

# EDITORIAL

## VISION THERAPY IS NOT EDUCATIONAL THERAPY

I vividly remember being at an American Optometric Association meeting when someone interjected himself between speakers and announced that... "The good news is that optometry is now more fully part of Medicare, and the bad news is that optometry is now more fully part of Medicare. It took a number of years to completely appreciate the foresight of that speaker.

Our inclusion in Medicare as providers based on the then prevalent scope of practice was the first major entry of optometry into the managed care arena. It then carried us along on the current that President and Mrs. Clinton later brought about, for better or worse, at a time the profession was experiencing a significantly expanded role in health care. While the ensuing national chaotic run toward managed care has impacted all the caring professions, it has had particular and special influences on optometry because we are a relatively young and rapidly maturing field.

Managed care's effect on vision therapy (VT) has especially been profound. Even before the 1990's, insurance providers increasingly identified it in the "easy to deny payment" category when planning for cost savings. With the increasing popularity of Health Maintenance Organizations (HMO) and the special governmental treatments they secured, it became the rule, rather than the exception that either VT was not a covered service, or that obstacles were placed to ensure frustration for both patient and doctor. That brings us to today.

Two major strategies have evolved to deal with this situation, and were previously expressed in a Viewpoints section of this Journal. Dr. A.N. Haffner<sup>1</sup> addressed the issue from a public health perspective; he felt we had to make every effort to force health care plans to include VT because to do less would be to deprive

the public, and particularly children, of a vital and proven intervention. Many optometrists have taken this route at great personal and financial expense; letters and reports must be written, patients advised, and often the doctor or staff person spends considerable telephone time in attempting to secure payment.

The second strategy was expressed by Dr. Mark Wright.<sup>2</sup> Here, the optometrist takes the position that managed care denies him or her the ability to provide quality care, and to ultimately offer VT on a fee for service basis. This requires that the doctor not be a participating provider or panel member of the particular plan.

Recently, a third strategy came to my attention. Essentially, when the patient asks about insurance, the optometrist states that VT is not covered because it is an educational procedure.

This approach is particularly ironic to me. A number of years ago the claims of several of my patients were denied on this same basis. I raised the point with the respective insurance carriers that because these patients had the symptoms and findings characteristic of conditions that were well described in the literature, and recognized in the diagnostic codes, their remediations constituted medical necessity. Logic prevailed, and the patients received reimbursement.

So, for an optometrist to now use the same subterfuge that has apparently been deemed ineffective by at least some third party providers is, for me, distasteful at best. Further, it can place the profession, and particularly behavioral optometrists, in an awkward no-win situation precisely because it identifies us as providing educational therapy. Now, unless one has appropriate credentials and accompanying privileges as educators, are we then not providing care beyond our training, and are we not guilty of fraud? And how can

one defend the use of lenses, prisms and other ophthalmic devices as being part of "educational therapy?" And, if an optometrist without appropriate credentials can practice "educational therapy," why should a teacher, without appropriate credentials, not be allowed to independently practice VT including the usual and necessary optical aids?

But most importantly, such an approach can compromise optometry's rightful place as a mainstream health care provider. While one of the roles of a health care profession is to educate its patients regarding their health and well being, this is not in the spirit of what is understood as "educational therapy." An optometrist who lacks the credentials and privileges and improperly characterizes VT as an educational procedure can do harm to the profession at large and behavioral optometry in particular.

### References

1. Haffner AN. Should optometry fight to include vision therapy as a covered service in managed care: optometry should fight. *J Behav Optom* 1997 8(2):42.
2. Wright MR. Should optometry fight to include vision therapy as a covered service in managed care: optometry should not fight. *J Behav Optom* 1997 8(2):43.



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