OCULAR MOTOR DYSFUNCTION
DEFICIENCIES OF SACCADIC EYE MOVEMENT
ICD-9-CM: 379.57

DEFINITION:
A sensory and neuromuscular anomaly of eye movement control characterized by an inability to perform accurate and effective ocular saccadic and/or fixational eye movement patterns.

SIGNS AND SYMPTOMS:
The symptoms and signs associated with ocular motor dysfunction are related to a diminished ability to visually direct and coordinate movement. They may include, but are not limited to, the following:

- 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
- Spatial disorientation
- 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)
- Incoordination/clumsiness (ICD: 781.3)
- Inaccurate eye-hand coordination

DIAGNOSTIC FACTORS:
Ocular motor dysfunction is characterized by one or more of the following diagnostic findings:

- Accuracy of ocular saccades below expecteds
- Difficulty separating head/body and eye movements
- Difficulty sustaining adequate saccadic eye movement under demands of cognitive processes
- Inability to follow targets in proper sequence
- Need for tactile/kinesthetic reinforcement while performing saccadic eye movements
- Erratic fixation
- Inability to adequately sustain fixation
- Abnormal findings in electro-oculography studies (CPT: 92270)

Additional testing may be appropriate as part of the differential diagnostic workup for ocular motor dysfunction 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
OCULAR MOTOR DYSFUNCTION. DEFICIENCIES OF SACCADIC EYE MOVEMENT (CONT'D.)

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

- Develop accurate fixational skills
- Develop accurate ocular saccades
- Integrate ocular motor skills with accurate motor responses
- Integrate ocular motor skills with other sensory skills (vestibular, kinesthetic, tactile, and auditory)
- Integrate ocular motor skills with vergence and accommodative systems
- Integrate ocular motor skills with information processing

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.

- An ocular motor dysfunction seldom occurs as an isolated condition. The most commonly encountered ocular motor dysfunction usually requires up to an additional 18 hours of office therapy in addition to therapy provided for concurrent conditions.
- Ocular motor dysfunction complicated by:
  - 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.