ANOMALOUS RETINAL CORRESPONDENCE
ICD-9-CM: 368.34

DEFINITION:
Anomalous retinal correspondence is a cortical, visual adaptation to a strabismus. It exists when the perceived visual direction of a target fixated by the fovea of one eye corresponds with the visual direction of a nonfoveal location of the fellow eye.

SIGNS AND SYMPTOMS:
The symptoms and signs associated with anomalous retinal correspondence may include, but are not limited to, the following:

- Transient blurred vision (ICD: 368.12)
- Difficulty visually tracking and/or following objects
- Loss of place, repetition, and/or omission of words and/or lines of print while reading
- Need to utilize a marker to avoid loss of place
- Frequent transpositions when copying from one source document to another
- Diminished accuracy with increased time on task
- Abnormal postural adaptation/abnormal working distance (ICD: 781.9)
- Inaccurate/inconsistent work product
- Reduced efficiency and productivity
- Photophobia
- Eye turn, deviation
- Asthenopia (ICD: 368.13)
- Inaccurate/inconsistent visual attention/concentration and/or awareness
- Increased distractibility
- Difficulty sustaining near visual function
- Abnormal general fatigue
- Dizziness/vertigo; especially during/after sustained visually-demanding tasks (ICD: 780.4780.4)
- Motion sickness (ICD: 994.6)
- Dysrhythmia
- Incoordination/clumsiness (ICD: 781.3)
- Inaccurate eye-hand coordination

DIAGNOSTIC FACTORS:
Anomalous retinal correspondence is characterized by one or more of the following diagnostic findings:

- Subjective responses of central fusion in the presence of strabismus
- Characteristics of diplopia inconsistent with the magnitude and/or direction of the strabismus
- Targets centered at the two similar retinal locations do not demonstrate a common visual direction
- Significant difference between subjective and objective angle of squint

THERAPEUTIC MANAGEMENT CONSIDERATIONS:
The doctor of optometry determines appropriate diagnostic and therapeutic modalities, and frequency of evaluation and follow-up, based on the urgency and nature of the patient's conditions and unique needs. The management of the case and duration of treatment would be affected by:

- The severity of symptoms and diagnostic factors including onset and duration of the problem
- The implications of associated visual conditions
- Implications of patient's general health and effects of medications taken
- Etiological factors
- Extent of visual demands placed upon the individual
- Patient compliance and involvement in the prescribed therapy regimen
- Type, scope, and results of prior interventions
ANOMALOUS RETINAL CORRESPONDENCE (CONT'D.)

PRESCRIBED TREATMENT REGIMEN:
The treatment of anomalous retinal correspondence requires orthoptics/vision therapy. Optometric orthoptics/vision therapy usually incorporates the prescription of specific treatments in order to:

- Reestablish normal retinal correspondence
- Reestablish sensory and motor binocular alignment
- Normalize vergence and accommodative responses
- Normalize stereoscopic responses
- Integrate binocular skills with ocular motor skills
- Increase binocular endurance and stamina
- Integrate visual skills with higher level information processing
- Integrate ocular motor skills with accurate motor responses
- Integrate ocular motor skills with other sensory skills (vestibular, kinesthetic, tactile, and auditory)

DURATION OF TREATMENT:
Anomalous retinal correspondence is an adaptation associated with strabismus. The presence of anomalous retinal correspondence adds to the complexity of the case and the treatment length of the strabismus therapy. The following treatment ranges are provided as a guide for third-party claims processing and review purposes.

- Anomalous retinal correspondence existing with an intermittent strabismus may add an additional 12 to 22 hours of office therapy.
- Anomalous retinal correspondence existing with a constant exotropia strabismus may add an additional 20 to 28 hours of office therapy to the strabismus program.
- Anomalous retinal correspondence existing with a constant esotropia strabismus can add an additional 24 to 36 hours of therapy to the strabismus program.
- Associated conditions such as head trauma and strabismus surgery will add to the required office therapy.

FOLLOW-UP CARE:
At the conclusion of the active treatment regimen, periodic follow-up evaluation should be provided at appropriate intervals. Therapeutic lenses may be prescribed during or at the conclusion of active vision therapy for the maintenance of long-term stability. Some cases may require additional therapy due to decompensation.