

Billing, Insurance, and All That Jazz*

InSight Vision Therapy EIN: 81-2794361

Joanna Carter, OD

NPI: 1477618833

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

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

- **99204 (\$200)** – 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)
- **92060 (\$75)** – Sensorimotor examination (for patients with eye turn – this is in addition to the evaluation fee)

Visual Information Processing Evaluation

- **96111 (\$400)** – Visual information processing evaluation
 - This includes a 2-hour appointment, a detailed report and a separate 1-hour consultation appointment.
- **92081 (\$35)** – Functional visual field
 - This is a test of visual perception and peripheral awareness.

Vision Therapy

- **\$140 per hour-long session.** Each session is billed with the following codes (each code is 15 minutes of therapy)
 - **97110 (qty: 2)** – Therapeutic procedure *and* **97530 (qty: 2)** – Therapeutic activity
- **Payment options:**
 - Pay monthly, on the first session of each month (\$140 per session), OR
 - 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:

- **99213 (\$125)** – Established patient, intermediate medical examination
- **92060-52 (\$75)** – Interpretation of visual information processing testing
- **92081 (\$35)** – Functional visual field, if indicated

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	H52.533 – Spasm of accommodation
H55.81 – Deficiency – saccadic eye movement	H55.89 – Deficiency – pursuit eye movement
H51.11 – Convergence insufficiency	H51.12 – Convergence excess
H51.8 – Divergence insufficiency	H55.01 – Congenital nystagmus
H53.031/.032/.033 – Strabismic amblyopia	H53.021/.022/.023 – Refractive amblyopia
H53.30 – General binocular dysfunction	H53.34 – Suppression of binocular vision
H53.33 – Simultaneous vision without fusion	H53.32 – Fusion with defective stereopsis
H50.011/.012 – Monocular comitant esotropia	H50.05 – Alternating comitant esotropia
H50.111/.112 – Monocular comitant exotropia	H50.15 – Alternating comitant exotropia
H50.311/.312 – Intermittent esotropia	H50.32 – Intermittent alternating esotropia
H50.43 – Accommodative esotropia	H50.21/22 – Hypertropia
H50.53 – Vertical heterophoria	H50.411/.412 – Cyclotropia
H50.40 – Microtropia	H50.55 – Dissociated vertical deviation
H49.00/.01/.02/.03 – Third cranial nerve palsies, partial	H49.00 – Third cranial nerve palsy, total
H49.10/.11/.12/.13 – Fourth cranial nerve palsies	H49.20/.21/.22/.23 – Sixth cranial nerve palsies
H49.40/.41/.42/.43 – External ophthalmoplegia	H49.30/.31/.32/.33 – Total ophthalmoplegia
H50.611 – Brown’s tendon sheath syndrome	H50.69 – Limited ductions
H50.811/.812 – Duane’s syndrome	H50.89 – Chronic progressive ophthalmoplegia
H55.02 – Latent nystagmus	H55.03 – Visual deprivation nystagmus
Other(s): _____	