

## Reimbursement and Coverage Reference Guide for Photoscreening and Visual Acuity

### Introduction

The [American Academy of Pediatrics \(AAP\)](#) and American Association for Pediatric Ophthalmology and Strabismus (AAPOS) recommend annual instrument-based photoscreening (such as GoCheck Kids) for patients beginning at age 1 - 3 years old. They also recommend visual acuity testing annually beginning at age 4 if possible.<sup>1</sup>

GoCheck Kids is an [FDA-cleared](#) medical device and meets the AAP's definition of an "instrument-based photoscreener".

The U.S. Preventive Services Task Force (USPSTF) recommends vision screening for all children at least once between the ages of 3 and 5 years, to detect the presence of amblyopia or its risk factors<sup>2</sup>. The USPSTF assigned this testing as [Grade B](#)<sup>3</sup> **Grade B means that the USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.**

### Reimbursement Tips for Vision Screening

- CPT codes 99174 or 99177 identify instrument-based photoscreening, the procedure used for GoCheck Kids (see page 3 for detailed descriptions of each code).
- CPT code 99173 identifies visual acuity testing.
- To ensure payer coverage, verify benefits for 99174/99177 prior to scheduled appointment. If a patient's insurer doesn't cover photoscreening, you can:
  - Submit a claim to the patient's insurance, but provide an Advance Beneficiary Notice (ABN) that holds the parent financially responsible if their plan does not reimburse your office (a sample ABN is available in the Resources>Reimbursement section of the GoCheck Kids web portal)
  - Request payment from the patient directly, without filing an insurance claim
- Under the Correct Coding Initiative (CCI), CPT 99173 and 99174/99177 should not be billed together because these procedures are similar in purpose
- Modifier -33 may be applicable when GoCheck Kids screening is done for children between the ages of 3 and 5 (per USPSTF guidelines)
- Modifier -59 may be used for services provided at the same time, yet separate in purpose and nature, as an E/M service
- If GoCheck Kids is performed during a scheduled well-child visit, then the test and visit may both be billable and reimbursable. Billing staff should refer to each payer's claims policies for guidance
- If a claim is denied as experimental or investigational, resubmit the claim with a copy of the coverage policy and an appeal letter stating that the service should be covered (an appeal letter template is available in the Resources>Reimbursement section of the GoCheck Kids web portal)
- Please store the GoCheck Kids report containing the patient's name, date of the screening, associated images, and chart notes including the results of the test in the patient's chart for reference

<sup>1</sup> <http://pediatrics.aappublications.org/content/early/2015/12/07/peds.2015-3596>

<sup>2</sup> US Preventative Services Task Force Appendix B. [http://www.uspreventiveservicestaskforce.org/Page/Topic/recommendation-summary/visual-impairment-in-children-ages-1-5-screening?ds=1&s=vision screening](http://www.uspreventiveservicestaskforce.org/Page/Topic/recommendation-summary/visual-impairment-in-children-ages-1-5-screening?ds=1&s=vision%20screening). Release Date: January 2011.

<sup>3</sup> <https://www.uspreventiveservicestaskforce.org/Page/Name/grade-definitions#brec2>

## Coverage

Coverage for instrument-based photoscreening varies among private payers. As such, practitioners may choose to determine the coverage for each patient prior to rendering medical services. The most effective way to determine whether coverage is available for privately insured patients will be to inquire whether the payer has a coverage policy for this type of ocular screening. Please contact your account manager or sales representative for information on coverage policies for specific payers.

Below are some examples of private payer policies on instrument-based ocular screening:

Payer	Ocular Screening Policy	Coverage Details
Aetna	Yes	One screen only, for children 3 years of age. Screen permitted for patients 4-5 years of age ONLY if unable to cooperate with routine visual acuity screening (e.g., developmental delay, severe behavioral disorders)
Anthem BCBS	Yes	The following lists of sources of preventive services recommendations created by the referenced organizations listed below are considered <b>medically necessary</b> ... <a href="https://www.anthem.com/medicalpolicies/policies/mp_pw_a044125.htm">https://www.anthem.com/medicalpolicies/policies/mp_pw_a044125.htm</a>
Cigna	Yes	See "A Guide to CIGNA'S PREVENTIVE HEALTH COVERAGE for Health Care Professionals" <a href="http://www.cigna.com/assets/docs/health-care-professionals/807467h-Preventive-Health-Cov-Guide.pdf">http://www.cigna.com/assets/docs/health-care-professionals/807467h-Preventive-Health-Cov-Guide.pdf</a>
United Healthcare	Yes	Instrument-based ocular screening using photoscreening is proven and medically necessary for vision screening for one of the following: As a mass screening instrument for children 1-3 years of age (ends on 4 <sup>th</sup> birthday) Children 4 years of age and older who are developmentally delayed and are unable or unwilling to cooperate with routine visual acuity testing

## Coding for Photoscreening

### Potential CPT Code (for physician use only)

CPT Code	Code Description
99174	Instrument-based ocular screening (e.g., photoscreening, automated-refraction), bilateral; with remote analysis and report
99177	Instrument-based ocular screening (e.g., photoscreening, automated-refraction), bilateral; with on-site analysis
<b>Modifiers (for physician use only)</b>	
-33	Preventive services (appropriate for children ages 3-5 years)
-59	Distinct procedural service

### Important Note Regarding Modifier 33:

Modifier 33 denotes a preventive service for children **ages 3-5 only**, per the United States Preventive Services Task Force (USPSTF). It would not apply to services administered to children outside this age range.

### Coding Justification

- GoCheck Kids is an FDA-cleared, [Class IIe](#) medical device and meets the definition of an instrument-based ocular screener.
- CPT code 99174 includes the ocular screening images captured in the office being secured and transmitted to a remote facility via electronic transfer for analysis, as well as the remote compilation of a report and findings. See “How GoCheck Kids Works” for more information as well.
- CPT code 99177 includes services for physicians to receive onsite, real-time analysis of images, as well as obtain an instant reading based on algorithms in the instrument via a built-in pass or fail indicator. See “How GoCheck Kids Works” for more information as well.

### Potential ICD-10 Diagnosis Codes

ICD-10-CM Code	Code Description
<b>For Preventive Services ONLY</b>	
Z00.121	Encounter for routine child health examination with abnormal findings
Z00.129	Encounter for routine child health examination without abnormal findings
Z02.0	Encounter for examination for admission to educational institution
Z01.00	Encounter for examination of eyes and vision without abnormal findings
Z01.01	Encounter for examination of eyes and vision with abnormal findings
Z13.5	Encounter for screening for eye and ear disorders
ICD-10-CM Code	Code Description
F71 – F79	Intellectual disabilities
F80.0 – F80.4	Specific developmental disorders of speech and language
F80.81 – F80.9	Other developmental disorders of speech and language
F81.0 – F81.2	Specific developmental disorders of scholastic skills
H52.00-H52.03	Hypermetropia
H52.10-H52.13	Myopia
H52.31	Anisometropia
H53.001-H53.009	Unspecified amblyopia
H53.031-H53.039	Strabismic amblyopia
H53.011-H53.019	Deprivation amblyopia
H53.021-H53.029	Refractive amblyopia

### Frequently Asked Questions

**Q:** Is the cost of photoscreening with GoCheck Kids reimbursable?

**A:** It depends on the policies of each insurance company. National payers like United Healthcare, Aetna and Cigna plus Anthem (BCBS) have policies covering photoscreening. BCBS and Medicaid coverage vary – please check your local contracts. Policies are subject to change at any time. Please check with your contracted payers to make sure your information is up to date.

**Q:** What ages can be photoscreened using GoCheck Kids?

**A:** GoCheck Kids is indicated for use in children aged 6 months to 6 years.

**Q:** What does the USPSTF Grade B assignment signify?

**A:** The U.S. Preventive Services Task Force (USPSTF) assigns one of five letter grades (A, B, C, D, or I). Grade B for photoscreening denotes that the USPSTF recommends this service and that there is a high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.

**Q:** Should modifier 33 always be used on the claim form?

**A:** Modifier 33 denotes that the service is a preventive (per the USPSTF) and is appropriate to use on claims for services rendered to children between 3 and 5 years of age.

**Q:** If GoCheck Kids photoscreening is performed during a well-child preventive office visit, what modifiers should be used with CPT code 99174 or 99177?

**A:** For children between 3-5, two modifiers may be used (e.g., 99174-33,59). For children under 3 years or over 5 years of age, only one modifier is required (e.g., 99174-59).

**Q:** Where can I get more help with Reimbursement?

**A:** Email us at [reimbursement@gobiquity.com](mailto:reimbursement@gobiquity.com) or call 1-866-633-9243.

The information provided in this document is obtained from third-party sources and is subject to change without notice as a result of changes in reimbursement laws, regulations, rules, policies, and payment amounts. All content is informational only, general in nature and does not cover all situations or payers' rules and policies. To ensure proper reimbursement, physicians should document and code appropriately for services performed and/or items related to GoCheck Kids™. Physicians are ultimately responsible for selecting the diagnosis and procedures codes that accurately describe each patient's condition, underlying disease and treatment.

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