



December 12, 2018

CHDP Program Reimbursement for Snellen Test

Per Alliance policy 600-1043 – CHDP Program Reimbursement for Snellen Test, located in Section 10: Claims of the Alliance Provider Manual located at www.ccah-alliance.org/provider-manual-toc.html, effective for dates of service on or after Jan. 1, 2018, unless otherwise defined in a Child Health and Disability Prevention (CHDP) Provider’s contract with the Alliance, CPT Code 99173 will be reimbursed in accordance with the CHDP Program guidelines and at the Alliance’s contracted rates that were in effect for CHDP Code 06 as of Dec. 31, 2017. If you have questions, please contact an Alliance Claims Customer Service Representative at (800) 700-3874, ext. 5503.

Codes and Effective Dates	Code Definition	Age Restrictions	Claim Forms
CPT Code 99173 (as of Jan. 1, 2018)	Screening Test Of Visual Acuity, Quantitative, Bilateral	3 years thru 20 years, 11 months	CMS 1500 or UB 04
CHDP Code 06 (prior to Jan. 1, 2018)	Snellen Eye Test	3 years thru 20 years, 11 months	PM 160