



American Academy of Ophthalmic Executives®

Fact Sheet: Refraction

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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

92015 – Determination of refractive state

2023 RVU

Facility total RVU is 0.55. Non-facility total RVU is 0.57.

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's responsibility.

Medicare Advantage (MA)

- Medicare Advantage (Part C coverage) may provide additional benefits to the patient including vision benefits and coverage for refraction. Some may pay for the refraction separately (92015) while others bundle the refraction with the office visit. This may vary by carrier and plan.
- MA plans vision coverage, including the refraction, may be provided by a separate vision insurance carrier (eg, VSP or EyeMed). Confirm payer contracts for participating status.
- Non-covered refractions may be considered provider contractual adjustments. Confirm on the remittance advice from the payer.

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.

Fact Sheet: Refraction *Continued*

- 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.

Billing Guidelines

- The refraction is billable whenever it is performed. Certainly, it is 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.