

Shields and Shields, PC
840 Walnut Street, Suite 1440
Philadelphia, PA 19107
Phone: (215)928-3105
Fax: (215)928-1140
www.fighteyecancer.com



Dear Referring Provider,

It is our understanding that the patient is insured by an insurance we do not participate with.

Fortunately, most insurance companies that we do not participate with will extend an out of network authorization. You must call the insurance provider service and ask for an *out of network authorization*. You must point out that they are coming to us because of their diagnosis & that there are no providers in the network that are able to handle a case as complex as theirs. The insurance provider will ask for clinical records from the referring doctor's office to support the given diagnosis.

The insurance provider will need to approve some preliminary CPT codes for the patient's initial visit and diagnostic testing. Please request the following CPT codes:

<u>99205</u>	Office Consultation for <i>Medicaid</i> or <i>Medicare Advantage</i>
<u>76510</u>	Ultrasound (Need approval for both eyes.)
<u>76529</u>	Tumor Ultrasound
<u>92250</u>	Fundus Photography
<u>92242</u>	Fluorescein & Indocyanine Green Angiography Combination, Posterior
<u>92201</u>	Ophthalmoscopy
<u>92285</u>	Slit Lamp
<u>92134</u>	Scanning Computerized Ophthalmic Diagnostic Imaging
<u>92132</u>	Scanning Computerized Ophthalmic Diagnostic Imaging, Anterior Segment
<u>92083</u>	Visual field testing

Authorizations/Referrals must be made out to: *Shields and Shields, PC* (not Wills Eye)

***ALL OUT-OF-STATE MEDICAID INSURANCES MUST HAVE AN
OUT OF NETWORK AUTHORIZATION & A SINGLE CASE AGREEMENT***

Our Tax ID #232025203 | Our Group NPI #1063501526

If you have any questions please contact our authorization specialists at (215)928-3105