

Determination of refractive state

Applies to:



**Blue Cross
Blue Shield**
of Michigan

A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

Medicare Plus Blue PPOSM Medicare Plus Blue Group PPOSM Both

Determination of refractive state

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.

Original Medicare

Under Original Medicare, determination of refractive state is statutorily excluded from coverage. No payment may be made under Part A or Part B for any expenses incurred for items or services when such expenses are for routine physical checkups, eyeglasses [other than eyewear described in section 1861(s) (8)] or eye examinations for the purpose of prescribing, fitting or changing eyeglasses, or procedures performed during the course of any eye examination to determine the refractive state of the eyes.

Expenses for all determination of refractive state procedures, whether performed by an ophthalmologist or any other physician or an optometrist and without regard to the reason for performance of the refraction, are excluded from coverage.

Medicare Plus Blue

Medicare Plus Blue plans provide at least the same level of benefit coverage as Original Medicare (Part A and Part B) as well as enhanced benefits beyond the scope of Original Medicare within a single health care plan. This flexibility allows BCBSM to offer enriched plans by using Original Medicare as the base program while adding desired benefit options.

Coverage for determination of refractive state is provided under select individual Medicare Plus Blue PPO and Medicare Plus Blue Group PPO plans. Because Original Medicare does not cover determination of refractive state, the scope of the benefit, reimbursement methodology, maximum allowable payment amounts and member cost-sharing are determined by the individual and group plans.

Determination of refractive state is covered under these circumstances:

- A provider must identify the member's refractive state to determine an injury, illness, or disease.
- An ophthalmologist or an optometrist must determine the refractive state for corrective lenses.
- The member's refractive state is determined as part of a surgical procedure.

Blue Cross Blue Shield of Michigan

bcbsm.com/provider/ma

Conditions for payment

The table below specifies payment conditions for determination of refractive state.

Conditions for payment	
Eligible provider	M.D., D.O., ophthalmologist or optometrist
Payable location	No restrictions
Frequency	No restrictions
CPT/HCPCS codes	92015
Diagnosis restrictions	Diagnosis code V72.0 (examination of eyes and vision) is not payable alone.
Age restrictions	No restrictions

Reimbursement

Medicare Plus Blue plan's maximum payment amount for the determination of refractive state benefit is available on our provider website, [bcbsm.com/provider/ma](https://www.bcbsm.com/provider/ma) in the MA enhanced benefits fee schedule. The provider is paid the lesser of this allowed amount or the provider's charge, minus the member's cost-share. This represents payment in full and providers aren't allowed to balance bill the member for the difference between the allowed amount and the charge.

Member cost-sharing

- Medicare Plus Blue providers should, when possible, collect the applicable cost-sharing from the member at the time of the service. Cost-sharing refers to a flat-dollar copayment, a percentage coinsurance or a deductible. You can only collect the appropriate Medicare Plus Blue cost-sharing amounts from the member.
- If the member elects to receive a noncovered service, he or she is responsible for the entire charge associated with the noncovered service.

For detailed information about Medicare Plus Blue member's benefits and cost-share, providers may verify member benefits via web-DENIS or call CAREN at 1-866-309-1719.

Billing instructions

1. Bill services on the CMS 1500 (8/05) claim form or the 837 equivalent claim.
2. Use the Medicare Advantage PPO unique billing requirements.
3. Report CPT/HCPCS codes and diagnosis codes to the highest level of specificity.
4. Report your National Provider Identifier number on all claims.
5. Submit claims to your local BCBS plan.
6. Use electronic billing:
 - a. Michigan providers:
 - A copy of the BCBSM EDI Professional 837/835 Companion document is available at: [bcbsm.com/pdf/systems_resources_prof_837_835.pdf](https://www.bcbsm.com/pdf/systems_resources_prof_837_835.pdf)
 - b. Providers outside of Michigan should contact their local BCBS plan.

Additional billing instructions

1. Identify the member's refractive state to determine an injury, illness, or disease.
 - a. Evaluation and management codes: general ophthalmological services, office or other outpatient services, office or other outpatient consultation, and emergency department services must be billed along with 92015. Both are payable
2. Determine the refractive state for corrective lenses.
 - a. A routine ophthalmological examination, which includes the refraction, must be billed.
 - b. CPT code 92015 cannot be reported as a separate procedure code.
3. Determine if the member's refractive state is a part of the surgical procedure. Electronic Data Interchange telephone number: 1-800-542-0945.
 - a. The surgical procedure code must be billed.
 - b. CPT code 92015 is considered incidental or mutually exclusive and cannot be reported

Revision History:

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