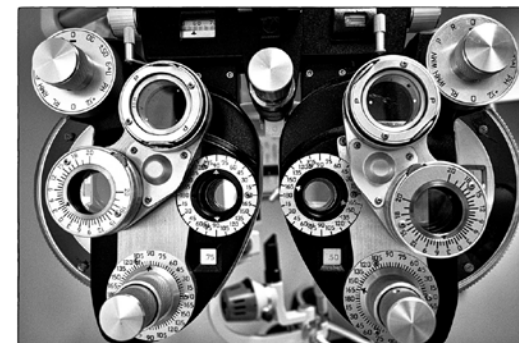


Thank you for taking the time to learn about refractions. Should you require a prescription for glasses, the current fee for this portion of the exam is \$75.

REFRACTIONS: WHAT YOU NEED TO KNOW



 **Weill Cornell Medicine**

 **New York-Presbyterian**

Why do I have to pay for it?

The Centers for Medicare & Medicaid Services (CMS), a department of the federal government, considers refractions to be a “non-covered”/non-payable part of the eye exam. This means that CMS expects patients to pay out of pocket for this part of the exam.

In addition, CMS audits health care providers to ensure that they are separately charging for this service. Providers who do not comply may face penalties.

Please refer to the following sites for more information about the CMS guidelines:

<https://www.medicare.gov/coverage/eye-exams-routine>

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R1704B3.pdf>



The Phoropter: What does it do?

The phoropter is the instrument used to determine your need for lenses to correct your vision. This process is used to identify your refractive error, otherwise known as refraction. Using the phoropter, your health care provider or technician will flip through various lenses and ask you questions such as “**Better 1 or Better 2?**” The provider/technician will repeat this process until you have achieved your best possible vision. The results of this test can then be used to dispense an eyeglass prescription.

Is this policy new?

In short, the answer is “No.”

Refraction (CPT code 92015) has never been considered a covered service by Medicare. In the last decade, CMS has been more strictly enforcing the refraction policy. CMS expects that we charge separately for this service.

Private insurance carriers typically adopt policies established by the federal government and CMS. Therefore, our contracts with most private insurance carriers also require that we charge separately for refractions.