

Medical Coverage Policies

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Orthoptic/Pleoptic Training

EFFECTIVE DATE	02/14/1995	LAST UPDATED	02/01/2007
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Description:

Orthoptic training is the treatment of defective visual habits, defects of binocular vision, and muscle imbalance (strabismus) by re-education of visual habits, exercise, and visual training. Pleoptic training is system of treating amblyopia (lazy eye) by retraining visual habits using guided exercises.

These eye training exercises are intended to improve eye movements and/or visual tracking. Orthoptic and pleoptic training is purported to be an effective treatment for learning disabilities including attention deficit disorder, dyslexia, dysphasia, and other reading disorders.

The American Academy of Pediatrics 1998 policy statement "Learning Disabilities, Dyslexia, and Vision: A Subject Review" states "No scientific evidence exists for the efficacy of eye exercises ("vision therapy") in the remediation of these complex pediatric developmental and neurologic conditions."

Medical Criteria:

Not applicable

Policy:

Orthoptic and pleoptic eye training exercises are a contract exclusion and therefore not covered. Orthoptic/pleoptic training is billable to the member when it is performed alone.

If submitted by a participating physician in conjunction with an office visit, it is considered inclusive in the office visit and is non-billable.

Coverage:

Benefits may vary between groups. Please refer to the appropriate member certificate/subscriber agreement/Rite Care contract for applicable contract exclusion regarding eye exercise.

Coding:

92065

Also Known As:

Eye exercises
Vision therapy

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgement in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center . If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions.

This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice.

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