

## Billing, Insurance, and All That Jazz\*

InSight Vision Therapy EIN: 81-2794361

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### These are the most common codes, and associated fees, utilized in our office:

Initial Evaluation (The doctor will choose the appropriate level of examination):

- **\$200 – 99204** – New Patient Comprehensive Medical Examination (most commonly used for initial evaluation)
  - **99205 (\$250)** – New Patient Extended Medical Examination (more extensive evaluation)
  - **99203 (\$150)** – New Patient Intermediate Medical Examination (less extensive evaluation)
- **\$75 – 92060** – Sensorimotor examination (for patients with eye turn – this is in addition to the evaluation fee)

Visual Information Processing Evaluation

- **\$400 – 96112 (qty:1) + 96113 (qty:2)** – Visual information processing evaluation
  - This includes a 2-hour appointment, a detailed report and a separate 1-hour consultation appointment

Vision Therapy

- **\$140 – 92065** – Vision therapy (one hour session)
- **Payment options:**
  - Monthly, on the first session of each month (\$140 per session), OR
  - 10-session block: a 10% discount is given if you pre-pay for 10 therapy sessions and 1 evaluation
    - **\$160 savings** per block
    - The cost for the first block of therapy will be **\$1,540**, including the equipment fee.
    - The cost for *each* subsequent block of therapy will be **\$1,440**.
- **\$100 Equipment fee**
  - There is a one-time, \$100 fee to cover equipment costs for therapy. This is due at the first session.

Evaluations

- **\$200 to \$235** – After every 10 weeks of therapy. The cost break-down:
  - **\$125 – 99213** – Established patient, intermediate medical examination
  - **\$75 – 96111** – Visual information processing testing, brief
  - **\$35 – 92081** – Functional visual field, if indicated

Syntonics Phototherapy Testing & Equipment

- **\$110** – Testing and equipment to begin syntonics (light therapy). The cost break-down:
  - **\$35 – 92081** – Functional visual field, a test of visual perception and peripheral awareness
  - **\$35 – 97110** – First syntonics session done in office (always) before sending home
  - **\$40** – Syntonics (light therapy) goggles and bulb kit for home therapy

Vivid Vision

- Our office offers state-of-the-art Virtual Reality (VR) vision therapy. This VR therapy can be done in office at *no additional charge*, as part of the vision therapy sessions. Home Vivid Vision is offered by subscription:
  - **\$900** – 6-month subscription
  - **\$1200** – 12-month subscription
  - Virtual reality equipment purchased separately

\* Prices effective 4.17.2019. Fees charged will be determined on a patient-to-patient basis and are subject to change.

**Does insurance cover any of this?**

- Most **medical** insurance companies will cover the medical office visits, including the initial evaluation, visual information processing evaluation, and follow-up visits.
- We require payment in full at the time of service. After the appointment, we will submit a claim to your insurance company *if we are able* (some insurance companies do not allow out-of-network billing). If the insurance company reimburses our office, we will pass that directly to you, either by a reimbursement check or a credit on your account.

**Does insurance cover vision therapy?**

- Vision therapy *may* be covered under your **medical** insurance.
- When checking with medical insurance regarding vision therapy coverage, you must ask:
  - **“IS VISION THERAPY AN EXCLUSION ON THE POLICY?”**
  - If vision therapy is an exclusion on the policy, we cannot bill it.
  - Otherwise, if your insurance allows us to bill as out-of-network providers, we are happy to submit the claims for reimbursement.
    - We will collect payment for the first month of therapy up-front, until we start receiving payments from your insurance.

**Medical Diagnosis Code(s) for Binocular Vision Conditions:**

H52.523 – Paresis of accommodation  
H55.81 – Deficiency – saccadic eye movement  
H51.11 – Convergence insufficiency  
H51.8 – Divergence insufficiency  
H53.031/.032/.033 – Strabismic amblyopia  
H53.30 – General binocular dysfunction  
H53.33 – Simultaneous vision without fusion  
H50.011/.012 – Monocular comitant esotropia  
H50.111/.112 – Monocular comitant exotropia  
H50.311/.312 – Intermittent esotropia  
H50.43 – Accommodative esotropia  
H50.53 – Vertical heterophoria  
H50.40 – Microtropia  
H49.00/.01/.02/.03 – Third cranial nerve palsies, partial  
H49.10/.11/.12/.13 – Fourth cranial nerve palsies  
H49.40/.41/.42/.43 – External ophthalmoplegia  
H50.611 – Brown’s tendon sheath syndrome  
H50.811/.812 – Duane’s syndrome  
H55.02 – Latent nystagmus  
Other(s): \_\_\_\_\_

H52.533 – Spasm of accommodation  
H55.89 – Deficiency – pursuit eye movement  
H51.12 – Convergence excess  
H55.01 – Congenital nystagmus  
H53.021/.022/.023 – Refractive amblyopia  
H53.34 – Suppression of binocular vision  
H53.32 – Fusion with defective stereopsis  
H50.05 – Alternating comitant esotropia  
H50.15 – Alternating comitant exotropia  
H50.32 – Intermittent alternating esotropia  
H50.21/22 – Hypertropia  
H50.411/.412 – Cyclotropia  
H50.55 – Dissociated vertical deviation  
H49.00 – Third cranial nerve palsy, total  
H49.20/.21/.22/.23 – Sixth cranial nerve palsies  
H49.30/.31/.32/.33 – Total ophthalmoplegia  
H50.69 – Limited ductions  
H50.89 – Chronic progressive ophthalmoplegia  
H55.03 – Visual deprivation nystagmus