



Welch Allyn Reimbursement Support Line

1.800.946.1212 Monday through Friday, 9 AM to 5 PM Eastern Time

Private Insurance

Coverage	Use of the SureSight in the physician office is usually covered by private payers when medically necessary.
Coding ¹	Coding options for use of the SureSight vary by payer and by plan. There are several coding options for use of the SureSight, including the following: 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 a physician office setting.

Medicaid

Coverage	Use of the SureSight in the physician office is usually covered by Medicaid programs when medically necessary.
Coding ¹	Coding options 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, but typically falls within the range of \$5 to \$20.

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” by CPT 2006. The CPT states that “the listing of a service or procedure and its code number in a specific section of this book does not restrict its use to a specific specialty group.” However, some payers may impose restrictions based on physician specialty.

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¹Current Procedural Terminology (CPT), Fourth Edition, 2007. American Medical Association, 2006. All rights reserved.

Other Considerations (continued)

- Include documentation in the patient's records to indicate medical necessity for a separate service, including:
 - Reason for patient encounter
 - Patient symptoms
 - Who performs the service
 - Time and effort spent in performing procedure
 - Results of the vision screening services provided
- Confirm that proper ICD-9-CM diagnosis codes are reported to justify medical necessity of vision screening procedure(s).
- When vision screening is billed with an E/M code, modifier -25 may be indicated to identify the E/M as a significant, separately identifiable service in medically appropriate cases.
- Some payers may have specific requirements for using certain codes, including prior authorization, restricted medical diagnoses, or specialty provider types.
- Confirm that proper ICD-9 CM diagnosis codes are reported to justify medical necessity of vision screening procedure(s).

Be sure to confirm the requirements and specific coverage guidelines of the payer you are billing before submitting claims by reviewing contracts, consulting the *Physicians' Current Procedural Terminology, Fourth Edition (CPT-4)* or *The Federal Register*, or contacting provider services.

For assistance in determining payer-specific coverage, coding or payment levels for the Welch Allyn SureSight™ Vision Screener, please call the Welch Allyn Reimbursement Support Line at 1.800.946.1212.

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