

Insurance and Billing Information

Will my insurance cover the evaluation?

In order to keep costs lower, we are a pay at time of service clinic, so please be prepared to pay for services on the day of your appointment.

The services provided at New Horizons Vision Therapy Center (NHVTC) are medical services, therefore they will apply to your medical benefits, not your vision plan. Insurance coverage is determined by your policy benefits as stated in your or your employers, contract with the insurance company. Some plans may have coverage for a portion of the initial evaluation and/or follow-up examinations. Portions of our evaluations are unique to our office and you can anticipate they will not be covered by your insurance.

Most insurance plans in South Central Wisconsin (Madison area) are Health Maintenance Organizations (HMO). With an HMO plan, visits to health care professionals outside of your network typically aren't covered by your insurance. For this reason, NHVTC will not submit claims to HMO insurance plans.

If you have a preferred provider organization (PPO) plan, your evaluation will be applied to your out-of-network benefits. The only exception is Group Health Cooperative (GHC) for whom NHVTC is contracted as a preferred provider. If you have coverage through GHC, you will need prior-authorization before your visit for it to be covered. Please contact our office for more information.

NHVTC is not a Medicare, Medicaid or BadgerCare provider; we cannot issue a claim form for reimbursement through these insurance carriers.

Will my insurance cover vision therapy if it is recommended?

While insurance coverage for vision therapy varies greatly, it is best to assume that you will not be reimbursed. Many insurance plans have vision therapy (orthoptics) listed as a non-covered service. Insurance coverage for vision therapy would increase the overall cost of premiums so many employers choose plans that do not have these additional benefits.

Vision therapy sessions are billed using two CPT (current procedural terminology) codes, 92065 and 92499. The 92499 code is an unlisted code which encompasses all therapy activities that do not fit the description of 92065 including therapy activities that are designed to improve accommodative function, visual motor and/or visual processing and perceptual skills. This code will not be billed to insurance because our experience shows it creates unnecessary denials and tons of paperwork and time on your end.

If you determine that your insurance company does cover vision therapy, please be aware that there are often limitations to the amount of coverage or the coverage may be limited to specific diagnosis codes. We have seen many cases where patients are told their therapy would be

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covered only to be denied coverage upon medical review, have limits placed on the number of sessions allowed or limits on the type of treatment provided. The reasons for denial have nothing to do with the effectiveness of vision therapy, realistic expectations for length of treatment or the quality of the treatment provided. The medical reviews are often done by nurses and doctors that are not specialists in this area.

Keep in mind that you are responsible for all charges at the time of service. If we submit a claim to your insurance and they do not reimburse you directly for the visits, we will credit the payment to your account which can be used for future visits or we will refund the payment to you. Upon request we will submit the necessary forms and documents to your insurance company to assist in your reimbursement; however, we highly recommend that you are prepared to cover the cost of therapy without expectation of reimbursement by insurance.

To keep our service fees low for our out-of-pocket paying patients, we do not have a billing department that can confirm, verify or research the status of your coverage and claims. It is up to you to understand your policy and follow-up with the insurance company if claims are not being paid. Keep in mind it can take up to two months for insurance companies to process claims.

All fees are a pay at time of service.

We accept cash, checks, credit cards or CareCredit at the time of service.

I have reviewed and understand New Horizons Vision Therapy Center's insurance and billing policy. My signature below allows New Horizons Vision Therapy Center to communicate any necessary information the insurance company may need to reimburse me.

I understand that I will be responsible for all charges due at the time of service.

Signature: _____

Date: _____

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