



American Academy of Ophthalmic Executives®

## Fact Sheet: Refraction

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<b>BACKGROUND</b>	Since 1992, the refraction has been a separate CPT code and separately billable. This service is usually billed in addition to the office visit encounter.
<b>CPT CODE</b>	92015 - Determination of refractive state
<b>2021 RVU</b>	Facility total RVU is 0.57. Non-facility total RVU is 0.58
<b>INSURANCE COVERAGE</b>	<p>Medicare Part B</p> <ul style="list-style-type: none"> <li>• Refractions are considered <u>non-covered</u> services for Medicare Part B beneficiaries.</li> <li>• As a non-covered service, an advanced beneficiary notice (ABN) is not required. The service is considered patient responsibility.</li> </ul> <p>Medigap</p> <ul style="list-style-type: none"> <li>• Some Medigap or Medicare secondary plans may cover the refraction. Others may deny as it is not a plan benefit and would be considered the patient responsibility.</li> </ul> <p>Medicare Advantage</p> <ul style="list-style-type: none"> <li>• Medicare Advantage (Part C coverage) may provide additional benefits to the patient including vision benefits and coverage for refraction. This may vary by carrier and plan.</li> <li>• MA plans vision coverage, including the refraction, may be provided by a separate vision insurance carrier (e.g., VSP or EyeMed). Confirm payer contracts for participating status.</li> </ul> <p>Commercial</p> <ul style="list-style-type: none"> <li>• Commercial carrier coverage for refraction may vary based on plans.</li> <li>• Some will pay with a vision diagnosis.</li> <li>• Some will pay with a medical diagnosis.</li> <li>• Some bundle the refraction with the office visit.</li> <li>• Best practice is to carefully review the commercial participating provider contract for refraction coverage.</li> <li>• Non-covered refractions may be considered provider contractual adjustments.</li> <li>• Vision coverage, including refraction, may be provided by a separate vision insurance carrier (e.g., VSP or EyeMed). Confirm payer contracts for participating status. Non-covered refractions may be considered provider contractual adjustments.</li> <li>• When considered patient responsibility, a waiver of liability may be required by the commercial plan. Tricare or other governmental agencies may provide their own waiver of liability form for disallowed services.</li> </ul> <p>Medicaid</p> <ul style="list-style-type: none"> <li>• Medicaid coverage varies per state. Some may provide vision coverage and reimburse for refraction services. Policies may only include coverage for children.</li> <li>• When the refraction is a Medicaid contractual write-off, the patient should not be billed.</li> </ul>

	<ul style="list-style-type: none"> <li>• Some Medicaid plans may allow balance billing non-covered services when an approved Medicaid waiver is completed.</li> <li>• Confirm the coverage and patient responsibility per the Medicaid policies.</li> </ul> <p>Vision Plans</p> <ul style="list-style-type: none"> <li>• Many vision plans provide coverage for an examination and the refraction.</li> <li>• Review the vision plan contract to confirm the reimbursement and any bundling of the refraction and the intermediate or comprehensive examination.</li> </ul>
<b>BILLING GUIDELINES</b>	<ul style="list-style-type: none"> <li>• The refraction is billable whenever it is performed. Certainly, more palatable to the patient when they are given a prescription.</li> <li>• An autorefraction is typically not billable until it is refined.</li> <li>• The refraction is not part of the global surgical package.</li> <li>• When covered by insurance, there are frequency limitations. Depending on the payer, coverage may be limited to once a year or once every two years.</li> </ul>