MEDICAL POLICY

MEDICAL POLICY DETAILS	
Medical Policy Title	**VISION THERAPY**
Policy Number	**9.01.04**
Category	**Therapy/Rehabilitation**
Effective Date	**10/18/01**
Revised Date	**10/18/01, 04/24/03, 02/19/04, 02/17/05, 11/17/05, 02/22/07, 12/13/07**
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Product Disclaimer	• *If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.* • *If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit.* • *If a Medicare product covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.*

POLICY STATEMENT

I. Based upon our criteria and assessment of peer-reviewed literature, vision therapy that includes orthoptics and occlusion therapy has been medically proven to be effective and is considered **medically appropriate** for the treatment of *amblyopia*.

II. Based upon our criteria and assessment of peer-reviewed literature, vision therapy that includes prism adaptation has been medically proven to be effective and is considered **medically appropriate** when utilized for acquired *esotropia* prior to surgical intervention.

III. Based upon our criteria and assessment of peer-reviewed literature, vision therapy has been medically proven to be effective and is considered **medically appropriate** for the treatment of *convergence insufficiency*.

IV. Based upon our criteria and the lack of peer-reviewed literature, vision therapy has not been medically proven to be effective and is considered **investigational** for indications that include, but are not limited to, the following:
   A. all other accommodative and vergence dysfunctions, such as: fusional vergence dysfunction, divergence excess, convergence excess, divergence insufficiency, vertical phorias, basic exophoria, basic esophoria, accommodative insufficiency, sustained accommodation, accommodative infacility, and spasm accommodation (see statement III above on coverage of convergence insufficiency);
   B. low vision;
   C. myopia;
   D. nystagmus;
   E. presbyopia;
   F. Strabismus, including esotropia (with the exception of acquired esotropia as stated above) and exotropia; and

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G. age-related macular degeneration.

V. Based upon our criteria and assessment of the peer-reviewed literature, vision therapy does not improve patient outcomes and is considered **investigational** for *learning disabilities*; including attention deficit hyperactivity disorder (ADHD) and dyslexia.

DESCRIPTION

Vision therapy (also known as visual therapy, visual training, vision training, eye training) involves a range of treatment modalities that include the use of lenses, prisms, filters, optometric phototherapy (Syntonics), occlusion therapy (eye patching), behavioral modalities, and eye exercises (orthoptics, pleoptics). The therapeutic goal of vision therapy is to correct or improve specific visual dysfunctions. Vision therapy is performed in an optometrist's or ophthalmologist's office 1-2 times weekly for a number of months, with additional home exercises done as reinforcement.

RATIONALE

Most studies evaluating the efficacy of vision therapy for visual disorders are small. In general, these studies are poorly designed, with significant methodological flaws, and the data derived from them are relatively weak and inconclusive. There is some evidence to support the use of vision therapy that involves occlusion as a treatment for amblyopia (treatment success with patching 72.3% -79%) and vision therapy that involves prism adaptation prior to surgery administered as a treatment for acquired esotropia (surgical success rates for prism adaption prior to surgery 89% versus 72% for patients receiving no prism therapy). Large, well-designed studies comparing vision therapy with other treatment modalities, standardization of outcome measurements, and the criteria for defining patient selection criteria are needed to evaluate vision therapy for visual dysfunctions adequately.

A number of optometrists advocate vision therapy for patients with learning disabilities, including dyslexia, claiming that, while vision therapy does not treat these disorders directly, it may improve visual efficiency and visual processing to allow the individual to be more responsive to educational instruction. This rationale for the use of vision therapy as a treatment for reading disabilities is unproven. While research suggests a relationship between oculomotor efficiency and reading skills, other studies have found that reading skills are related to language skills, and oculomotor ability is not the principal cause of reading disability. There is a scarcity of quality data on the efficacy of vision therapy for treating dyslexia and other reading and learning disabilities. Most of these study results were found to be inconsistent, and the studies, themselves, were flawed by serious design limitations (e.g. small sample sizes, poorly defined patient criteria).

CODES

- *Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.*
- *CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.*
- *Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.*

CPT Codes

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

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ICD10 Codes

Code	Description
H51.11-H51.12	Convergence insufficiency and excess (code range)
H53.001-H53.039	Amblyopia (code range)

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*Key Article

KEY WORDS

Acquired esotropia, Amblyopia, Convergence insufficiency, Orthoptics.

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

Based on our review, there is no specific regional or national coverage determination for vision therapy.