## Background

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.

## CPT Code

- **CPT Code:** 92015 – Determination of refractive state

## 2021 RVU

- Facility total RVU is 0.57. Non-facility total RVU is 0.58

## Insurance Coverage

### Medicare Part B
- Refractions are considered non-covered services for Medicare Part B beneficiaries.
- As a non-covered service, an advanced beneficiary notice (ABN) is not required. The service is considered patient responsibility.

### Medigap
- 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.

### Medicare Advantage
- 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.
- 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.

### Commercial
- Commercial carrier coverage for refraction may vary based on plans.
- Some will pay with a vision diagnosis.
- Some will pay with a medical diagnosis.
- Some bundle the refraction with the office visit.
- Best practice is to carefully review the commercial participating provider contract for refraction coverage.
- Non-covered refractions may be considered provider contractual adjustments.
- 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.
- 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.

### Medicaid
- Medicaid coverage varies per state. Some may provide vision coverage and reimburse for refraction services. Policies may only include coverage for children.
- When the refraction is a Medicaid contractual write-off, the patient should not be billed.
- Some Medicaid plans may allow balance billing non-covered services when an approved Medicaid waiver is completed.
- Confirm the coverage and patient responsibility per the Medicaid policies.

**Vision Plans**
- Many vision plans provide coverage for an examination and the refraction.
- Review the vision plan contract to confirm the reimbursement and any bundling of the refraction and the intermediate or comprehensive examination.

**BILLING GUIDELINES**
- The refraction is billable whenever it is performed. Certainly, more palatable to the patient when they are given a prescription.
- An autorefraction is typically not billable until it is refined.
- The refraction is not part of the global surgical package.
- 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.