Medical Policy
Orthoptic Training for the Treatment of Vision or Learning Disabilities

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- Policy: Medicare
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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
- Keratoprosthesis, #221
- Photocoagulation of Macular Drusen, #607
- Photodynamic Therapy for Choroidal Neovascularization, #599
- Phototherapeutic Keratectomy, #597
- Transpupillary Thermotherapy for Treatment of Choroidal Neovascularization, #600
- Vision Services, #675

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity
Medicare HMO Blue℠ and Medicare PPO Blue℠ 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**.

<table>
<thead>
<tr>
<th>Outpatient Product</th>
<th>Prior Authorization Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial Managed Care (HMO and POS)</td>
<td>Prior authorization is <strong>not required</strong>.</td>
</tr>
<tr>
<td>Commercial PPO and Indemnity</td>
<td>Prior authorization is <strong>not required</strong>.</td>
</tr>
<tr>
<td>Medicare HMO Blue℠</td>
<td>Prior authorization is <strong>not required</strong>.</td>
</tr>
<tr>
<td>Medicare PPO Blue℠</td>
<td>Prior authorization is <strong>not required</strong>.</td>
</tr>
</tbody>
</table>

**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**

<table>
<thead>
<tr>
<th>CPT codes:</th>
<th>Code Description</th>
</tr>
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<tbody>
<tr>
<td>92065</td>
<td>Orthoptic and/or pleoptic training, with continuing medical direction and evaluation</td>
</tr>
</tbody>
</table>

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**

<table>
<thead>
<tr>
<th>ICD-10-CM diagnosis codes:</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>H51.11</td>
<td>Convergence insufficiency</td>
</tr>
</tbody>
</table>
**Description**

**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. 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 deficit disorders, dyslexia, dysphasia, and reading disorders.

**Summary**
For individuals who have convergence insufficiency who receive office-based orthoptic training, the evidence includes a TEC Assessment, systematic reviews, 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 that 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-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. Another RCT published in 2019 did not find a difference in symptoms of convergence insufficiency between office-based orthoptic training plus home exercises and office-based placebo therapy plus home exercises, possibly due to notable improvements in symptoms in the placebo group. The evidence is insufficient 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 nonrandomized comparative and noncomparative studies. Relevant outcomes are functional outcomes. Studies have not directly demonstrated improvements in reading or learning outcomes with orthoptic training. At least 2 earlier studies that addressed other types of vision therapies have reported mixed improvements in reading. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

Clinical input was sought to help determine whether the use of orthoptic training for individuals with convergence insufficiency or learning disabilities would provide an improvement in net health outcome and whether the use is consistent with generally accepted medical practice. In response to requests, input was received from 4 physician specialty societies (5 reviewers) and 3 academic medical centers while this policy was under review in 2011.

Clinical input 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.

**Policy History**

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
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<tbody>
<tr>
<td>Date</td>
<td>Description</td>
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</tr>
<tr>
<td>5/2020</td>
<td>BCBSA National medical policy review. Description, summary and references</td>
</tr>
<tr>
<td></td>
<td>updated. Policy statements unchanged.</td>
</tr>
<tr>
<td>4/2019</td>
<td>BCBSA National medical policy review. Description, summary and references</td>
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<tr>
<td></td>
<td>updated. Policy statements unchanged.</td>
</tr>
<tr>
<td>9/2017</td>
<td>Medically necessary criteria clarified.</td>
</tr>
<tr>
<td>4/2017</td>
<td>New references added from BCBSA National medical policy.</td>
</tr>
<tr>
<td>3/2015</td>
<td>New references added from BCBSA National medical policy.</td>
</tr>
<tr>
<td>12/2014</td>
<td>BCBSA National medical policy review. New medically necessary indications</td>
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<tr>
<td></td>
<td>described. Effective 12/1/2014.</td>
</tr>
<tr>
<td>5/2014</td>
<td>Medical policy ICD10 remediation: Formatting, editing and coding updates.</td>
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<tr>
<td></td>
<td>No changes to policy statements.</td>
</tr>
<tr>
<td>2/2012</td>
<td>MPG Psychiatry and Ophthalmology, no changes in coverage were made.</td>
</tr>
<tr>
<td>9/2011</td>
<td>Added covered indication (378.83: Other disorders of binocular eye movements;</td>
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<tr>
<td></td>
<td>convergence insufficiency or palsy) for orthotopic/pleotopic training.</td>
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<td>Effective 9/1/2011.</td>
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### 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

### References


