

Vision Therapy Verification

Doctor NPI _____	Member ID (or last four of SSN) _____
Doctor Name _____	Authorization Number _____
Address _____	Patient Name _____
City, State, ZIP _____	Patient Date of Birth _____
Phone (_____) _____	Member Name _____
Fax (_____) _____	Member Date of Birth _____
Office Staff Contact Name _____	Date of Service _____

Complete this section for Vision Therapy Sessions

Patient's Diagnoses—please check all that apply. Many diagnosis codes provide locality: RT-Right; LT-Left; BI-Bilateral Number of therapy sessions planned: _____ Fee per session: \$ _____

- | | |
|---|---|
| <input type="checkbox"/> Paresis of accommodation H52.521 (RT), H52.522 (LT), H52.523 (BI) | <input type="checkbox"/> Intermittent esotropia, monocular H50.311 (RT), H50.312 (LT) |
| <input type="checkbox"/> Internal ophthalmoplegia H52.511 (RT), H52.512 (LT), H52.513 (BI) | <input type="checkbox"/> Intermittent esotropia, alternating H50.32 |
| <input type="checkbox"/> Intermittent exotropia, alternating H50.34 | <input type="checkbox"/> Intermittent exotropia, monocular H50.331 (RT), H50.332 (LT) |
| <input type="checkbox"/> Heterotropia, unspecified H50.40 | <input type="checkbox"/> Spasm of accommodation H52.531 (RT), H52.532 (LT), H52.533 (BI) |
| <input type="checkbox"/> Strabismic amblyopia H53.031 (RT), H53.032 (LT), H53.033 (BI) | <input type="checkbox"/> Vertical strabismus H50.21 (RT), H50.22 (LT) |
| <input type="checkbox"/> Deprivation amblyopia H53.011 (RT), H53.012 (LT), H53.013 (BI) | <input type="checkbox"/> Hypotropia H50.21 (RT), H50.22 (LT) |
| <input type="checkbox"/> Refractive amblyopia H53.021 (RT), H53.022 (LT), H53.023 (BI) | <input type="checkbox"/> Cyclotropia H50.411, H50.412 |
| <input type="checkbox"/> Binocular vision disorder, unspecified H53.30 | <input type="checkbox"/> Monofixation syndrome H50.42 |
| <input type="checkbox"/> Suppression of binocular vision H53.34 | <input type="checkbox"/> Accommodative component in esotropia H50.43 |
| <input type="checkbox"/> Simultaneous visual perception without fusion H53.33 | <input type="checkbox"/> Esophoria H50.51 |
| <input type="checkbox"/> Fusion with defective stereopsis H53.a | <input type="checkbox"/> Exophoria H50.52 |
| <input type="checkbox"/> Monocular esotropia with other noncomitancies H50.041 (RT), H50.042 (LT) | <input type="checkbox"/> Vertical heterophoria H50.53 |
| <input type="checkbox"/> Cyclophoria H50.54 | <input type="checkbox"/> Alternating esotropia H50.05 |
| <input type="checkbox"/> Alternating hyperphoria H50.55 | <input type="checkbox"/> Alternating esotropia with A patten H50.06 |
| <input type="checkbox"/> Spasm of conjugate gaze H51.0 | <input type="checkbox"/> Alternating esotropia with V pattern H50.07 |
| <input type="checkbox"/> Convergence insufficiency or palsy H51.11 | <input type="checkbox"/> Exotropia, unspecified H50.10 |
| <input type="checkbox"/> Convergence excess or spasm H51.12 | <input type="checkbox"/> Monocular exotropia H50.111 (RT), H50.112 (LT) |
| <input type="checkbox"/> Anomalies of divergence H51.8 | <input type="checkbox"/> Monocular exotropia with other noncomitancies H50.141 (RT), H50.142 (LT) |
| <input type="checkbox"/> Alternating exotropia H50.15 | <input type="checkbox"/> Congenital nystagmus H55.01 |
| <input type="checkbox"/> Alternating exotropia with other noncomitancies H50.18 | <input type="checkbox"/> Latent nystagmus H55.02 |
| <input type="checkbox"/> Intermittent heterotropia, unspecified H50.30 | <input type="checkbox"/> Visual deprivation nystagmus H55.03 |
| | <input type="checkbox"/> Deficiencies of saccadic eye movements H55.81 |
| | <input type="checkbox"/> Deficiencies of smooth pursuit movement H55.89 |

Please fax this form to **916.851.4733** or mail to VSP Vision, Attention: Claim Services, PO Box 495907, Cincinnati, OH 45249-5907.

IMPORTANT: Forms received with missing or incomplete information won't be processed.