficient to determine the effects of the technology on health outcomes.

V. DEFINITIONS

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ACCOMMODATION is the adjustment of the optics of the eye to keep an object in focus on the retina as its distance from the eye varies.

AMBLYOPIA is reduced vision, typically in one eye, that results from the brain suppressing input from the affected eye due to unequal visual signals from each eye leading to poor development of visual acuity in the affected eye.

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.

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VI. BENEFIT VARIATIONS

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The existence of this medical policy does not mean that this service is a covered benefit under the member's health benefit plan. Benefit determinations should be based in all cases on the applicable health benefit plan language. Medical policies do not constitute a description of benefits. A member's health benefit plan governs which services are covered, which are excluded, which are subject to benefit limits, and which require preauthorization. There are different benefit plan designs in each product administered by Capital Blue Cross. Members and providers should consult the member's health benefit plan for information or contact Capital Blue Cross for benefit information.

VII. DISCLAIMER

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Capital Blue Cross' 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. If a provider or a member has a question concerning the application of this medical policy to a specific member's plan of benefits, please contact Capital Blue Cross' Provider Services or Member Services. Capital Blue Cross considers the information contained in this medical policy to be proprietary and it may only be disseminated as permitted by law.

VIII. CODING INFORMATION

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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.

Not medically necessary therefore not covered:

Procedure Codes							
0687T	0688T	0704T	0705T	0706T	A9292		

Covered when medically necessary:

Procedure Codes							
92065	92066						

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ICD-10-CM Diagnosis Codes	Description
H51.11	Convergence insufficiency
H51.12	Convergence excess

IX. REFERENCES

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X. POLICY HISTORY

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MP 4.007	09/21/2018 Consensus Review. Policy statements unchanged. Description/Background, Rationale and Reference sections updated.
	01/04/2019 Major Review. Policy externally vetted for input on diagnosis and age criteria. Policy statements revised to allow for ages 7-17, for mTBI, concussion and stroke. References updated. Coding updated.
	10/01/2019 Administrative Update. Added unspecified eye codes to diagnosis list.
	01/08/2020 Minor Review. Removed requirement that continued therapy over 12 weeks requires authorization. Coding reviewed. Effective 5/1/2020.

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01/20/2021 Consensus Review. Policy statement unchanged. References updated.
12/02/2021 Administrative Update. Added new codes: 0687T and 0688T as not medically necessary and 0704T, 0705T, and 0706T as investigational; effective 1-1-22.
09/22/2022 Minor Review. Clarified that MN criteria is only for symptomatic CI. Deleted age criteria. Statement re: number of sessions moved to policy guidelines. Orthoptic eye exercises are now INV for learning disabilities. Updated FEP, background, rationale, definitions, references, and coding table. ICD-10 table updated to only include CI code range.
12/01/2022 Administrative Update. Added new code 92066; effective 1-1-23.
04/28/2023 Consensus Review. Updated policy guidelines and references.
09/07/2023 Administrative Update. Added new code A9292 to NMN table. Effective date 10/1/2023.
06/20/2024 Consensus Review. Updated cross-references and references. No changes to coding.

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