



PARAMOUNT

ADVANTAGE | ELITE | HMO
INDIVIDUAL MARKETPLACE |
PROMEDICA MEDICARE
PLAN | PPO

Refractive Vision Services

Policy Number: PG0331
Last Review: 07/12/2016

GUIDELINES

This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

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.

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

Refractive Vision Services (92015) do not require prior authorization HMO, PPO, Individual Marketplace, Advantage, Elite/ProMedica Medicare Plan. Limits do apply as listed below.

COVERAGE CRITERIA

HMO, PPO, Individual Marketplace, Advantage, Elite/ProMedica Medicare Plan

Paramount allows separate reimbursement for procedure code 92015 (determination of refractive state) with limits:

- 1 per 12 months for members under the age of 21 and over 60 years of age
- 1 per 24 months for members 21 to 59 years of age

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
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REVISION HISTORY EXPLANATION

ORIGINAL EFFECTIVE DATE: 04/14/2015

04/14/15: Policy created to reflect most current clinical evidence per Medical Policy Steering Committee.

05/10/16: Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

07/12/16: Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

12/21/2020: Medical policy placed on the new Paramount Medical Policy Format

REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Ohio Department of Medicaid

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

Industry Standard Review

Hayes, Inc.