

VISUAL SENSORIMOTOR TESTING

NW Eye Care Professionals

(503) 657-0321 (360) 546-2046

Based on the eye examination today, your NW Eye Care physician has recommended additional testing. This testing will last approximately 1 ½- 2 hours. A visual sensorimotor examination will be performed in one of our therapy offices. Your visual sensory and visual motor systems will be evaluated, allowing us to monitor how they are functioning. This in depth examination is necessary for determining your vision therapy plan.

Patients may bring bottled water. Be aware that the patient may be very tired after testing, allow for a time of rest before returning to normal activities.

The following areas may be evaluated:

Eye Teaming

How well do the paired eyes and all their muscles coordinate? Can they perform to such a high degree of teaming that the two eyes perform as one? Do the eyes continue to perform efficiently as visual demand is sustained?

Eye Movement Control

How efficiently and accurately are the eyes following a moving target and shifting from one object to another?

Focusing

How accurate do the eyes shift and sustain a clear image from near to far?

Visual Perceptual Ability

How efficiently does the patient understand, organizing, and remembering incoming visual information?

Visual Motor Coordination

How efficiently does the patient coordinate incoming visual information and respond with accurate motor responses?

VISION THERAPY FEE STRUCTURE

This information is designed to assist you in planning for your financial commitment to a vision therapy program.

The sensorimotor examination is: **\$200.00**

- When scheduling a sensorimotor examination, a \$75.00 deposit will be charged if you are subject to an insurance deductible or paying out of pocket. This deposit is to hold your premium appointment for 6 months. It is a non-refundable deposit. The difference of the testing and the deposit will be due at the time of your testing appointment. If you need to cancel your appointment, you will need to notify our office within 24 hours of your appointment. If notification isn't received within 24 hours, you will lose the \$75.00 deposit, or be charged a \$65.00 broken appointment fee.
- Each therapy session is \$78.00. Every session is to be paid in full at the time of service.
- A one-time fee of \$125.00 is due at the first therapy session. This is *not* included in your session fee. This fee is not covered by your insurance company. This will make the very first session of therapy \$203.00. This fee includes all materials and equipment necessary to complete the program.
- An eight week unit is \$749.00, including the \$125.00 fee. An 8% pre-paid discount will apply for each 8 week unit paid in advance.
- Progress evaluations with the doctor are \$85.00, scheduled approximately at the end of each eight week unit of therapy sessions. This most likely can be billed to your medical insurance carrier. If you do not have progress evaluation insurance coverage, you can pre-pay for this as well. Therapy will still continue as scheduled during the progress exam week.
- Most insurance companies do *not* cover vision therapy. For instance: Regence BCBS of OR/WA does *not* pay for vision therapy sessions. We will only bill them for the testing, not therapy. If you request to have your insurance billed, you will be required to fill out an ABN (Advance Beneficiary Notice) or (Non Covered Service Form) to reduce contractual liability. We will bill the first session only. While we do everything we can to bill your insurance if you have coverage for vision therapy, please be aware, there is a rare chance that the insurance company could pay and then later request their money back. If you have a flexible spending plan or a health reimbursement plan, that requires an insurance denial, we will bill the first session only, and then give you receipts for any further appointments.

Vision Therapy Policies For Neuro-Optometric Rehabilitation

This information is designed to assist you in planning for your financial commitment to the vision therapy program.

- The sensorimotor examination is: \$325.00. For patients who are paying out of pocket or are subject to a deductible, there is a \$75.00 deposit paid at the scheduling of the testing. This deposit is non refundable and will hold the appointment for six months. If you need to cancel your appointment, you will need to notify our office within 24 hours of your appointment. If notification isn't received within 24 hours, you will lose the \$75.00 deposit, or be charged a \$65.00 broken appointment fee.
- Each therapy session is \$145.00. Every session is weekly and needs to be paid in full at the time of service.
- A one-time start up fee of \$125.00 is due at the first session. This fee includes all materials and equipment necessary to complete the program. This is a fee that is *not* covered by your insurance company. This amount is not included in your session fee. The first therapy session will then be \$270.00.
- Progress evaluations with the Optometrist are \$155.00 and are to be scheduled approximately after every 6 sessions of therapy.
- A six week unit is \$995.00. An 8% pre-paid discount will apply for each for each 6 week unit paid in advance.
- Your bill is your responsibility. A liability is not a reason for delaying payment on your bill, no matter what your attorney might advise. Lawsuits are often prolonged, so we ask that our services be paid promptly.
- Most insurance companies do not cover vision therapy. For insurances that do cover therapy, you may need to get a referral from your insurance carrier. In some cases we will need to get prior authorization.
- If you filed with worker's compensation insurance, approval for your services must be obtained *before* services are rendered.
- If your claim is filed with a motor vehicle insurance company, payment is due at the time of each service. Companies will not pre-approve services. If the insurance accepts the claim and the claims are paid, the patient will then be reimbursed.
- If you have any questions, please do not hesitate to call Danyel White @ (503) 657-0321 X 5, General Manager.

HELPFUL QUESTIONS TO ASK YOUR INSURANCE PROVIDER

This information will help guide you in communication with your insurance carrier. We have found that you, as the client of the insurance company, have the most impact on your major medical company and can achieve the most favorable and prompt outcome.

_____ has a diagnosis of;

Patient

ICD 9 Code:

ICD 9 Code:

ICD 9 Code:

ICD 9 Code:

The treatment type is an orthoptic/vision therapy program. The CPT code is 92065. The CPT code 92060 is for the sensorimotor examination that precedes therapy sessions. This treatment may be covered under your *major medical policy*, not the vision policy.

Some companies need to access additional information on your policy. Make sure that the representative checks your exclusion page for vision therapy or eye exercises. A few insurance companies require a pre-determination letter written ahead of services being rendered. This is to prove medical necessity. If this is a requirement of your insurance carrier, please retrieve the fax number and forward that information to Danyel White, the general manager.

Questions to ask your insurance carrier:

- Is 92060 or 92065 a covered benefit on my insurance plan, or an exclusion of the benefit plan?
- If the response is YES, ask if there are any limitations on the number of sessions. Please inform our office of that information.
- If there is a pre-determination, or benefit advisory needed, please inform our office with this information. A fax number for the appropriate department is always helpful.
- If the response is NO, ask why, and is it specifically excluded from your policy? If it is not specifically excluded, ask what you may do to have this as a covered benefit, IE: pre-determination.

Every time you speak to someone at your insurance company, be sure to write down the date and the name of the representative with whom you've spoken.