

Welch Allyn SureSight™ Vision Screener

2013 REIMBURSEMENT INFORMATION



CPT® CODING RESOURCE FOR SURESIGHT VISION SCREENER AND MEDICARE PHYSICIAN FEE SCHEDULE

PRIVATE INSURANCE	Coverage	Use of the SureSight in the physician office may be covered by private payers when medically necessary.
	Coding	Coding options for use of the SureSight vary by payer and by plan. One procedure for use of the SureSight is as follows: 92015 Determination of refractive state
	Payment	Payment for use of the SureSight varies by payer, plan, and provider contract and may be separately payable in the physician office setting.

MEDICAID	Coverage	Use of the SureSight in the physician office may be covered by Medicaid programs when medically necessary.
	Coding	Coding for use of the SureSight vary by state and include: 92015 Determination of refractive state Local or other codes, determined individually at the state level
	Payment	Medicaid payment for use of the SureSight varies by state. Contact the local Medicaid office to determine payment.

MEDICARE	CPT® 92015 is generally not covered by Medicare. Providers should refer to their Medicare Contractor's Local Coverage Determinations for specific coverage and billing guidelines.
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Effective 1/1/2013.

For reference only. Information does not constitute a guarantee of coverage or payment.

The information contained in this document is provided for convenience only and represents no statement, promise, or guarantee by Welch Allyn concerning coverage or levels of reimbursement. Payment will vary by geographic locality. It is always the provider's responsibility to determine accurate coding, coverage and claim information for the services that were provided.

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OTHER CONSIDERATIONS

Some payers may have specific requirements for using certain codes, including prior authorization, restricted medical diagnoses, or specialty provider types. For example:

- CPT® code 92015 is categorized as a Special Ophthalmology Service. These services may be described as services in which a special evaluation of part of the visual system is made, which goes beyond the services included under general ophthalmological services, or in which special treatment may be given. In addition, special ophthalmological services may be reported with the general ophthalmological services or evaluation and management services, if applicable.

Prescription of lenses, may be included in CPT® 92015. This may include specification of lens type (monofocal, bifocal, other), lens power, axis, prism, absorptive factor, impact resistance, and other factors.

Interpretation and report by the physician is an integral part of special ophthalmological services where indicated. Technical procedures are often part of the service, but should not be mistaken to constitute the service itself.

- Include documentation in the patient's records to indicate medical necessity for a separate service.
- Confirm that proper ICD-9-CM diagnosis codes are reported to justify medical necessity of vision screening procedure(s).

Confirm the requirements and specific coding, coverage, medical necessity, and reimbursement guidelines of the payer you are billing before submitting claims by reviewing your managed care contracts, consulting the *Physicians' Current Procedural Terminology*, *The Federal Register*, or contacting provider services.

Please visit our website at welchallyn.com/support/customer/service-guarantee.htm for additional reimbursement support, a list of frequently asked questions and brochures.

For additional questions, please contact the Welch Allyn Customer Care Line at 1.800.535.6663 Monday through Friday, 9 AM to 5 PM EST.

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WelchAllyn®

Advancing Frontline Care™