

## InSight Vision Therapy Services

InSight Vision Therapy TIN: 81-2794361

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**Initial Medical Evaluation** - The doctor will choose the appropriate level of examination

Exam Type	Price	Code(s)
Medical Examination and Refraction with Report	\$275	99204 + 92015
Strabismus / Amblyopia Examination with Report	\$275 to \$325	99204 + 92060 (92015 if needed)
Neuro-Optometric Examination with Report	\$325	99205 + 92015

**Visual Information Processing Evaluation**

Exam Type	Price	Code(s)
Two-hour visual information processing evaluation, detailed report and separate 30 minute consultation	\$450	96112 (x1) + 96113 (x2) + 99212

**Vision Therapy**

Exam Type	Price	Code(s)
Vision therapy - one hour appointment	\$160 each	97110 (x2) + 97530 + 92066
Mid-therapy evaluation with report	\$250	99213 + 92015 + 96112-52 + 99080
Post-therapy evaluation	\$150	99213 + 92015
Equipment fee, one time, non-refundable	\$275	
Our Visual Brain software (optional 1-year license)	\$250	

**Payment options**

- **Option 1: PAY IN FULL** – A **10% discount** on services if you pay in full on the first day of vision therapy
- **Option 2: BLOCK** – A **5% discount** on services if you pre-pay for 10 sessions and 1 evaluation
- **Option 3: A LA CARTE** – Pay on each date of service; no discount is applied

*Note: the estimated number of sessions will be provided at the vision therapy consultation.*

**Follow up Evaluations** - These are coded based on time:

Exam Type	Price	Code(s)
10-19 minute medical exam	\$50	99212
20-29 minute medical exam	\$100	99213
30-39 minute medical exam	\$150	99214
40-49 minute medical exam	\$200	99215

These following services may be included in follow-up appointments:

Exam Type	Price	Code(s)
Refraction	\$50	92015
Report writing	\$50	99080
Visual Information Processing mini-eval	\$50	96112-52
Functional Visual Field (light therapy evals)	\$50	92082
Sensorimotor exam (eye alignment eval)	\$50	92060

\* Prices effective 02.01.2024. Fees charged will be determined on a patient-to-patient basis and are subject to change.

**Additional Services**

Service	Price	Code(s)
Light therapy evaluation	\$90	92082 + 97110
Light therapy kit	\$50	99070

**Routine Vision Services**

Exam Type	Price	Code(s)
New Patient Routine Exam and Refraction	\$200	92004
Established Patient Routine Exam and Refraction	\$160	92014
Contact Lens Fitting and Training with 1 follow up	\$200	92310
Contact Lens Fitting / Additional follow ups	\$50	92310

**Does insurance cover any of this?**

- **Medical** insurance companies may 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 evaluations, we will submit a claim to your medical 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.
- **We do not submit claims for Vision Therapy services or Routine Vision services.** If you would like to submit to your insurance for reimbursement, we will provide invoices with the necessary codes.

**Please understand the following:**

- InSight Vision Therapy will not be billing my insurance for Vision Therapy services.
- Payment is expected in advance for Vision Therapy services.
- It is the patient’s responsibility to check insurance coverage for Vision Therapy before submitting claims. Many insurances list “Vision Therapy” or “eye exercises” as exclusions on the policy and therefore cannot be billed for excluded services.
  - Vision therapy *may* be covered under your **medical** insurance.
  - When checking with medical insurance regarding vision therapy coverage, you must ask “Is Vision Therapy (or “eye exercises”) an exclusion on the policy?”
  - You may be asked for procedure codes. See page one for vision therapy session codes.
  - You may be asked for a diagnosis code. This is found on the invoice provided at the initial evaluation.
- If the insurance company requests chart notes regarding Vision Therapy services, the patient is responsible for paying the medical records fees incurred.

**Missed Appointments**

- **Cancellations** Canceled therapy sessions are to be rescheduled within a month to avoid incurring a fee. A canceled therapy session is when there is a pre-scheduled visit that cannot be met. We require 24 hours’ notice for cancellations. Canceled appointments that are not made up will be charged in full.
- **No shows** are missed appointments without notice. These are billed at the full amount of the therapy session.
- **Telehealth Vision Therapy** is available for qualifying patients. In addition, telehealth therapy may be substituted as needed if a family member is sick or if the patient is unable to drive due to hazardous weather conditions.