



2023 Reimbursement Guide

Instrument-Based
Ocular Screening

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Introduction

GoCheck Kids is a photoscreening system designed to detect refractive risk factors for amblyopia. The system includes an iPhone app, used for image acquisition and results, and a web portal accessed through a computer, used for patient management and administrative functions.

GoCheck Kids is an FDA-regulated medical device. CPT codes specific to instrument-based ocular screening are in place:

- 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.
- 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.

This Reimbursement Guide has been developed to assist physician offices in understanding the reimbursement elements of GoCheck Kids as it pertains to coding, coverage and payment. In addition to CPT code 99174 and 99177, there is CPT code 99173, which is used for visual acuity testing. 99173 should never be billed concurrently with either 99174 or 99177.

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Coding

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Coding for Instrument Based Ocular Screening, including Photoscreening (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**
- Modifiers
 - 33* Preventive services (appropriate for children ages 3-5 years)

- ***Modifier 33 denotes a preventive service recommended by the United States Preventive Services Task Force (USPSTF). Use of this modifier only applies to instrument-based ocular screenings administered to children ages 3-5 years, and does not apply for children outside this age range.**
- Modifier -33 is the only modifier recommended by GoCheck Kids; additional modifier selection is at the discretion of the physician and in accordance with billing guidelines.

- ICD-10 Diagnosis Codes

The following ICD-10 are potential coding options to support use of GoCheck Kids. Payer policies should be reviewed for diagnosis coding instructions.

- ICD-10-CM Code Code Description
 - **For Preventive Services ONLY**
 - Z00.121 Encounter for routine child health examination with abnormal findings
 - Z00.129 Encounter for routine child health examination without abnormal findings
 - Z01.00 Encounter for examination of eyes and vision without abnormal findings
 - Z01.01 Encounter for examination of eyes and vision with abnormal findings

Coding Tips

- Under the Correct Coding Initiative (CCI), CPT 99174/99177 should not be billed together because these procedures are similar in purpose.
- If GoCheck Kids is performed during a scheduled well-child visit, both the test and visit may be billable and payable.
- Modifier -33 may be applicable when GoCheck Kids screening is done for children between the ages of 3 and 5 years (per USPSTF guidelines).²
- The physician and billing staff should refer to payer coverage policies for guidance on coverage and coding requirements.
- 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.

This Reimbursement Guide has been developed to assist physician offices in understanding the reimbursement elements of GoCheck Kids as it pertains to coding, coverage and payment.

In addition to CPT code 99174 and 99177, there is CPT code 99173, which is used for visual acuity testing. Code 99173 should not be billed concurrently with either 99174 or 99177.

² US Preventive 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.

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

Payment

RVUs

- 2020 vs 2023¹⁰ Relative Value Units (RVUs) Non-Facility Setting (Physician Office)
 - CPT Code Work RVUs Practice Expense (PE) RVUS Malpractice RVUS
 - Total RVUs [Work RVU, PE RVU, MP RVU, NF Total RVU]
 - **2020** 99174 0.00 0.15 .01 .16 99177 0.00 0.12 .01 .13
 - **2023 99174 0.00 0.17 .01 .18 99177 0.00 0.13 .01 .14**
 - 2023: Slight RVU increase for instrument-based ocular screening CPT codes 99174 and 99177

What are RVUs and why do they matter?

The resource-based relative value scale (RBRVS) is the physician payment system used by the Centers for Medicare & Medicaid Services (CMS) and most other payers. Rather than basing payments on charges, CMS established a standardized physician payment schedule based on RBRVS. Medicare and most Medicaid programs, commercial payers, and managed care organizations use some variation of the Medicare RBRVS to determine physician payment rates.

The RBRVS incorporates three components of physician services into Relative Value Units (RVUs): 1) physician work; 2) practice expense (PE); and 3) professional liability insurance (malpractice or MP). The sum of these three RVUs equals the total RVU value, which is then assigned to each CPT code. The total RVU is multiplied by a conversion factor to obtain the reimbursement for each CPT code. Medicare bases its fee schedule on RVUs as do most Medicaid plans. Many commercial payers will pay a percentage of above what Medicare pays or pays by some other methodology using RVUs.

Understanding the assignment of RVU values is important background if your office encounters payment denials for GoCheck Kids.³

- Prior to 2018, The RBRVS reflected zero RVUs for CPT codes 99174 and 99177, since these procedure codes are designated as “non covered services” by Medicare.
- In December 2016, the AAP (American Academy of Pediatrics) Committee on Coding and Nomenclature (COCN) met with CMS to discuss their decision to not publish the Value Committee’s recommended RVUs for non covered services.
- CMS worked with the AAP and **published RVUs for procedure codes 99174 and 99177 became effective January 1, 2018.**

Some payers may not be aware that RVUs have been assigned to these CPT codes since 2018. This information should be pointed out to the payer during preauthorization and/or claims appeals. It

should be noted that while both codes continue to be listed as status ‘N’ (noncovered) on the Medicare Physician Fee Schedule, that should not be an impediment to Medicaid or commercial payer adoption of these published and payable values. Medicare coverage is limited for pediatric care and therefore their coverage restriction should not and does not apply to Medicaid or commercial payers. Other pediatric codes have been paid under similar circumstances for many years (eg, Preventive Medicine Services).

³99174 and 99177 Summary. <https://downloads.aap.org/DOPCSP/Coding%20Corner.pdf>

Coverage

Coverage for instrument-based photoscreening varies among Medicaid and commercial payers. It should be noted that payment for photoscreening is based not only on payer coverage determinations, but member benefit coverage as well.

The most effective way to determine whether coverage and payment is available for GoCheck Kids is to perform preauthorization. This will help determine not only if the payer covers these codes but also to determine if the patient has benefits for instrument-based ocular screening. Some patients with high deductible plans or basic coverage plans may not have coverage for ocular screening.

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

Payer Coverage Details

- **Aetna POLICY NUMBER 0689: Ocular Photoscreening**

Aetna considers one ocular photoscreening medically necessary for screening all children 3 years of age, and for screening children 4 to 5 years of age who are unable to cooperate with routine acuity screening (e.g., intellectual disability, developmental delay, and severe behavioral disorders).

http://www.aetna.com/cpb/medical/data/600_699/0689.html

- **Blue Shield CA Visual Impairment - [USPSTF (2008) & Bright Futures]**

Vision screening to detect the presence of amblyopia or its risk factors is a covered service for children who meet the following criteria:

- • 3 to 18 years of age
- • Risk assessments at preventive health visits

Applicable procedure codes – 99173, 99174, 99177

https://www.blueshieldca.com/bsca/bsc/public/common/PortalComponents/provider/StreamDocumentServlet?fileName=PRV_PreventiveHealth_1B_CurrentPrevSvs.pdf

- Cigna Preventive Care Services Administrative Policy

Vision Screening: age 3 through age 15 (not a complete vision exam), 99173, 99174/99177 Allowed with any diagnosis; Age Limitation applied

https://static.cigna.com/assets/chcp/pdf/coveragePolicies/medical/AD_A004_administrativepolicy_Preventive_Care_Services.pdf

- Excellus Blue Cross Blue Shield (NY)

Excellus BCBS implemented a new admin policy effective 4/15/20, which defines coverage and billing guidelines for visual screening services.

- Administrative Policy 25 – Visual Screening Services

- For members aged 18 and younger:

- The Health Plan will reimburse CPT 99173, 99174 and 99177, when billed with a Preventive Medicine Evaluation and Management (E/M) code.

- For members aged 19 and older:

- The Health Plan considers CPT codes 99173, 99174 and 99177, inclusive when billed with a Preventive E/M code.

<https://provider.excellusbcbs.com/en/resources/news/article?articleId=189198255&classPK=189198253>

- United Healthcare: Instrument-Based Screening (99174 and 99177)

Age 1 to 5 (ends on 6th birthday): No diagnosis code requirements for preventive benefits to apply. Instrument-based ocular photo screening is proven and medically necessary for one of the following:

- As a mass screening instrument for children 1-5 years of age (ends on 6th birthday); or

- Individuals 6 years of age + who are developmentally delayed and are unable or unwilling to cooperate with routine visual acuity screening

Instrument-based ocular photo screening is unproven and not medically necessary for all other individuals including children less than 1 year of age due to insufficient evidence of safety and/or efficacy.

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-medical-drug/preventive-care-services.pdf>

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-medical-drug/omnibus-codes.pdf>

Specialty Recommendations

The American Academy of Pediatrics and the American Association for Pediatric Ophthalmology and Strabismus (AAPOS) recommends 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. ⁴

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.⁵ The USPSTF assigned this testing as Grade B, meaning that the USPSTF recommend the service as there is a high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial. ⁶

⁴ <https://pediatrics.aappublications.org/content/early/2015/12/07/peds.2015-3596>

⁵ <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/vision-in-children-ages-6-months-to-5-years-screening>

⁶ <https://www.uspreventiveservicestaskforce.org/uspstf/grade-definitions#brec2>

Frequently Asked Questions

Is the cost of photoscreening using GoCheck Kids reimbursable?

That will depend on the policies of each insurance company as well as the patient's individual benefit plan. 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. Also check with your contracted payers to make sure their payment / RVU information is up to date for CPT codes 99174 and 99177.

In the case where GoCheck Kids is not reimbursed, the patient may be billed for the service if a signed Advance Beneficiary Notice (ABN) is on file. **The ABN must be signed prior to the patient receiving the service in order for the ABN to be valid.**

What ages can be photoscreened using GoCheck Kids?

GoCheck Kids is indicated for use in children aged 1 to 6 years.

What does the USPSTF Grade B assignment signify?

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.

Should modifier 33 always be used on the claim form?

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.

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

For children between 3-5 years, modifier -33 may be used to indicate a separate preventive (USPSTF) service. For children under 3 years or over 5 years of age, this would not be an appropriate modifier.

Where can I get more help with Reimbursement?

Email us at reimbursement@gocheckkids.com or call 1-877-668-8157.

Appealing Denied Claims

Many payers cover visual acuity screening (99173) and instrument-based photoscreening (CPT codes 99174 and 99177)* for children, however, there may be some Medicaid state plans and commercial payers that are slow to recognize the 2018 RVU updates for payment and/or the 2017 USPSTF and Bright Futures recommendations for coverage. In the event of a claim denial, we recommend the following:

- Talk with your payers about coverage and payment for visual acuity screening (99173) or instrument-based photoscreening (CPT codes 99174 and 99177)* as a separately reportable service, apart from the reported office visit and other preventive care services. *CPT code 99173 must be billed separately from CPT code 99174 or 99177. **Remind them of the assignment of RVUs since 1/1/2018. Although these codes are not covered under Medicare, payers should pay, at a minimum of their published values.**
- Reiterate the fact that **CPT guidelines indicate that services that are identified with specific codes should be reported separately from any other code and, therefore, they should not be “bundled” into any other code(s).** This statement is supported not only throughout CPT guidelines but in Vision Screening guidelines as well:
 - Other identifiable services unrelated to this screening test provided at the same time may be reported separately (eg, preventive medicine services).^{7,8}
 - Immunizations and ancillary studies involving laboratory, radiology, or other procedures, **or screening tests (eg, vision, developmental, hearing) identified with a specific CPT code, are reported and paid for separately from the preventive medicine service codes.**³

- 99174 and 99177 represent bilateral procedures and encompass screening done on both eyes. **Unrelated services, such as evaluation and management office visit services provided at the time of the screening, may be reported separately.**⁹

The above statements made by various coding authorities support the intent of separate payment for visual acuity or instrument based ocular photoscreening when performed at the time of a preventive care office visit.

- The preventive medicine services codes in CPT were valued under the Medicare RBRVS fee schedule on the basis of the CPT guidelines; **these values do not include any diagnostic tests or screens.** CPT codes 99174 and 99177 should NOT be paid as part of the preventive medicine service, but rather paid separately and in addition to the wellness exam.
- If it is determined, or you have reason to believe, instrument based ocular photoscreening will not be paid, the service should be designated as a “non-covered benefit” and billed to the patient.

In order for the service to be billable to the patient, the physician must provide an Advance Beneficiary Notice (ABN) to the patient’s parent or guardian. The ABN must be signed **in advance of** GoCheck Kids screening. **See the Appendix for sample ABN.**

- GoCheck Kids has developed a sample appeal letter that may be used in the event of a claim denial. Please contact reimbursement@gocheckkids.com for additional details.

⁷ Coding for Pediatric Preventive Care, 2020. https://www.aap.org/en-us/documents/coding_preventive_care.pdf.

⁸ AMA CPT 2020 CPT Professional Edition.

⁹ AMA CPT Changes 2016, Other Services and Procedures, 99174, 99177.

¹⁰ <https://www.cms.gov/medicare/medicare-fee-for-service-payment/physicianfeesched/pfs-relative-value-files>.

Appendix:

 Sample ABN **Advance Beneficiary Notice**

Practice Name:

Address:

City:

ST:

Zip:

Phone:

Your child is due for the following tests/procedures (see below). Your insurance may or may not pay for these services. If your insurance does not provide coverage for the services below, you may have to pay out of pocket. Insurance plans do not pay for everything, even some services that you or your healthcare provider have good reason to believe you need.

Test/Procedure	Reason Insurance May Not Pay	Estimated Cost
Instrument Based Ocular Photoscreening	This screening test may not be a covered benefit under your health insurance plan	\$

What you need to do:

- Read this notice so you are able to make an informed decision about your child's care
- Ask us any questions that you may have after reading this notice
- Select one option from the list below:

Options: Check only one box below. You cannot choose a box for you.	
	Option 1: I want the service listed above. You may ask for payment now, but I also request my insurance be billed for an official decision on payment. I understand that if my insurance doesn't pay, I am responsible for payment. If my insurance does pay, you will refund any payments made to you, less co-pays or deductibles.
	Option 2: I want the service listed above. You may ask for payment now, and agree not to bill my insurance as I will take responsibility for payment.
	Option 3: I DO NOT want the services listed above.

Signing below means that you have received and understand this notice. You may also receive a copy.

Signature (parent or guardian):	Date:
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