

**VISION THERAPY
AND
THIRD PARTY REIMBURSEMENT**

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Third party reimbursement for optometric services is a major part of an optometrist's income. From Review of Optometry latest National Panel, Doctor's of Optometry Survey of 500 panelists, two thirds of the panelists stated they were more involved in third-party reimbursement than they were 5 years ago.¹¹ The panelists also stated 32 cents of each revenue dollar comes from a third party.^{5,6,11} To receive this reimbursement, the average optometrists examined 9 patients from health maintenance organizations (HMO's) or preferred provider organizations (PPO's), and 24 patients with other types of insurance each week.¹¹ Another report stated that optometrists receive 12% of their revenues from HMO's and PPO's, 9% from Medicare and Medicaid, and 5% from Major Medical plans.⁶

Forty percent of optometrist plan to increase their third party participation in the near future.⁶ Most optometrists however feel they need to know more about third-party plans. From the National Panel survey, half the optometrists felt they only have a "fair" or "poor" understanding of HMO's and PPO's. Forty-two percent of optometrists felt they had a "fair" or "poor" understanding of Major Medical plans. The same was stated by one third of the panelists about Medicare and Medicaid and 23% also voiced the same about Vision Service Plan.¹¹

In a 1990 article in the Review of Optometry, optometric fees were found not to be keeping pace with inflation.⁵ Also doctors are collecting less of the fees they are charging due to third party insurance plans. However in 1990 the services which were found to keep pace with inflation were disposable contact

lenses, screening visual fields, threshold visual fields and vision therapy.⁵ Vision therapy is also one of the branches of optometry which is seeking third party reimbursement.

The American Optometric Association definition of optometric vision therapy is : "Optometric vision therapy is treatment plan used to correct or improve specific dysfunctions of the vision system. It includes, but is not limited to, the treatment of strabismus, other dysfunctions of binocularity, amblyopia, accommodation, ocular motor function and visual-perception-motor abilities. Optometric vision therapy is based upon a medically necessary plan of treatment which is designed to improve specific vision dysfunctions determined by standardized diagnostic criteria. Treatment plans encompass lenses, prisms, occlusion and other appropriate material, modalities and equipment."³

Vision therapy has also been found to enhance an optometrist's practice. It is a way to specialize a practice, increase patient loyalty, increase referrals and enhance optometric professional image. Vision therapy has a broad impact on patient populations. It can effect a child's ability to learn in school, achieve a job and enjoy sports and recreation. Of the entire U.S. population, approximately one half of those three years of age or over require treatment for a visual problem.³ Among school-age children, vision disorders affect one in every four.³ But all ages can benefit from vision therapy. There are many developmental as well as acquired and some congenital vision dysfunctions which benefit. Competition can be tough, so specializing a practice can draw patients who otherwise would be going elsewhere.

According to Dr. Mitchell Scheiman, vision therapy offers the greatest potential for net revenue production. Practitioners in his area have increased their annual revenue as much as \$80,000 by adding a part time VT program.¹² Most of the increase revenue was attributed to having ancillary personal administer the vision therapy sessions, several patients at a time and little or no materials costs.

With any practice, whether specialized or not, reimbursement from third parties is a necessary aspect. Third party reimbursement can determine if some patients will undergo treatment, Some patients are not willing to pay out of pocket if their insurance does not cover the therapy. I had this experience at Ferris State University Optometry Clinic in the spring of 1993. Vision therapy reimbursement was requested through Medicaid for one of my vision therapy patients. Upon denial due to lack of information, the parents decided to go with strabismus muscle surgery rather than wait for prior approval from Medicaid for vision therapy or pay out of pocket. The strabismus surgery was immediately approved because it was a surgery which is a medical procedure and does not require prior approval. This experience is what prompted me to do more research and find out if requesting third party reimbursement was always so difficult. That spring two other Medicaid patients were also submitted for prior approval for vision therapy reimbursement and were also denied due to lack of information.^{9,10}

From an article in the AOA News, the reimbursement of Medicaid to optometrists varies greatly from state to state.¹ All states were found to provide periodic vision examinations to its enrolled population. Eleven states do not include optometrists in medical

eyecare diagnostic services. Many states have provisions for gatekeeper and/or prior approval for diagnostic services provided in contact lenses, low vision, and vision therapy. Eighteen states have no coverage for these diagnostic services. The provision of treatment services relating to contact lenses, low vision and vision therapy varied greatly. Some provided services, others required prior approval or gatekeeper referral and others only allowed medical doctors to provide treatment services. Twenty-two states have some provision for vision therapy services under early screening, testing programs and all but one of these require prior approval for vision therapy services. Most states use a fixed fee schedule while only six use usual, customary and reasonable data to determine reimbursement levels. Eighteen states report that a different schedule is maintained for optometrists and medical doctors in which medical doctors are reimbursed more. Twenty-seven states reported prior approval was necessary for at least some optometric services. Of those questioned about their Medicaid programs, they stated the programs were fair or equitable with regard to reimbursement, parity with ophthalmology, diagnostic services allowed and treatment services allowed.

To complicate matters further the U.S. Department of Health and Human Services (HHS) has just released new regulatory guidelines requiring physicians to meet minimum standards in order to bill Medicaid for services provided to children under age 21 and to pregnant women.¹³ These guidelines went into effect on January 1, 1994 but the AOA Washington office does not believe this applies to optometrists and is currently asking the HHS to state to this

fact. One reason for the AOA Washington office believing optometrists are not included is because doctor's of optometry are not included under the physicians definition in the Medicaid program.

An article in the October 1992 issue of Optometric Economics covered ten ways to effectively manage vision therapy claims:⁴

1. "Educate patients during the case presentation." Not only is it important to educate the patient on your diagnosis and treatment, but also the cost and what the insurance is expected to cover of the vision therapy.
2. "Provide the patient with written information about insurance and vision therapy." Figure 1 is an example of the written information by Dr. Scheiman in the Optometric Economics article.
3. "Use a fee slip." The main reason for denial of vision therapy by third parties is the confusion of vision therapy with vision services. A separate fee slip which is only used for vision therapy related services may help reduce the confusion.
4. "Use appropriate language and codes." It is necessary to use appropriate diagnostic codes which are ICD-9-CM codes. It is also necessary to use the appropriate CPT codes. Dr. Scheiman uses "92065, Orthoptic Therapy" for therapy, and "92060, Sensorimotor Examination" for the examination which can be combined with "92012, Intermediate Visit."
5. "Write and mail a pre-determination letter for all patients with major medical insurance." A letter which includes the diagnosis, reason for recommending vision therapy and a specific therapy plan will help reduce rejections. Figure 2 is just one of the template letters Dr. Scheiman uses to provided the information in very little time.
6. "Only accept direct payment from an insurance carrier as an exception to office policy." This is to reduce the delay between services and payment.
7. "If you accept direct payment from a carrier your office should handle all insurance forms." This is to insure receipt of all forms and they are filled out in a timely fashion.
8. "Carefully track each patient with insurance." This may help you in future claims.

INSURANCE COVERAGE FOR VT SERVICES (PATIENT HANDOUT)

Although it is often difficult for us to tell you at the time of your initial visit whether or not your insurance will cover vision therapy, there are some general rules that apply most of the time:

1. Vision therapy is not considered a form of "VISION CARE." **It would not be covered under a vision or eye care plan.** Rather, it is a type of medical treatment and therefore it would be covered under the major medical portion of your health care plan.
2. Many HMO-type insurance plans do not cover vision therapy.
3. If your health insurance plan has a major medical portion, it will generally reimburse you 80 percent of the fee. It is still your responsibility to pay the fee for the visit. After paying the fee for the visit you can then attach the receipt we give you to your insurance form and the insurance company will reimburse you.
4. We will be happy to assist you in your efforts to determine if vision therapy is a covered service. We will write any necessary explanations needed initially. If you receive any negative reply it is vital that you notify us and send us a copy of the rejection. In our experience, a rejection is often a misunderstanding or lack of understanding about vision therapy. With the proper appeal letter we can often achieve a reversal in the company's decision.
5. It is important that you refer to the specific diagnosis and terminology that we use when you interact with your insurance company. If you refer to the problem as a vision disorder, services may be denied.

—*Mitchell M. Scheiman, O.D.*

VT INSURANCE COVERAGE PRE- DETERMINATION LETTER (EXAMPLE)

Re: (patient name)

Policy #:

To whom it may concern:

The above patient was recently examined in my office. The diagnostic examination revealed the following medical diagnoses and their appropriate ICD-9-CM codes:

378.83 Convergence insufficiency

This diagnosis was reached on ____/____/____.

NOTE: The treatment for the above problem(s) is medically necessary and is referred to as orthoptic therapy (CPT code 92065). This treatment is specific for the neuromuscular anomaly and is being done to correct the above condition(s) or as an alternative to surgery and is not connected in any way with routine eye care, refractive error, or glasses.

SPECIFIC TREATMENT PROGRAM

The treatment program for convergence insufficiency typically requires 24 to 30 visits and is divided into several phases:

- Phase I: Designed to restore normal positive fusional vergence amplitudes, near point of convergence, and accommodative amplitude.
- Phase II: Designed to normalize fusional facility in both the positive and negative fusional vergence systems.
- Phase III: Designed to create excesses in both the accommodative and fusional systems, and to restore normal vergence facility and amplitude during sustained versions.

Each of these three phases generally requires about 8 to 10 visits, resulting in a total requirement of approximately 24 to 30 visits.

The fee for each treatment session (CPT #92065) is \$—.

Thank you for consideration of this information. If you have any additional questions, please contact me.

—*Mitchell M. Scheiman, O.D.*

9. "Follow up all denials with appeal letters." In Dr. Scheiman's experience most rejections can be successfully appealed. The most common reasons for denial are as follows:

The policy does not cover routine vision care.

This service is only covered if performed by a physician.

This service will only be covered if a medical doctor refers the patient.

This service is not covered in setting indicated.

Vision therapy is a covered service but can be managed entirely at home with intermittent office visits.

This service is excluded in the patient's policy contract.

The first five reasons for rejection can be successfully appealed.

10. "Encourage patients to call and write to complain if response is slow or if a denial is received." By keeping the patient involved, the insurance companies are more likely to try to keep their customer's happy.

College of Optometrists in Vision Development (COVD) along with the American Optometric Association (AOA) provide an information packet to help optometrists in medical insurance claims dealing with vision therapy. Their latest packet was published in August 1993.³ This packet provides some helpful definitions of what vision therapy is as well as some selected diagnoses with treatment plans and ICD-9-CM codes. This packet also includes a flow chart for claim denials (see Figure 3).

COVD also published a packet in 1984 which like Dr. Scheiman's article in the October 1992 Optometric Economics⁴ outlines steps to help reduce the hassels in vision therapy reimbursement.² The manual was directed toward the major medical type of policies. Generally most major medical policies are written to be all inclusive medical coverage with a list of coverage which is excluded. Vision therapy is generally not included in the exclusion lists. Vision therapy however can be confused by

Flow Chart for Claim Denial

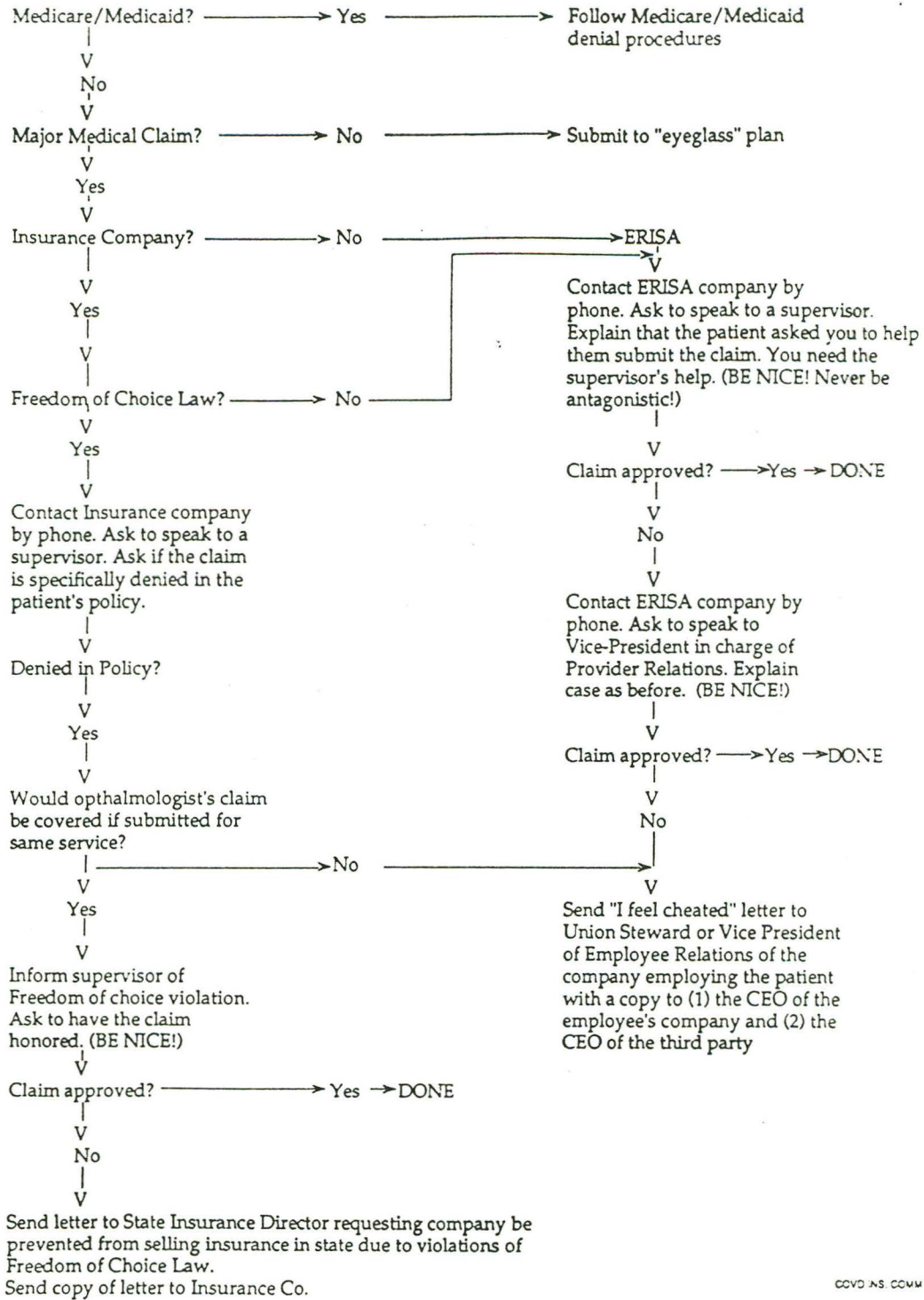


Figure 3

claim examiners with a routine examination for glasses. Insurance policies are made to cover health risks and reimbursement is for disease conditions. The American Heritage Dictionary defines a disease as "an abnormal condition of an organism or part, especially as a consequence of infection, inherent weakness or environmental stress, that impairs normal physiological functioning." Almost all of the conditions for which vision therapy is indicated, fall under this definition and should be covered by major medical policies.

COVD also found that wording in most major medical policies refer to physician rather than doctor which may cause confusion for claims clerks. Optometrists are considered as physicians for most insurance purposes. Most state insurance laws have a freedom of choice provision (see Figure 4) which gives the patient the right to select an optometrist for any service which is within the scope of practice of the optometrist.

COVD does state that Blue Cross-Blue Shield does not cover vision therapy. Blue Cross-Blue Shield covers only surgery and

STATE OF MICHIGAN

Section 1. Act No. 218 of the Public Acts of 1956, as amended, being sections 500.100 to 500.8302 of the Compiled Laws of 1948, is hereby amended by adding a new section 2243, to read as follows:

Sec. 2243. (1) Notwithstanding any provision of a policy or contract of group accident, group health or group accident and health insurance, executed subsequently to the effective date of this provision, whenever such policy or contract provides for reimbursement for any optometric service which is within the lawful scope of practice of a duly licensed optometrist, a subscriber to such group accident, group health or group accident and group health insurance policy or contract shall be entitled to reimbursement for such service, whether the said service is performed by a physician or a duly licensed optometrist. Unless such policy or contract of group accident, or group health or group accident and health insurance shall otherwise provide, there shall be no reimbursement for ophthalmic materials, lenses, spectacles, eyeglasses or appurtenances.

(1) Whenever a subscriber contract shall provide for and offer optometric services, the subscriber shall have freedom of choice to select either a physician or an optometrist.

Figure 4

hospitalization. However some extended plans of Blue Cross-Blue Shield are major medical plans but still may not include vision therapy and sometimes do not abide by freedom of choice laws. Michigan is not a foreigner to problems with Blue Cross-Blue Shield. In the March 1992 issue of Review of Optometry, they discuss Michigan's battle to get Blue Cross-Blue Shield reimbursement to optometrists for diagnostic procedures.¹⁴

According to COVD there is a lot of confusion regarding proper insurance codes for vision therapy diagnosis and therapy. There are several different coding systems which exist and the most widely systems have been developed with little or no optometric input. The most widely used diagnostic codes are those of the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM). Table 1, 2 and 3 contain some of the most commonly used ICD-9-CM diagnostic codes used to diagnosis vision therapy candidates. Some of the Diagnostic classifications are not always in usual optometric terms. There are also many specific classifications for strabismus but few for non-strabismus conditions such as accommodative dysfunctions, motility disorders, perceptuo-motor dysfunctions and more.

The American Optometric Association has its own set of diagnostic codes called Current Optometric Information and Terminology (COIT) (see Table 4). AOA developed these codes to help further differentiate the ICD-9-CM codes in optometric terms. The COIT codes are not always the same in description as the ICD-9-CM codes. The COIT use a fifth digit to further help define the condition.

ICD-9-CM DIAGNOSTIC CODES

From: ICD-9-CM
International Classification of Diseases
 9th Revision
 Clinical Modification
 Volume 1 2nd Printing — March 1980
 Published by: Commission of Professional and Hospital Activities
 1968 Green Road
 Ann Arbor, Michigan 48105

NERVOUS SYSTEM AND SENSE ORGANS

- | | |
|---|---|
| <p>367 Disorders of refraction and accommodation</p> <ul style="list-style-type: none"> 367.0 Hypermetropia <ul style="list-style-type: none"> Far-sightedness Hyperopia 367.1 Myopia <ul style="list-style-type: none"> Near-sightedness 367.2 Astigmatism <ul style="list-style-type: none"> 367.29 Astigmatism, unspecified 367.21 Regular astigmatism 367.22 Irregular astigmatism 367.3 Anisometropia and aniseikonia <ul style="list-style-type: none"> 367.31 Anisometropia 367.32 Aniseikonia 367.4 Presbyopia 367.5 Disorders of accommodation <ul style="list-style-type: none"> 367.51 Paresis of accommodation <ul style="list-style-type: none"> Cycloplegia 367.52 Total or complete internal ophthalmoplegia 367.53 Spasm of accommodation 367.8 Other disorders of refraction and accommodation <ul style="list-style-type: none"> 367.81 Transient refractive changes 367.89 Other <ul style="list-style-type: none"> Drug induced disorders of refraction Toxic and accommodation 367.9 Unspecified disorder of refraction and accommodation <p>368 Visual Disturbances</p> <ul style="list-style-type: none"> 368.0 Amblyopia ex anopsia <ul style="list-style-type: none"> 368.00 Amblyopia, unspecified 368.01 Strabismic amblyopia <ul style="list-style-type: none"> Suppression amblyopia | <ul style="list-style-type: none"> 368.02 Deprivation amblyopia 368.03 Refractive amblyopia 368.1 Subjective visual disturbances <ul style="list-style-type: none"> 368.10 Subjective visual disturbance, unspecified 368.11 Sudden visual loss 368.12 Transient visual loss <ul style="list-style-type: none"> Concentric fading Scintillating scotoma 368.13 Visual discomfort <ul style="list-style-type: none"> Asthenopia Photophobia Eye strain 368.14 Visual distortions of shape and size <ul style="list-style-type: none"> • Macropsia Micropsia Metamorphopsia 368.15 Other visual distortions and entoptic phenomena <ul style="list-style-type: none"> Photopsia Visual halos Refractive: <ul style="list-style-type: none"> diplopia polyopia 368.16 Psychophysical visual disturbances <ul style="list-style-type: none"> Visual: <ul style="list-style-type: none"> agnosia disorientation syndrome hallucinations 368.2 Diplopia <ul style="list-style-type: none"> Double vision 368.3 Other disorders of binocular vision <ul style="list-style-type: none"> 368.30 Binocular vision disorder, unspecified 386.31 Suppression of binocular vision 368.32 Simultaneous visual perception without fusion 368.33 Fusion with defective stereopsis 368.34 Abnormal retinal correspondence 368.8 Other specified visual disturbances <ul style="list-style-type: none"> Blurred vision (not otherwise specified) 368.9 Unspecified visual disturbance <p>378 Strabismus and other disorders of binocular eye movements</p> <ul style="list-style-type: none"> Excludes: nystagmus and other irregular eye movements (379.50 — 379.59) |
|---|---|

Table 1

ICD-9-CM DIAGNOSTIC CODES (Continued)

378.0	Esotropia Convergent concomitant strabismus Excludes: intermittent esotropia (378.20 — 378.22)	378.21	Intermittent esotropia, monocular
378.00	Esotropia, unspecified	378.22	Intermittent esotropia, alternating
378.01	Monocular esotropia	378.23	Intermittent exotropia, monocular
378.02	Monocular esotropia with A pattern	378.24	Intermittent exotropia, alternating
378.03	Monocular esotropia with V pattern	378.3	Other and unspecified heterotropia
378.04	Monocular esotropia with other noncomitancies Monocular esotropia with X or Y pattern	378.30	heterotropia, unspecified
378.05	Alternating esotropia	378.31	Hypotropia Vertical heterotropia (constant) (intermittent)
378.06	Alternating esotropia with A pattern	378.32	Hypotropia
378.07	Alternating esotropia with V pattern	378.33	Cycloptopia
378.08	Alternating esotropia with other noncomitancies Alternating esotropia with X or Y pattern	378.34	Monofixation syndrome Microtropia
378.1	Exotropia Divergent concomitant strabismus Excludes: intermittent exotropia (378.20, 378.23 — 378.24)	378.35	Accommodative component in esotropia
378.10	Exotropia, unspecified	378.4	Heterophoria, unspecified
378.11	Monocular exotropia	378.40	Heterophoria, unspecified
378.12	Monocular exotropia with A pattern	378.41	Esophoria
378.13	Monocular exotropia with V pattern	378.42	Exophoria
378.14	Monocular exotropia with other noncomitancies Monocular exotropia with X or Y pattern	378.43	Vertical heterophoria
378.15	Alternating exotropia	378.44	Cyclophoria
378.16	Alternating exotropia with A pattern	378.45	Alternating hyperphoria
378.17	Alternating exotropia with V pattern	378.5	Paralytic strabismus
378.18	Alternating exotropia with other noncomitancies Alternating exotropia with X or Y pattern	378.50	Paralytic strabismus, unspecified
378.2	Intermittent heterotropia Excludes: vertical heterotropia (intermittent)	378.51	Third or oculomotor nerve palsy, partial
378.20	Intermittent heterotropia, unspecified Intermittent: esotropia NOS exotropia NOS	378.52	Third or oculomotor nerve palsy, total
		378.53	Fourth or trochlear nerve palsy
		378.54	Six or abducens nerve palsy
		378.55	External ophthalmoplegia
		378.56	Total ophthalmoplegia
		378.6	Mechanical strabismus
		378.60	Mechanical strabismus, unspecified
		378.61	Brown's (tendon) sheath syndrome
		378.62	Mechanical strabismus from other musculo-fascial disorders
		378.63	Limited duction associated with other conditions
		378.7	Other specified strabismus
		378.71	Duane's syndrome
		378.72	Progressive external ophthalmoplegia
		378.73	Strabismus in other neuromuscular disorders

Table 2

ICD-9-CM DIAGNOSTIC CODES (Continued)

- 378.8 Other disorders or binocular eye movements
 - Excludes: nystagmus (379.50 — 379.56)
 - 378.81 Palsy of conjugate gaze
 - 378.82 Spasm of conjugate gaze
 - 378.83 Convergence insufficiency or palsy
 - 378.84 Convergence excess or spasm
 - 378.85 Anomalies of divergence
 - 378.86 Internuclear ophthalmoplegia
 - 378.87 Other disassociated deviation of eye movements
 - Skew deviation
- 378.9 Unspecified disorder of eye movements
 - Ophthalmoplegia NOS
 - Strabismus NOS
- 379.5 Nystagmus and other irregular eye movements
 - 379.50 Nystagmus, unspecified
 - 379.51 Congenital nystagmus
 - 379.52 Latent nystagmus
 - 379.53 Visual deprivation nystagmus
 - 379.54 Nystagmus associated with disorders of the vestibular system
 - 379.55 Disassociated nystagmus
 - 379.56 Other forms of nystagmus
 - 379.57 Deficiencies of saccadic eye movements
 - Abnormal optokinetic response
 - 379.58 Deficiencies of smooth pursuit movements
 - 379.59 Other irregularities of eye movements
 - Opsoclonus
- 784.6 Other symbolic dysfunction
 - Excludes: developmental learning delays (315.0 — 315.9)
 - 784.60 Symbolic dysfunction, unspecified
 - 784.61 Alexia and dyslexia
 - Alexia (with agraphia)
 - 784.69 Other
 - Acalculia Agraphia NOS
 - Agnosia Apraxia
- 794.1 Peripheral nervous system and special senses
- 794.10 Abnormal response to nerve stimulation unspecified
- 794.11 Abnormal retinal function studies
 - Abnormal electroretinogram (ERG)
- 794.12 Abnormal electro-oculogram (EOG)
- 794.13 Abnormal visually evoked potential
- 794.14 Abnormal oculomotor studies
- 314 Hyperkinetic syndrome of childhood
 - Excludes: hyperkinesis as symptom of underlying disorder — code the underlying disorder
 - 314.0 Attention deficit disorder
 - 314.00 Without mention of hyperactivity
 - 314.01 With hyperactivity
 - Overactivity NOS
 - Simple disturbance of attention with overactivity
- 315 Specific delays in development
 - Excludes: that due to a neurological disorder (320.0 — 389.9)
 - 315.0 Specific reading disorder
 - 315.00 Reading disorder, unspecified
 - 315.01 Alexia
 - 315.02 Developmental dyslexia
 - 315.09 Other
 - Specific spelling difficulty
 - 315.1 Specific arithmetical disorder
 - Dyscalculia
 - 315.2 Other specific learning difficulties
 - Excludes: specific arithmetical disorder (315.1) specific reading disorder (315.00 - 315.09)
 - 315.4 Coordination disorder
 - Clumsiness syndrome
 - Dyspraxia syndrome
 - Specific motor development disorder
 - 315.5 Mixed developmental disorder
 - 315.8 Other specified delays in development
 - 315.9 Unspecified delay in development
 - Developmental disorder NOS

SYMPTOMS, SIGNS AND ILL-DEFINED CONDITIONS

Table 3

V. COIT DIAGNOSTIC CODES

*From: Current Optometric Information and Terminology
Third Edition, 1980
American Optometric Association*

300.11	Amblyopia, Hysterical	378.15	Strabismus, Alternating, Exotropia
300.11	Strabismus, Hysterical	378.20	Strabismus, Intermittent
314.9(0)	Minimal Cerebral Dysfunction	378.30	Strabismus
315.00	Learning Disability, Reading Retardation	378.31	Strabismus, Vertical, Hypertropia
315.01	Alexia, Developmental	378.32	Strabismus, Vertical, Hypotropia
315.2(0)	Learning Disability	378.35	Strabismus, Accommodative
315.9(0)	Visual Motor Dysfunction	378.3(6)	Strabismus, Concomitant
367.1(1)	Myopia, Functional	378.3(7)	Strabismus, Congenital
367.53	Accommodation, Spasm of	378.3(8)	Strabismus, Consecutive
367.5(5)	Accommodation, Deficiency of	378.3(9)	Strabismus, Constant
367.5(6)	Accommodation, Instability of	378.40	Phoria, Hetero
368.00	Amblyopia, Ex Anopsia	378.41	Phoria, Eso
368.01	Amblyopia, Strabismic	378.42	Phoria, Exo
368.03	Amblyopia, Refractive	378.43	Phoria, Vertical
368.10	Non-Malingering Syndrome	378.44	Phoria, Cyclo
368.13	Asthenopia	378.50	Ophthalmoplegia
368.13	Photophobia	378.50	Strabismus, Paralytic
368.2(0)	Diplopia	378.55	Paresis
368.30	Eccentric Fixation	378.60	Strabismus, Anatomical
368.30	Eccentric Viewing	378.60	Strabismus, Mechanical
368.30	Fixation Disparity	378.83	Convergence Insufficiency
368.30	Fusional Instability	378.84	Convergence Excess
368.30	Vision, Binocular Dysfunction	378.85	Divergence Excess
368.31	Suppression	378.9(0)	Oculomotor Dysfunction
368.32	Fusion, First Degree	378.9(1)	Fixation Dysfunction
368.33	Fusion, with Defective Stereopsis	378.9(2)	Pursuit Dysfunction
368.34	Correspondence, Anomalous Retinal	378.9(3)	Saccadic Dysfunction
378.00	Strabismus, Convergent	379.50	Nystagmus
378.01	Strabismus, Monocular, Esotropia	379.53	Nystagmus, Amblyopic
378.05	Strabismus, Alternating, Esotropia	784.69	Apraxia
378.10	Strabismus, Divergent	V65.2(0)	Malingering
378.11	Strabismus, Monocular, Exotropia		

Table 4

COVD recommends not to use any diagnostic codes for which vision therapy is not a treatment. For example refractive error should not be used as a diagnosis. The only diagnostic codes which should be used are those for which vision therapy is the recommended treatment.

Diagnostic procedures can be reported in several different ways. The Physicians' Current Procedural Terminology, Fourth Edition (CPT-4) is the most widely used system for reporting diagnostic procedures. The AOA also used the same codes and names in the Current Optometric Procedural Terminology, Second Edition (COPT). The codes are as follows:

<u>New Patient</u>	
90000	Brief Service
90010	Limited Service
92002	Intermediate Service
92004	Comprehensive Service
<u>Established Patient</u>	
90030	Minimal Service
90040	Brief Service
90050	Limited Service
92012	Intermediate Service
92014	Comprehensive Service

Also included in the CPT-4 code is 92060 which is Sensorimotor Examination with medical diagnostic evaluation (separate procedure).

According to a Medicare Update for Optometry Seminar on March 3, 1994, the CPT-4 coding levels of service have changed for Medicare¹⁵ (see Figure 18).

According to COVD the reporting of therapy procedures is more confusing than the reporting of diagnoses or diagnostic procedures. The most widely used listing of therapeutic procedures is CPT-4

CODING FOR LEVELS OF SERVICE

	P.F.	E.P.F.	I.E.E.	C.E.E.	CPLX
NEW	99201	99202	92002	92004	99205
EST	99212	99213	92012	92014	99215
	0,1	2	3	4	5

KEY:

- P.F. = Problem focused medical exam
- E.P.F. = Expanded problem focused medical exam
- I.E.E. = Intermediate eye exam
- C.E.E. = Comprehensive eye exam
- CPLX = Comprehensive medical exam of high complexity

Footnote:

A minimal exam is sometimes performed by a nurse, technician, or medical assistant under the supervision of the doctor but without requiring his or her participation. This is codified as 99211 for established patients; there is no correlate for new patients.

which only has a single code for orthoptics/pleoptics. The code is 92065 which is defined as orthoptic and/or pleoptic training, with continuing medical direction and evaluation. ICD-9-CM also has procedure codes which some companies are beginning to switch to from the CPT-4 codes.

The COVD recommends also developing your own office claim form to be used for vision therapy claims. Figures 5 through 8 are examples of forms given by COVD to help optometrists make their own forms.

No matter how carefully forms are filled out for reimbursement of vision therapy denials occur for different reasons. The COVD recommends writing appeal letters and has also included sample letters (see Figures 9 through 13). Written contact is recommended but if phone contact is made a written follow-up letter should be included.

My personal experience with vision therapy reimbursement occurred at Ferris State College of Optometry Eye Clinic as I mentioned earlier. My patient was diagnosed with a constant alternating exotropia and we decided she would greatly benefit from vision therapy. My patient was enrolled in Medicaid through her parents insurance. It was not necessary to get prior approval for a strabismus evaluation as long as a strabismus diagnostic code was used, but since my patient was under 21 years of age, prior approval was required for orthoptic treatment. Our first request was denied due to lack of documentation required, diagnosis codes and a more detailed plan of treatment were not provided. Honestly it was my first attempt at requesting reimbursement from Medicaid for vision therapy. Figure 14 is a copy of the requirements

SAMPLES: CLAIM FORM

INSURANCE COPY—attach this statement to your insurance claim form. Complete the personal information requested on the form. This statement contains all the information the doctor is required to supply. It is not necessary for this office to fill out the insurance company claim form.

NAME _____

PROFESSIONAL SERVICES

	FEES:	COPT
1. Diagnostic service		
A. General Optometric Evaluation		
I. eye health exam and Intra-ocular pressure	_____	98210
II. refraction and binocular evaluation	_____	
III. visual field examination	_____	
B. Vision Training (Orthoptics) Evaluation		
_____ Amblyopia Diagnostic Examination	_____	98313
_____ Binocular Vision Diagnostic Examination—Strabismus	_____	98314
_____ Binocular Vision Diagnostic Examination—Non-Strabismus	_____	98315
_____ Ocular-Motor Diagnostic Examination	_____	98316
_____ Vision Development Diagnostic Examination	_____	98317
_____ Vision Perception Diagnostic Examination	_____	98318
_____ Progress Examination	_____	98304
2. Vision Therapy (Orthoptics)		
_____ Amblyopia Therapy	_____	COPT 98681
_____ Binocular Vision Therapy — Strabismus	_____	98682
_____ Binocular Vision Therapy — Non-Strabismus	_____	98683
_____ Vision Development Therapy	_____	98684
_____ Ocular-Motor Therapy	_____	98685
_____ Vision Perception Therapy	_____	98686
3. Contact Lenses		
_____ Consultation	_____	98505
_____ Diagnostic Evaluation	_____	98500
_____ Office Visit	_____	98510
_____ O.V. Extended	_____	98515

DIAGNOSIS

_____ Accommodation, Deficiency of	367.55
_____ Accommodation, Spasm of	367.53
_____ Amblyopia, Ex Anopsia	368.00
_____ Amblyopia, Refractive	368.03
_____ Amblyopia, Strabismic	368.01
_____ Anisometropia	367.31
_____ Aphakia	379.31
_____ Astigmatism	367.20
_____ Binocular Fusion Instability	368.30
_____ Convergence Excess	378.84
_____ Diplopia	368.20
_____ Divergence Excess	378.85
_____ Hyperopia	367.00
_____ Myopia	367.10
_____ Nystagmus	379.50
_____ Oculomotor Dysfunction	378.90
_____ Presbyopia	367.40
_____ Strabismus, Convergent	378.00
_____ Strabismus, Divergent	378.10
_____ Strabismus, Intermittent	378.20
_____ Strabismus, Paralytic	378.50
_____ Strabismus, Vertical	378.31
_____ Suppression	368.31
_____ Visual Motor Dysfunction	315.90

GOIT
ICDAM

Other:

Ophthalmic dispensing, services and materials:

TOTAL FEES _____
AMOUNT PAID _____
BALANCE _____

Dates of Treatment

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

(SAMPLE)

Date of Service _____

Patient _____

Male
 Female

Place of Service

Office

My fee has has not been paid

I do I do not accept assignment

Doctor's signature:

Date: _____

NOTICE TO INSURANCE CARRIERS: This form has been adopted to keep paperwork costs down. If your own form or itemized bill is required, they will be completed upon the receipt of \$25.00 to cover costs.

Dr.(s) Name: _____ Lic. # _____

Optometrists

Address:

Phone #

S.S. #

I.D. #

Figure 5

SAMPLE: CLAIM FORM

INSURANCE COPY—attach this statement to your insurance claim form. Complete the personal information requested on the form. This statement contains all the information the doctor is required to supply. It is not necessary for this office to fill out the insurance company claim form.

Patients Name _____
 Address _____

PROFESSIONAL SERVICES

1. DIAGNOSTIC SERVICES

A. General Optometric Evaluation

I. eye health exam and
intra-ocular pressure

II. refraction and
binocular evaluation

B. Vision Training (Orthoptics) Evaluation

- _____ Amblyopia Diagnostic Examination
- _____ Binocular Vision Diagnostic Examination—Strabismus
- _____ Binocular Vision Diagnostic Examination-Non-Strabismus
- _____ Ocular-Motor Diagnostic Examination
- _____ Vision Development Diagnostic Examination
- _____ Vision Perception Diagnostic Examination
- _____ Vision Therapy Progress Examination

2. VISION THERAPY (Orthoptics)

- _____ Amblyopia Therapy
- _____ Binocular Vision Therapy — Strabismus
- _____ Binocular Vision Therapy — Non-Strabismus
- _____ Vision Development Therapy
- _____ Ocular-Motor Therapy
- _____ Vision Perception Therapy

DIAGNOSIS

- _____ Accommodation, Deficiency of
- _____ Accommodation, Spasm of
- _____ Amblyopia, Ex Anopsia
- _____ Amblyopia, Refractive
- _____ Amblyopia, Strabismic
- _____ Astigmatism
- _____ Binocular Vision Dysfunction
- _____ Convergence Excess
- _____ Convergence Insufficiency
- _____ Diplopia
- _____ Divergence Excess
- _____ Esophoria
- _____ Exophoria
- _____ Fusional Instability
- _____ Hyperopia
- _____ Myopia
- _____ Oculomotor Dysfunction
- _____ Simultaneous Perception without Fusion
- _____ Strabismus, Convergent
- _____ Strabismus, Divergent
- _____ Strabismus, Intermittent
- _____ Strabismus, Paralytic
- _____ Strabismus, Vertical
- _____ Suppression
- _____ Transient Refractive Change
- _____ Visual-Motor Dysfunction

COIT

- ICD-9-CM #
- 367.55
- 367.53
- 368.00
- 368.03
- 368.01
- 367.20
- 368.30
- 378.84
- 378.83
- 368.20
- 378.85
- 378.41
- 378.42
- 368.30
- 367.00
- 367.10
- 379.58
- 368.32
- 378.00
- 378.10
- 378.20
- 378.50
- 378.31
- 368.31
- 367.81
- 315.90

TOTAL FEES _____
 AMOUNT PAID _____
 BALANCE _____

Date of Service _____

Place of Service _____

My fee has has not been paid

I do not accept assignment _____

Doctor's Signature _____

Date: _____

NOTICE TO INSURANCE CARRIERS: This form has been adopted to keep paperwork costs down. If your own form or itemized bill is required, they will be completed upon the receipt of \$25.00 to cover costs.

Dr.(s) Name: _____

Address: _____ Phone # _____

S.S. # _____ I.D. # _____

DATES OF VISION THERAPY: _____

- 20 -

(SAMPLE)

MONTH	DAY								1	1	1	1	1	1	1	1	1	1	1	2	2	2	2	2	2	2	2	2	3	3						
	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1					

Figure 6

SUPPLEMENTAL CLAIM FORM FOR ORTHOPTICS AND VISION THERAPY*

PATIENT: _____

DEPENDENT OF: _____

GROUP: _____

DIAGNOSIS

<i>Diagnosis</i>	ICD-9-CM	<i>Diagnosis</i>	ICD-9-CM
___ Accommodative Infacility	367.53	___ Convergence Insufficiency	378.83
___ Amblyopia Ex Anopsia	368.00	___ Convergence Excess	378.84
___ Oculomotor Dysfunction	379.58	___ Divergence Excess	378.85
___ Binocular Dysfunction	368.30	___ Divergence Insufficiency	378.84
___ Suppression	368.31	___ Esophoria	378.41
___ Strabismus — Convergent	378.00	___ Exophoria	378.42
___ Strabismus — Divergent	378.10	___	

Date(s)	Service	California Opt. California Med.		Amount
		Assn. Rvs.	Assn. Rvs.	
	Vision analysis for diagnosis	98805	92001	\$
	Supplemental functional testing totalling three hours	98800	92060	\$
	Diagnosis evaluation, consultation	98810	92015	\$
	Orthoptics and Vision Therapy — Length of Treatments:	98840 98850	92065 X _____	\$
* EACH VISIT IS 1 1/2 HOURS AT _____ PER HOUR		TOTAL		\$

DATES OF TREATMENT

MONTH	DAY																															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

Dr.(s) Name: _____ State License # _____ IRS # _____

DATE _____ SIGNATURE OF ATTENDING OPTOMETRIST _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ PHONE NUMBER _____

(* This form used in California only. The service codes are based on a relative value fee schedule (RVS) which is used in that state.)

Figure 7

Dr.(s) Name _____ Lic.#: _____
 Address _____ Phone # _____
 I.D.# _____
 S.S.# _____

Date: _____
 Patient's Name: _____
 Address: _____

EXAMINATION PROCEDURES	Fee
___ General Optometric Examination	_____
___ Amblyopia Diagnostic Examination	_____
___ Binocular Vision Examination, Strabismus	_____
___ Binocular Vision Examination, Non-Strabismus	_____
___ Oculo-Motor Diagnostic Examination	_____
___ Vision Development Diagnostic Examination	_____
___ Aphakia Comprehensive Diagnostic Examination (less Refraction _____)	_____
___ 4 Office Visit	_____
___ Other _____	_____

DIAGNOSIS	COIT ICD-9-ON
___ Accommodative Insufficiency	367.5 (0)
___ Amblyopia, Ex Anopsia	368.00
___ Amblyopia, Strabismic	368.01
___ Anisometropia	367.31
___ Binocular Vision Disturbances	368.30
___ Convergence Excess	378.84
___ Convergence Insufficiency	378.83
___ Divergence Excess	378.85
___ Strabismus	378.00
___ Aphakia	379.31
___ Presbyopia	367.4
___ Other _____	_____

TREATMENT PROCEDURES	
___ Contact Lenses	_____
___ Amblyopia Therapy	_____
___ Binocular Vision Therapy, Strabismus	_____
___ Binocular Vision Therapy, Non-Strabismus	_____
___ Vision Development Therapy	_____
___ Oculo-Motor Therapy	_____
___ Therapy Programming Fee	_____
___ Therapy Lens Treatment Service	_____
___ Eye Patch/Red-Green Filters/ Anaglyph Sets	_____
___ Other _____	_____

Payment Policies — Insurance Information

Payment must be made at time of services.
 Your eventual reimbursement will be determined
 by your Insurance company. (Where this presents
 a hardship, we will work out a monthly payment
 plan.)

Return: ___ Days ___ Weeks ___ Months

Next Appointment: _____

OPHTHALMIC DISPENSING, SERVICES, MATERIALS	
___ Prescription Services — Corrective Glasses for Refractive Errors	_____
___ Other _____	_____

Signature: _____ O.D.

Total Fees _____

Date of Examination _____

Number of Sessions _____ @ \$ _____ per
 session

DATES OF VISION THERAPY:	MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

Figure 8

INSURANCE COMPANY
ADDRESS
CITY, STATE
ATTENTION: CLAIM MANAGER

RE: PATIENT'S NAME
CASE #
INSURED'S NAME

We are responding to your letter dated _____, in which you denied insurance coverage for the above referenced patient because "the treatment was not done by an M.D."

May we call your attention to the California State Insurance Code, Section 10176, which reads, in part, as follows:

"No such policy shall prohibit the insured from selecting any holder of a certificate under Section 1634, 2135, 2553, or 3055, of the Business and Professions Code to perform the particular medical, surgical or optometric services covered under the terms of the policy, such certificate holder or licensee being expressly authorized by law to perform such services."

The patient's diagnosis is _____ and under State Law, both optometrists and ophthalmologists are licensed to provide treatment for this. Any discrimination as to who provided or ordered treatment, whether it be an M.D. or an optometrist would be in direct violation of Section 10176 of the California State Insurance Code.

We trust that this information will alter your decision in this matter. May we hear from you regarding this by return mail?

Sincerely,

Figure 9

INSURANCE COMPANY
ADDRESS
CITY, STATE
ATTENTION: CLAIM MANAGER

RE: PATIENT'S NAME
CASE #:
INSURED'S NAME:

Date

We are responding to your letter dated _____, in which you denied insurance coverage to the above-referenced patient because "Vision care is not a covered benefit." I have carefully read the patient's explanation of benefits booklet and found that only refractive examination and corrective lenses were excluded. We are not asking for coverage of this.

We are asking for coverage for Orthoptics and Vision Therapy. Services rendered by a prime entry professional in the area of Orthoptics and Vision Therapy are covered unless specifically deleted in writing in the policy.

The Orthoptics and Vision Therapy prescribed for _____ were specifically designed to normalize deficiencies which are medical in nature and are listed on the claim form with the appropriate ICD-9-CM diagnosis codes. In the State of California both optometrists and ophthalmologists are legally qualified to provide treatment to remediate these deficiencies.

The laws governing the definition of Optometry as a prime entry profession and the delineation of the patient's freedom of choice of professionals to render services are covered in sections of 10176 of the Insurance Code of the State of California and 3055 of the Business and Professions Code.

We trust this information will alter your decision. We appreciate your cooperation in this matter and look forward to your prompt reply.

Sincerely,

Figure 10

DATE

INSURANCE COMPANY NAME
ADDRESS
CITY,STATE

ATTENTION: CLAIM MANAGER

RE: PATIENT NAME
CASE #
INSURED NAME

We are responding to your letter dated _____, in which you state your liability for claims submitted on behalf of the above-referenced patient is zero, "as the (COMPANY NAME) medical expense is for 'one who is duly licensed by an appropriate governmental authority as a Doctor of Medicine (M.D.) or a Doctor of Osteopathy (D.O.).'"

This provision of the policy is in direct violation of the insurance law of the state of Illinois. A "freedom of choice of practitioner" clause including optometry has been written into the insurance code. A copy of the relevant portion of the state insurance law is enclosed. In Illinois, optometrists (O.D.'s) and ophthalmologists (M.D.'s) are licensed to — and do — provide the services of Orthoptics and Vision Therapy to remediate dysfunctions such as (PATIENT NAME). Optometry is a prime entry profession, and to deny payment based on "optometric provider" when those same services, if rendered by an M.D., would be reimbursable is illegal discrimination.

We would appreciate prompt payment of our claim, dated (copy enclosed).

Sincerely,

(SAMPLE)

Figure 11

DATE

(APPEAL LETTER)

INSURANCE COMPANY NAME
ADDRESS
CITY,STATE

ATTENTION: CLAIM MANAGER

RE: PATIENT NAME
CASE #
NAME OF INSURED

RESPONSE TO CORRESPONDENCE OF 4/2/83.

(INSURED NAME) has informed me that he/she recently received notification from you that you are still waiting for a statement from (PATIENT NAME) referring physician (M.D.) regarding the vision therapy treatment at my office. In my letter to you DATED. I pointed out that Section 627.419 of Part II of Chapter 627 of the Florida State Insurance Code very clearly provides that when services rendered are within the scope of an optometrist's professional license, then payment must be made to an optometrist just as they would be to another professional also licensed to perform those services.

In the state of Florida, optometrists (O.D.'s) and ophthalmologists (M.D.'s) are licensed to provide Orthoptics and Vision Therapy. Optometry is a prime entry profession, and under Florida Law patients are assured freedom in selecting a practitioner of their choice to perform services, and are entitled to equal reimbursement from insurance carriers, regardless of which practitioner provided those services.

In Florida a physician (M.D.) referral, recommendation, or supervision is not required when an optometrist provides Orthoptics and Vision Therapy. I do not need a "note from the doctor."

I would appreciate your immediate attention and payment of this claim.

Sincerely,

(SAMPLE)

Figure 12

DATE

INSURANCE COMPANY NAME
ADDRESS
CITY,STATE

ATTENTION: CLAIM MANAGER

RE: PATIENT NAME
CASE #
NAME OF INSURED

RESPONSE TO CORRESPONDENCE DATED.

The diagnosed condition in no way constitutes treatment for a refractive error. Moreover, your correspondence *DATED*, indicated your rejection related to the fact that this condition does not constitute treatment of an illness, disease, or accidental bodily injury.

As I understand, Stedman's Medical Dictionary defines "disease" as, "an interruption or perversion of function of any of the organs" Webster's New College Dictionary states that a "disease" is, "a condition of the living animal or plant body or of one of its parts that impairs the performance of a vital function". Random House Dictionary defines "disease" as "any malfunction of an organ or system of the body caused by environment or heredity".

Under any of these definitions, the diagnosis of Binocular Dysfunction (ICDA 373.70) and Accommodative Infacility (ICDA 370.70) constitutes a "disease" Unlike other parts of the human body, the eyes are not intended to operate independently of each other. In order to be considered "healthy", the eyes must operate in tandem and with proper coordination. My diagnosis is that the eyes of *(PATIENTS NAME)* are individually in good health internally and externally, but are unhealthy in the way they coordinate with each other, as indicated by the diagnosis.

Sincerely,

Figure 13

MANUAL TITLE	VISION	CHAPTER III	PAGE 23
CHAPTER SUBJECT	GENERAL GUIDELINES AND REQUIREMENTS		DATE Rev. 4-15-92

**ARTIFICIAL EYE/
 OCULAR SHELL:**
 (Cont'd)

the care and use of the artificial eye/ocular shell, instructions and training on insertion and removal, subsequent office visits to achieve maximum wearing time, and optimal cosmetic fit, including any modifications of the artificial eye/ocular shell during the adaptation period of six months.

The provider must indicate on all prior authorization requests and claims the following:

- If it is the recipient's first artificial eye/ocular shell, the diagnosis, which eye the prosthesis is for, the type of prosthesis, and if applicable, the date of enucleation or evisceration.
- If it is not the recipient's first artificial eye or ocular shell, the provider must:
 - . indicate on the prior authorization request the four items above, plus
 - . attach written documentation from the recipient ophthalmologist or optometrist, which specifies the MEDICAL INDICATION for the replacement.

**STRABISMUS OR
 AMBLYOPIA
 EVALUATION:**

Evaluations for recipients having manifest strabismus are a Medicaid benefit, once every six months, regardless of age, when provided by an optometrist or an ophthalmologist. For recipients age 8 and under, the provider should refer to Chapter V regarding Children's Special Health Care Services coverage.

Prior authorization is not required for evaluations for recipients age 16 and under, if the diagnosis is esotropia, exotropia, heterotropia, or strabismus (ICD-9-CM code ranges 378.00 through 378.35, or 378.50 through 378.73). In these situations, the appropriate diagnosis code must be entered in the Prescription Number field of the claim. Only diagnosis codes are to be entered.

For recipients age 16 and under with a diagnosis other than above, and for all recipients age 17 or older, prior authorization is required.

MANUAL TITLE	VISION	CHAPTER III	PAGE 24
CHAPTER SUBJECT	GENERAL GUIDELINES AND REQUIREMENTS	DATE Rev. 4-15-92	

**STRABISMUS OR
 AMBLYOPIA
 EVALUATION:
 (Cont'd)**

When requesting prior authorization, the provider must indicate the **specific diagnosis** and the recipient's best corrected visual acuity of each eye.

If the request is approved, the provider may perform the evaluation. Following the evaluation, the provider may submit a **new request** for treatment and/or any necessary aids.

Ophthalmologists should refer to the **Practitioner Manual** for policies and procedures concerning strabismus or amblyopia evaluations.

A strabismus or amblyopia evaluation includes, but is not limited to, case history, visual acuities, determination of objective angle of squint (direction, magnitude, and frequency) determination of subjective angle of squint, diplopia fields (affected muscles), assessment of foveal fixation and macular integrity, assessment of retinal correspondence, assessment of sensory fusion (suppression, stereopsis), accommodative status, vergences (convergence excess/insufficiency, divergence excess/insufficiency), assessment of cosmesis, diagnosis, treatment programming, and prognosis.

**ORTHOPTIC
 TREATMENT
 AND AID:**

Orthoptic treatment and aids are Medicaid benefits for recipients having manifest strabismus, **regardless of age**, when provided by an optometrist or an ophthalmologist. For recipients **age 8 and under**, the provider should refer to Chapter V regarding Children's Special Health Care Services Program coverage.

For the purpose of the Medicaid Program, orthoptics is defined as the teaching and training process for the elimination of strabismus and/or amblyopia. Treatment for **all eye muscle problems** related to orthoptics, **except eye muscle surgery** for recipients under age 21, requires prior authorization.

Before submitting a request to obtain approval for the treatment or aid, the provider must first obtain approval for the strabismus or amblyopia evaluation, as previously described.

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CHAPTER SUBJECT	GENERAL GUIDELINES AND REQUIREMENTS	DATE Rev. 4-15-92	

**ORTHOPTIC
TREATMENT
AND AID:**
(Cont'd)

Special Authorization Instructions: The following documentation must accompany the authorization request:

- . description of recipient's visual status
 - .. magnitude and direction of the subjective and objective angle of strabismus at distance and near fixation,
 - .. laterality of strabismus,
 - .. frequency of strabismus,
 - .. refractive error of each eye,
 - .. visual acuity, each eye, aided,
 - .. correspondency,
 - .. degree of fusion,
 - .. history of strabismus, including duration, any prior treatment (dates and nature), and any surgery (dates and nature),
 - .. other relevant information,
- . a detailed treatment plan to include identification of the procedures and equipment to be employed, frequency of office visits, home training, aids, and prognosis.

Orthoptic treatment may be authorized for a period of 3 calendar months. If approved, the services must be series billed by calendar month.

Refer to the Special Billing Overview at the beginning, Chapter IV for instructions on "series billing."

If continued treatment is necessary beyond the period that was authorized, a new request for prior authorization must be submitted.

Special Approval Instructions: The following documentation must accompany the request:

- . the documentation requirements as listed under the Special Authorization Instructions for Orthoptic Treatment,
- . a report of the results of the previous treatment(s),



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**ORTHOPTIC
TREATMENT
AND AID:**
(Cont'd)

- . the progress of the case, and
- . the indication for further treatment.

Orthoptic Aid

Purchase or rental of orthoptic treatment aids must be billed only by an optometrist or dispensing ophthalmologist. An ophthalmologist must be enrolled as a Provider Type 86 in order to bill orthoptic treatment aids.

Special Approval Instructions: The following documentation must be indicated on or accompany the authorization request:

- . the documentation requirements as listed under the Special Authorization Instructions for Orthoptic Treatment,
- . complete description of the aid,
- . name of manufacturer,
- . manufacturer's charge to the provider, and
- . life expectancy of aid, if rental.

The Program's reimbursement to the provider for an orthoptic aid is based on the manufacturer's charge to the provider for the aid plus a professional fee (which includes the procurement, design, verification, fitting, inspection, and dispensing of the aid).

The rental of an orthoptic treatment aid may be authorized for a period not to exceed a 3-calendar month period. If authorized, the services must be "series billed" by calendar month.

Refer to the Special Billing Overview at the beginning of Chapter IV for instructions.

If continued treatment is necessary beyond the period that was authorized, a new request for prior authorization must be submitted.

Special Approval Instructions: The following documentation must be indicated on or accompany the request:

- . the documentation requirements as listed

Figure 14 (cont.)



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**ORTHOPTIC
TREATMENT
AND AID:**

Orthoptic Aid
(Cont'd)

under the Special Authorization Instructions for Orthoptic Treatment,

- . a report of the results of the previous treatment(s),
- . the progress of the case, and
- . the indication for further treatment.

for Medicaid orthoptic treatment. Figure 15 is a copy of the original letter sent for approval which was denied and Figure 16 is a copy of another patient which was submitted for orthoptic treatment prior approval which was also denied. Figure 17 is a copy of a letter which would have been resubmitted but the patient's family chose to have strabismus surgery instead.

Because of the difficulty and bad experience I had with this request I have developed several forms which I hope will make requests for orthoptic treatment to Medicaid easier and with positive results.

For Medicaid insurance, prior approval for a strabismus or amblyopia evaluation is not required if the diagnosis is esotropia, exotropia, heterotropia or strabismus (ICD-9-CM code ranges 378.00 through 378.35 or 378.50 through 378.73). With these diagnoses, it is necessary to just enter the code in the Prescription Number field of the claim. Only diagnosis codes may be entered.

Figure 15

November 12, 1992

TO WHOM IT MAY CONCERN:

Subject: Prior Authorization for Strabismus Evaluation for Heather King

We are writing to you in regards to Heather King for approval of a strabismus evaluation. On October 14, 1992, 10 year old Heather King was referred to the Ferris State College of Optometry Visual Training Clinic by an Optometrist of NuVision in Cadillac for possible orthoptics.

Heather's parents chief complaint was that her left eye turned out constantly. It was noted that the eye turn started about two years earlier. They also relayed that occasionally Heather would turn her head to the left while reading or watching television. Heather also complained of headaches after school and/or prolonged reading. Heather was full term, average weight baby at birth and there were no complications during delivery.

Visual acuities were correctable to 20/15⁻² OD and 20/20 OS. Cover test revealed a 20 to 25 alternating constant exotropia with 4 right hypophoria at distance and a 29 constant left exotropia with 4 right hypophoria at near. Subjective angles were the same as objective but variable. Hess Lancaster revealed the strabismus was due to a possible paresis of the left medial rectus. No eccentric fixation or anomalous retinal correspondence was found and the strabismus was comitant. Heather presented with alternating suppression on the Worth 4 Dot and 80 seconds of stereopsis on the Stereofly. Heather's amplitude of accommodation by push-up method was 4D and reduced accommodative facility with +/-1.50D flippers. Bar vergences were restricted and variable.

Heather was refracted as a simple myope of -0.75D OU. Her strabismus is characterized basic exotropia with a accommodative dysfunction. The constant left exotropia at near has a probable cause of being a paresis ← of the left medial rectus causing a cosmetically obvious eye turn to an observer. The diagnosis code for exotropia is 378.42 and for strabismus is 378.30.

We feel Heather is a candidate for visual therapy. This could help alleviate her symptoms and provide proper alignment of her eyes. The planned visual therapy is currently projected to require 3 to 4 months of therapy with a good prognosis.

We hope you will take our request under consideration and we will be looking forward to your reply.

Sincerely,

Julia Holmes
Student Clinician

Mark Kosciuszko, O.D.
Associate Professor

Figure 16

September 17, 1992

TO WHOM IT MAY CONCERN:

Subject: Prior Authorization for Vision Therapy Treatment for Jeffrey Harvell

We are writing to you concerning Jeffrey Harvell, a six year old, who recently moved from the Flint area to Big Rapids, Michigan. His mother first brought him to the Ferris State College of Optometry, Vision Therapy Clinic on October 22, 1992. He had started to receive care under Dr. John A. Waters, M.D., in Flint on February 27, 1992, but since his family moved, his mother had to seek care elsewhere.

Jeffrey's mother expressed her concern about his left eye still turning in constantly. His eye turn was noticed at about age two by his parents. It was also noted that Jeffrey was a full-term infant of average weight at birth and there were no complications during delivery.

We examined Jeffrey briefly at his first visit and found his unaided visual acuities to be 20/15 -3 O.D. and 20/80 -2 O.S. An estimation of the strabismic angle was performed using the Hirschberg test and revealed that he has a left constant esotropia of 45 p.d. with 15 p.d. left hypertropia which has secondarily caused the amblyopia. A Hess-Lancaster test showed Jeffrey to have possible anomalous retinal correspondence (ARC) associated with his strabismus. The Worth-4 Dot showed that he was suppressing his left eye at distance and at near.

Upon receiving a copy of Dr. Waters' report, we learned that Jeffrey's previously recommended full-time patching of his good eye has increased the acuity level from finger counting at five feet to his entering 20/80 -2 as stated above.

We feel that Jeffrey is a good candidate for amblyopia therapy and that continued treatment would be beneficial in his case, before referral for possible surgical intervention for the larger angle esotropia. The planned amblyopia therapy is projected to require 3-4 months. The diagnosis code for strabismic amblyopia is 368.01.

We hope you will consider approval for this treatment program and look forward to hearing from you soon.

Sincerely,



Mark E. Kosciuszko, O.D.
Chief of Pediatrics

February 9, 1993

TO WHOM IT MAY CONCERN:

Subject: Prior Authorization for Orthoptic Treatment for Heather King

We are writing to you in regards to Heather KING for approval of orthoptic treatment. On October 14, 1992, 10 year old Heather King was referred to the Ferris State College of Optometry Visual Training Clinic by an optometrist of NuVision in Cadillac for possible orthoptics.

Heather's parents chief complaint was that her left eye turned out constantly. It was noted that the eye turn started about two years earlier. They also relayed that occasionally Heather would turn her head to the left while reading or watching television. Heather also complained of headaches after school and/or prolonged reading. Heather was a full term, average weight baby at birth and there were no complications during delivery. She had received no prior orthoptics or eye muscle surgery.

Heather was refracted as a simple myope of $-0.75D$ OU with visual acuities correctable to $20/15^{-2}$ OD and $20/20$ OS. Cover test revealed a 20 to 25 alternating constant exotropia with 4 right hypophoria at distance and a 29 constant left exotropia with 4 right hypophoria at near. Subjective angles were the same as objective but variable using the Major Amblyoscope. Hess Lancaster revealed the strabismus was due to a possible paresis of the left medial rectus. By using the grid pattern of the direct ophthalmoscope, no eccentric fixation or anomalous retinal correspondence was found. The strabismus was found to be comitant using the Red lens test. Heather presented with alternating suppression on the Worth 4 Dot and 80 seconds of stereopsis on the Sterofly. Heather's amplitude of accommodation by push-up method was 4D and reduced accommodative facility with $\pm 1.50D$ flippers. Bar vergences revealed Heather was characterized as a basic exotrope.

Heather's diagnosis was simple myopia, accommodative dysfunction and her strabismus was characterized as basic exotropia. The constant left exotropia at near has a probable cause of being a paresis of the left medial rectus causing a cosmetically obvious eye turn to an observer. The diagnosis code for exotropia is 378.42 and for strabismus is 378.30.

Our planned in office orthoptics treatment for Heather would begin with monocular exercises such as accommodative facility using Hart Chart procedures and lens flippers to improve visual acuities and accommodative facility. Next we plan to work on binocular techniques such as Brock Posture Board Mazes and Cheiroscope tracings to reduce suppression. Upon success of this training, binocular techniques such as Vectograms, Bioptograms, the tertiary targets of the Major Amblyoscope and Aperture Rule Trainer could be used to expand and strength her fusion ranges. Office visits would be scheduled for once a week for one hour duration

and 20 minutes of daily home visual training would be prescribed corresponding to the level of her accommodation and fusion abilities. Home visual training would include the following in the order listed with good performance required to advance to the next groups listed:

- Monocular Tracing/Circling Procedures
- Monocular lens flippers while reading
- Monocular Hart Chart Procedures

Red/Green TV filters

- Box-X-0 Walk-Aways
- Brock string activities
- Aperture Rule Trainer

All orthoptics would be conducted while she is wearing her full correction. The planned orthoptics is currently projected to require 3 to 4 months with a prognosis of complete reduction of her strabismus & normal accommodation .

We hope you will take our request under consideration and we will be looking forward to your reply.

Sincerely

Julia Holmes
Student Clinician

Mark Kosciuszko, O.D.
Associate Professor

For diagnosis codes other than above for ages 16 and under and for all recipients age 17 or older, prior authorization is required. When requesting prior authorization, the provider must provide a specific diagnosis and the patients best corrected visual acuity of each eye (see Figure 19). Once approval for an evaluation has been granted, the evaluation can be performed and if treatment is necessary a new request must be submitted for treatment and/or any necessary aids. A strabismus or amblyopia evaluation should include all tests and patient history recommended on page 24, chapter III of the Medical Services Administration (MSA) handbook (Figure 14).

Once the evaluation has been approved, testing has been performed and it has been determined that the patient is in need of orthoptic treatment, it is necessary to obtain prior approval from the Medicaid program. The necessary documentation needed for an authorization request is on page 25, chapter III of MSA, under Special Authorization Instructions. Figure 20 is a sample form with the requirements needed for the authorization request. It is necessary on this form to only note the diagnostic codes for which visual therapy is necessary for treatment. Orthoptic treatment may be authorized for a period of 3 months. If approved, the services must be series billed by calendar month. If continued orthoptic treatment is necessary beyond what was authorized, a new request for prior authorization must be submitted which is also found on page 25, chapter III of MSA under Special Approval Instructions and Figure 21 is a sample form.

Orthoptic equipment purchased or rented can be billed to Medicaid by an optometrist or dispensing ophthalmologist. The instruction for authorization request can be found on page 26, chapter III of MSA under Special Approval Instructions and Figure 22 is a sample form. The Medicaid Program's reimbursement to the provider for orthoptic aids is based on the manufacturers charge plus professional fees of the provider. The professional fees include procurement, design, verification, fitting, inspection and dispensing of the aid. If an orthoptic aid is rented the program only authorized for a period of 3 months which must be series billed by each calendar month. If the treatment with the orthoptic aid exceeds the time authorized a new request for prior authorization must be submitted.

All of the above sample forms are just recommendations. They have not yet been tested for their success for getting Medicaid reimbursement. The forms are developed right from the literature generated by Medicaid Insurance. The frequent changes in Medicaid and especially Medicare can cause an endless trail of paper work which does not guarantee a professional will ever be paid for their services. I have learned from my research that diligence, research and patience is required when filling out insurance claims. I can sympathized with the practitioners who refuse to accept certain insurance programs because of the added clerical work involved.

Ferris State University

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REQUEST FOR PRIOR AUTHORIZATION OF STRABISMUS OR AMBLYOPIA EVALUATION:

Date of request:

Patient Name:

Date of Birth:

Specific Diagnosis _____ ICD-9-CM code _____

Best Corrected Visual Acuity:

OD: 20/____ Correction: _____

OS: 20/____ Correction: _____

We hope you will take our request under consideration and we will be looking forward to your reply.

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REQUEST FOR PRIOR AUTHORIZATION OF STRABISMUS OR AMBLYOPIA TREATMENT

Date of Request:

Patient Name:

Date of Birth:

Date of Strabismus/Amblyopia Evaluation:

Specific Diagnosis _____ ICD-9-CM code _____

Angle of Strabismus: _____ Distance Near
 (magnitude and direction) Objective: _____
 Method: _____
 Subjective: _____
 Method: _____

Laterality of Strabismus:

Frequency of Strabismus:

Refractive Error: _____ Aided Visual Acuities
Distance Near
 OD: _____
 OS: _____

Correspondency:
Method:

Degree of Fusion:
Method:

History of Strabismus (include duration, any prior treatment (dates and nature), and any surgery (dates and nature)):

Other relevant information:

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Request for prior authorization of strabismus or amblyopia treatment

Plan of Orthoptic Treatment (list procedures and equipment to be employed, frequency of office visits, home training and aids used):

Prognosis:

We hope you will take our request under consideration and we will be looking forward to your reply.

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REQUEST FOR PRIOR AUTHORIZATION OF CONTINUED TREATMENT OF STABISMUS OR AMBLYOPIA TREATMENT

Date of Request:

Patient Name:

Date of Birth:

Date of Strabismus/Amblyopia Evaluation:

Specific Diagnosis _____ ICD-9-CM code _____

*See information from Request for Prior Authorization of Strabismus or Amblyopia Treatment (enclose a copy)

Orthoptic Treatment to this date and results:

Progress of Patient:

Indication for Further Treatment and Prognosis (include plan of treatment):

We hope you will take our request under consideration and we will be looking forward to your reply.

Medicaid

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REQUEST FOR PRIOR AUTHORIZATION FOR BILLING OF ORTHOPTIC AIDS

(Must be included with Request for prior Authorization of Strabismus or Amblyopia Treatment.)

Date of Request:

Patient Name:

Date of Birth:

Date of Strabismus/Amblyopia Evaluation:

Specific Diagnosis _____ ICD-9-CM code _____

*See information from Request for Prior Authorization of Strabismus or Amblyopia Treatment

List of Orthoptic Aids requesting reimbursement:

1. Name:
 Manufacturer: _____ Manufacturer's charge:
 Description of Aid (include life expectancy of aid, if rental):

2. Name:
 Manufacturer: _____ Manufacturer's charge:
 Description of Aid (include life expectancy of aid, if rental):

3. Name:
 Manufacturer: _____ Manufacturer's charge:
 Description of Aid (include life expectancy of aid, if rental):

We hope you will take our request under consideration and we will be looking forward to your reply.

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