Medical Affairs Policy

**Service:** Vision Therapy (Orthoptic Training, Orthoptics, Pleoptics)  
*PUM 250-0033*

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<th>Medical Policy Committee Approval</th>
<th>12/09/16</th>
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<tr>
<td>Effective Date</td>
<td>01/01/17</td>
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<tr>
<td>Prior Authorization Needed</td>
<td>Yes</td>
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**Disclaimer:** This policy is for informational purposes only and does not constitute medical advice, plan authorization, an explanation of benefits, or a guarantee of payment. Benefit plans vary in coverage and some plans may not provide coverage for all services listed in this policy. Coverage decisions are subject to all terms and conditions of the applicable benefit plan, including specific exclusions and limitations, and to applicable state and federal law. Some benefit plans administered by the organization may not utilize Medical Affairs medical policy in all their coverage determinations. Contact customer services as listed on the member card for specific plan, benefit, and network status information.

Medical policies are based on constantly changing medical science and are reviewed annually and subject to change. The organization uses tools developed by third parties, such as the evidence-based clinical guidelines developed by MCG to assist in administering health benefits. This medical policy and MCG guidelines are intended to be used in conjunction with the independent professional medical judgment of a qualified health care provider. To obtain additional information about MCG, email [medical.policies@wpsic.com](mailto:medical.policies@wpsic.com).

**Description:**

Vision therapy includes a variety of treatment programs and devices used to improve dysfunctions of the visual system. Orthoptics (exercises to improve the function of eye muscles) and pleoptics (exercises to improve impaired vision) are common forms of vision therapy. The use of vision therapy is controversial, with ophthalmologists and optometrists often holding differing viewpoints.

There is little evidence supporting the effectiveness of vision therapy. However, a joint statement from the American Academy of Optometry and American Optometric Association supports vision therapy as a tool for improving visual skills. The American Academy of Pediatrics, Section on Ophthalmology, Council on Children with Disabilities, American Academy of Ophthalmology, American Association of Pediatric Ophthalmology and Strabismus, and the American Association of Certified Orthoptists issued a joint statement in 2009 and confirmed in 2011, that the current evidence does not support the use of vision therapy as effective directly or indirectly for learning disabilities or dyslexia.

➢ **Note:** Many member health plans have a specific exclusion for vision therapy. This would include both orthoptics and pleoptics.

**Indications of Coverage:**

A. Vision therapy is considered medically necessary for any of the following conditions:

1. Strabismus (misalignment of the eyes, including exotropias and estropias).
2. Convergence insufficiency in an individual under 18 years of age (decreased ability to maintain bilateral eye alignment as objects move from far to near).

- Up to ten sessions are considered medically necessary. An additional ten sessions are considered necessary if there is documentation of improvement after the first ten sessions.

**Limitations of Coverage:**

A. Review contract and endorsements for exclusions and prior authorization or benefit requirements. Many member health plans/certificates of coverage have a specific exclusion for vision therapy. This would include both orthoptics and pleoptics.

B. If used for a condition/diagnosis other than is listed in the Indications of Coverage, deny as experimental, investigational, unproven.

C. If used for a condition/diagnosis that is listed in the Indications of Coverage, but the criteria are not met, deny as not medically necessary.

D. Vision therapy is considered experimental, investigational, unproven for the treatment of dyslexia and learning disabilities, convergence excess, divergence insufficiency, and divergence excess.

E. If orthoptic or pleoptic training is denied or not a covered benefit, orthoptic evaluation during and after treatment will also be denied / not covered.

**Documentation Required:**

- History and physical and office notes

**References:**


3. Learning disabilities, dyslexia, and vision: a subject review. Committee on Children with Disabilities, American Academy of Pediatrics (AAP) and American Academy of


**Review History:**

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<td>12/12/14, 12/11/15, 12/09/16</td>
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- Note: For review/revision history prior to 2014 see previous Medical Policy or Coverage Policy Bulletin

*Approved by the Medical Director*