
Routine/Wellness vs. Medical eye exams

Welcome to our office! Our Doctors are board certified optometrists. We are here to provide you with complete VISION and EYE HEALTH care.

Eye exams will be billed under either **MEDICAL** insurance or **VISION** plans, depending on the presenting symptoms, existing conditions or findings of the eye exam. This form helps provide clarity on the different services our office offers in order to provide you with the **appropriate care for your eye/vision concerns**. Please note that these filing requirements are **defined by your Vision Plan and Medical Insurance**.

VISION Plan:

- Covers **1 routine “wellness” exam** per year, including an overall eye health screening and refraction (update a glasses prescription)
- Does **NOT** cover the evaluation/testing for medical problems such as: **redness, dryness, itching, cataracts, diabetic eye exams**.
- Does **NOT** cover specialized disease testing and typically does not cover screening optos laser retina scan.

VISION plans typically **cannot be filed on the same day** as MEDICAL INSURANCE. Therefore, subsequent appointments (under your MEDICAL insurance) may be necessary to further evaluate medical eye concerns such as redness, itching, cataracts, diabetes, etc.

MEDICAL Insurance:

- Covers unlimited office visits with symptoms like **burning, itching, redness, allergies, headaches, blurred vision, watering, light sensitivity, pink eye, etc**.
- Covers visits for more serious eye conditions like **Cataracts, glaucoma, diabetes, macular degeneration and eye surgery**.
- Covers high-tech diagnostic instrument testing (e.g., retina photos, visual field, glaucoma testing).
- **Does NOT cover checking for glasses prescriptions/“refractive”** conditions (near-sightedness/myopia, astigmatism, etc)
- May not cover all necessary procedures as determined by individual plans.
- Your copay/co-insurance/deductible may apply to each visit (defined by your MEDICAL insurance)

MEDICAL insurance must be filed based upon details of the eye exam, the symptoms which were presented during the eye exam, the diagnosis made during the eye exam, high-tech diagnostic instrument testing, and/or if a prescription for medication is needed.



DIABETES:

Chronic conditions such as DIABETES, dry eye, glaucoma or macular degeneration are **NOT “routine”** since they can have long-term vision consequences and require more complex evaluation and coding of the eye exam, more extensive coordination of care with your primary care physician is necessary. These visits will be filed to your **MEDICAL** insurance. A summary of today’s eye exam results will be sent to your Primary Care Physician.

MEDICARE Patients:

Medicare allows for unlimited visits for the diagnosis/treatment of **medical eye problems** or **chronic medical conditions which can affect the eye** (dry eye, eye allergies, diabetes, etc.) Medicare does not pay for routine/“wellness vision exams or checking your prescription. Copay/deductible may apply.

REFRACTIONS:

A refraction is the part of an office visit that determines your eyeglass prescription. It typically involves questions like, “which is clearer - one or two”. **VISION plans** cover **both** the wellness exam and the refraction. **MEDICAL insurance** (including Medicare) considers checking for a glasses prescription as “routine” and so typically **does not** cover the cost of the refraction, which is \$44.00 and due at the time of service. Many medical eye conditions can impact your vision. Although medical insurance considers refractions “routine”, it is important that your prescription is checked regularly to assure you are seeing your best.

Copays, co-insurance, deductibles, and payment for non-covered services are due at the time of service.
Thank you!

MATERIALS:

We will strictly follow all guidelines set by VSP for “covered” services or materials. A “covered” service involves a contractual agreement between the provider and the vision discount plan for direct payment to the provider by the plan along with set patient copays. In 2018, Colorado state law was changed so that vision discount plans could not require providers to discount services or materials that were not directly “covered” by the plan. Unfortunately, VSP is still promoting these non-covered discounts to patients. To try to eliminate confusion among patients, we chose to continue to offer the promoted discounts. When VSP lowered their reimbursements and also further reduced patient eye wear options again this year, rather than choosing to go completely out of network with VSP, we had no choice but to modify some of the non-covered discounts. We will always strive to provide the best eyecare services, products and warranties for our patients. However, a reasonable reimbursement is necessary to continue to do so. We do promise to thoroughly explain any discounts we have implemented so you can still be assured to get the best value in service and eye wear.