



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
2020 RVU	Non-facility 0.57, Facility 0.56
INSURANCE COVERAGE	<p>Medicare Part B</p> <ul style="list-style-type: none">• Refractions are considered <u>non-covered</u> services for Medicare Part B beneficiaries.• As a non-covered, an advanced beneficiary notice (ABN) is not required. The service is considered patient responsibility. <p>Medigap</p> <ul style="list-style-type: none">• 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. <p>Medicare Advantage</p> <ul style="list-style-type: none">• 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. <p>Commercial</p> <ul style="list-style-type: none">• 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.• 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. <p>Medicaid</p> <ul style="list-style-type: none">• 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 completed.• Confirm the coverage and patient responsibility per the Medicaid policies. <p>Vision Plans</p> <ul style="list-style-type: none">• Many vision plans provide coverage for an examination and the refraction.

	<ul style="list-style-type: none">• Review the vision plan contract to confirm the reimbursement and any bundling of the refraction and the intermediate or comprehensive examination.
BILLING GUIDELINES	<ul style="list-style-type: none">• 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 once a year or once every two years.