DIVergence Excess
ICD-9-CM: 378.23

Definition:
(Divergent Strabismus, Intermittent Monocular) A condition in which binocular fixation sometimes is not present under normal seeing conditions. The foveal line of sight of one eye deviates outward and fails to intersect the object of fixation. The exo deviation tendency is greater at distance than at near, but is not always manifest.

Signs and Symptoms:
The symptoms and signs associated with divergence excess are related to performance of visually demanding tasks and/or making spatial judgments. They may include, but are not limited to, the following:

- Difficulty visually tracking and/or following objects
- 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
- Visual field neglect
- Asthenopia (ICD: 368.13)
- Orbital pain (ICD: 379.91)
- Headaches (ICD: 784.0)
- 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

Diagnosis Factors:
Divergence excess is characterized by one or more of the following diagnostic findings:

- Distance exophoria significantly greater than near phoria
- Distance vergence ranges skewed in favor of abduction
- High AC/A ratio
- Near vergence ranges skewed in favor of adduction
- Low fusional vergence ranges
- Low fusional vergence facility and/or flexibility
- Distance exo fixation disparity with steep forced vergence slope
- Low fusional stability
- Loss of bifoveation in tests of fusion
- Fragile fusion exhibited in secondary and tertiary positions of gaze

Additional testing may be appropriate as part of the differential diagnostic workup for divergence excess in order to rule out or define other concurrent medical conditions and to differentiate associated visual conditions.

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

PRESCRIBED TREATMENT REGIMEN
A percentage of cases are successfully managed solely by the prescription of therapeutic lenses and/or prisms. Most divergence excesses, however, require orthoptics/vision therapy. Optometric vision therapy for divergence excess usually incorporates the prescription of specific treatments in order to:

- Normalize associated deficiencies in ocular motor control
- Eliminate suppression
- Normalize fusional vergence ranges
- Normalize fusional vergence facility and flexibility
- Normalize fusional vergence stability
- Normalize accommodative/convergence relationships
- Normalize depth judgments and/or stereopsis
- Integrate binocular function with information processing
- Reduce or eliminate distance exophoria
- Reduce disparity between distance and near phorias
- Enhance distance additive vergence ranges
- Normalize near adductive vergence ranges
- Integrate ocular motor skills with accurate motor responses
- Integrate ocular motor skills with other sensory skills (vestibular, kinesthetic, tactile, and auditory)

DURATION OF TREATMENT:
The following treatment ranges are provided as a guide for third-party claims processing and review purposes. Treatment duration will depend upon the particular patient's condition and associated circumstances. When duration of treatment beyond these ranges is required, documentation of the medical necessity for additional treatment services may be warranted.

- The most commonly encountered divergence excess usually requires 30 to 38 hours of office therapy.
- Uncomplicated divergence excess characterized only by ____ usually requires 25 hours of office therapy.
- Divergence excess complicated by:
  - suppression: up to an additional 8 hours of office therapy
  - diminished stereopsis: up to an additional 8 hours of office therapy
  - other diagnosed visual anomalies: may require additional office therapy
  - associated conditions such as stroke, head trauma, and/or other systemic conditions: may require substantially more 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.