

SCREENING VISUAL ACUITY WITH E/M SERVICES

Policy#31

Implementation Date: 1/1/02 Review Date: Revision Date: 8/24/06, 3/24/09, 9/11/14

Disclaimer:

- 1. Policies are subject to change without notice.
- 2. Policies outline coverage determinations for Select Health Commercial, Select Health Advantage (Medicare/CMS), and Select Health Community Care (Medicaid/CHIP) 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 AND CHIP (CHILDREN'S HEALTH INSURANCE PROGRAM)

Select Health **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.

SELECT HEALTH ADVANTAGE (MEDICARE/CMS)

Select Health Advantage considers CPT 99173 to be a non-covered service.

SELECT HEALTH COMMUNITY CARE (MEDICAID)

Select Health Community Care considers CPT 99173 to be 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-Ż Health Guide from WebMD; Medical Tests, July 27, 2006. Retrieved September 8, 2014 from http://www.webmd.com/hw/vision/hw235693.asp

- 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/epro/physicianDoc/pdf/i9v1/i9 guidelines.pdf

Disclaimer

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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.

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