



Routine Vision Exam or Medical Eye Exam?

Many patients have a Routine Eye Exam benefit as part of their health insurance or with a separate vision care plan such as VSP or Eyemed. When you have medical and routine vision exam coverage, which plan should be billed for your visit? Actually, your insurance company says it depends upon the reason you are here today.

Your **medical insurance** is billed if you are here for medical care or a medical condition is discovered during your examination. Medical care would address conditions such as:

- *Evaluation of an ocular disease you have been diagnosed with (e.g., glaucoma, cataract, a corneal or retinal disease)
- *A complaint such as redness, tearing, burning, or other pain or discomfort to the eye(s)
- *A new onset of floaters, flashes of light, or other visual disturbance
- *To follow an existing chronic condition, such as diabetes, corneal disease, an autoimmune disease, or if you take a high risk medication.
- *If you are scheduled for special testing such as visual field, OCT, or retinal photos which requires a Dr.'s interpretation to monitor a chronic condition
- *If your medical condition requires a report to your primary care physician or internal medicine Dr.

***Your **routine vision care plan** is billed if you have none of the above complaints and/or are here for a routine exam (much like a routine physical) primarily to update a glasses or contact lens prescription. These definitions are based on the guidelines set by your insurance company and vision care plans. Nappanee Family Eyecare is contractually bound by these standards. Due to insurance regulations, Nappanee Family Eyecare must bill the appropriate insurance carrier based on the patient's diagnosis. When possible, Nappanee Family Eyecare will make every reasonable attempt to coordinate benefits between medical and routine care claims.