

# Medical Policy



## Refractive Vision Services

Policy Number: PG0331  
Last Review: 12/01/2023

HMO AND PPO  
ELITE (MEDICARE ADVANTAGE)  
MARKETPLACE

### GUIDELINES:

- This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder terms, conditions, exclusions, and limitations contract. It does not constitute a contract or guarantee regarding coverage or reimbursement/payment. Self-Insured group specific policy will supersede this general policy when group supplementary plan document or individual plan decision directs otherwise.
- Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards.
- This medical policy is solely for guiding medical necessity and explaining correct procedure reporting used to assist in making coverage decisions and administering benefits.

### SCOPE:

☒ Professional  
☐ Facility

### DESCRIPTION:

Refractive errors occurring in approximately 50% of the United States population, are disorders of the eye whereby objects either distant, close, or both, appear blurred. Refractive errors are temporarily corrected by wearing eyeglasses or contact lenses; however, once the glasses or contacts are removed, blurred vision returns.

Refraction is defined as determination of the nature and degree of the refractive errors of the eye and correction of the same by lenses. This may be done with or without eye drops in the eye. Refraction is performed by interposing lenses of distinct kinds in front of the eye until visual acuity is maximized. This examination provides the degree to which the eye differs from normal, which determines whether the individual needs corrective lenses and, if so, how strong they should be. Refraction is commonly performed for purposes of prescribing corrective lenses.

Presbyopia is an age-related visual change, which begins between 40 and 50 years of age, and results in difficulty with visual accommodation, and thus objects that are nearby are blurred. In astigmatism, the refractive power of the eye is in different meridians. As a result, objects appear blurry at any distance. This can occur with myopia (nearsightedness) or hyperopia (farsightedness). Determination of the refractive state is necessary for obtaining glasses and includes specification of lens type (monofocal, bifocal, other), lens power, axis, prism, absorptive factor, impact resistance and other factors.

### POLICY:

#### **Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans**

**Effective 01/01/2024**

**Refraction: CPT 92015 describes refraction and any necessary prescription of lenses. Refraction is not separately reimbursed as part of a routine eye exam or as part of a medical examination and evaluation with or without treatment/diagnostic program, as it is considered included.**

### COVERAGE CRITERIA:

#### **Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans**

**Effective 01/01/2024 Paramount will align with CMS indicating that refractions, 92015, are not separately payable, for all product lines.**

In accordance with the Centers for Medicare and Medicaid Services' (CMS) National Physician Fee Schedule (NPFS) has indicated that procedure 92015 has a payment status indicator of “N” – a non-covered service.

Refractions (CPT 92015) are considered part of the office visit and are not separately reimbursed.

Determination of refractive state is non-covered when performed for the following conditions, not an all-inclusive listing:

- Routine eye examination; or
- Hypermetropia; or
- Myopia; or
- Astigmatism; or
- Anisometropia and aniseikonia; or
- Presbyopia; or
- Transient refractive change; or
- Unspecified disorder of refraction and accommodation; or
- Aphakia.

Refraction performed following ocular surgery is considered to be part of the doctor's normal postoperative care. Therefore, payment for the surgical procedure includes payment for refraction performed during the postoperative period for a definitive surgical procedure.

#### CODING/BILLING INFORMATION:

The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

#### CPT CODES

92015	Determination of refractive state
-------	-----------------------------------

#### REVISION HISTORY EXPLANATION: ORIGINAL EFFECTIVE DATE: 04/14/2015

Date	Explanation & Changes
04/14/2015	<ul style="list-style-type: none"><li>• Policy created to reflect most current clinical evidence per Medical Policy Steering Committee</li></ul>
05/10/2016	<ul style="list-style-type: none"><li>• Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee</li></ul>
07/12/2016	<ul style="list-style-type: none"><li>• Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee</li></ul>
12/21/2020	<ul style="list-style-type: none"><li>• Medical policy placed on the new Paramount Medical Policy Format</li></ul>
02/22/2023	<ul style="list-style-type: none"><li>• Medical Policy updated to reflect Medicaid coverage to Anthem as of 02/01/2023</li></ul>
09/01/2023	<ul style="list-style-type: none"><li>• Medical Policy reviewed and updated to reflect the most current clinical evidence</li></ul>
12/01/2023	<ul style="list-style-type: none"><li>• Effective 01/01/2024 Paramount will align with CMS indicating that refractions, 92015, are not separately payable, for all product lines</li></ul>
03/08/2024	<ul style="list-style-type: none"><li>• Medical policy placed on the new Paramount Medical Policy Format</li></ul>

Paramount reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to <https://www.paramounthealthcare.com/providers/medical-policies/policy-library>

#### REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals> <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs>

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services <https://www.ama-assn.org/amaone/cpt-current-procedural-terminology>

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update>

U.S. Preventive Services Task Force, <https://www.uspreventiveservicestaskforce.org/uspstf/>  
Industry Standard Review

Hayes, Inc., <https://www.hayesinc.com/>

Industry Standard Review