

SCREENING VISUAL ACUITY WITH E/M SERVICES

Policy # 31

Implementation Date: 1/1/02

Revision Dates: 8/24/06, 3/24/09, 9/11/14

Disclaimer:

1. Policies are subject to change without notice.
2. Policies outline coverage determinations for SelectHealth Commercial, SelectHealth Advantage (Medicare), and SelectHealth Community Care (Medicaid) plans. Refer to the "Policy" section for more information.

Description

Visual acuity tests are used to evaluate eyesight. These tests measure the ability to see details at near and far distances. The test usually involves reading letters of different sizes on an eye chart (e.g., Snellen chart).

Screening visual acuity tests may be performed by primary care providers and are typically done as part of a routine eye exam and/or preventive examination. It is done in age-appropriate individuals to screen for vision problems or by eye specialists as the focal reason for the patient's visit.

Commercial Plan Policy

SelectHealth **will not separately reimburse** a screening test for visual acuity (99173) when done at the same time of a Medical Evaluation and Management service, a Preventive Medical service or routine eye examination.

A screening visual acuity test is done as part of an age appropriate preventative medicine examination and therefore is included in the payment for the evaluation. When visual acuity is measured as part of a general ophthalmological service it is considered a component of the more extensive service. When done with a medical E/M service it is a diagnostic test rather than a screening and it is not appropriate to report with code 99173.

SelectHealth Advantage (Medicare/CMS)

SelectHealth Advantage considers CPT 99173 a Non-covered service

SelectHealth Community Care (Medicaid)

SelectHealth Community Care considers CPT 99173 a Non-covered service

Applicable Codes

CPT Codes	Descriptions
99173	Screening test of visual acuity, quantitative, bilateral

Sources

1. Current Procedural Terminology (CPT®), (2014) – American Medical Association
2. *Test Overview – Vision Tests*, A-Z Health Guide from WebMD; Medical Tests, July 27, 2006. Retrieved September 8, 2014 from <http://www.webmd.com/hw/vision/hw235693.asp>

3. CMS. (2013, November 1). Physician Fee Schedule. Retrieved September 10, 2014, from <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files-Items/RVU14A.html>
4. *Preventive Medicine Services*, CPT® Assistant, May 2002, Volume 12 Issue 5, – DecisionCoder
5. Ophthalmology Coding (66982, 67220, 67221, 68850, and 99172) CPT® Assistant, February 2001, p.7
6. Utah Department of Health. (n.d.). Coverage and Reimbursement Fee Schedule Download. Retrieved September 11, 2014, from <http://health.utah.gov/medicaid/stplan/lookup/FeeScheduleDownload.php>
7. ICD-9-CM Coding Guidelines. (2013, January 1). Retrieved July 8, 2014, from https://www.encoderpro.com/epr/physicianDoc/pdf/i9v1/i9_guidelines.pdf

Disclaimer

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute medical advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult with appropriate healthcare providers to obtain needed medical advice, care, and treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member's individual benefit plan that is in effect at the time services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

SelectHealth makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in this policy. SelectHealth updates its Coverage Policies regularly, and reserves the right to amend these policies without notice to healthcare providers or SelectHealth members. Claims will be reviewed based on current policy language at time of review.

Members may contact Customer Service at the phone number listed on their member ID Card to discuss their benefits more specifically. Providers with questions about this Coverage Policy may call SelectHealth Provider Relations at 801-442-3692.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from SelectHealth.

“Intermountain Healthcare” and its accompanying logo, the marks of “SelectHealth” and its accompanying marks are protected and registered trademarks of the provider of this Service and or Intermountain Health Care, Inc., IHC Health Services, Inc., and SelectHealth, Inc.

Also, the content of this Service is proprietary and is protected by copyright. You may access the copyrighted content of this Service only for purposes set forth in these Conditions of Use.

© CPT Only – American Medical Association