



REIMBURSEMENT POLICY STATEMENT INDIANA MEDICAID

Policy Name		Policy Number	Effective Date
Billing Guidelines for Determination of Refractive State		PY-0814	11/1/2019
Policy Type			
Medical	Administrative	Pharmacy	REIMBURSEMENT

Reimbursement Policy Statement: Reimbursement Policies prepared by CSMG Co. and its affiliates (including CareSource) are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies.

In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any federal or state coverage mandate, Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

This Policy does not ensure an authorization or Reimbursement of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced herein. If there is a conflict between this Policy and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

CSMG Co. and its affiliates may use reasonable discretion in interpreting and applying this Policy to services provided in a particular case and may modify this Policy at any time.

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A. Subject

Billing Guidelines for Determination of Refractive State

B. Background

Reimbursement policies are designed to assist you when submitting claims to CareSource. They are routinely updated to promote accurate coding and policy clarification. These proprietary policies are not a guarantee of payment. Reimbursement for claims may be subject to limitations and/or qualifications. Reimbursement will be established based upon a review of the actual services provided to a member and will be determined when the claim is received for processing. Health care providers and their office staff are encouraged to use self-service channels to verify member's eligibility.

It is the responsibility of the submitting provider to submit the most accurate and appropriate CPT/HCPSC code(s) for the product or service that is being provided. The inclusion of a code in this policy does not imply any right to reimbursement or guarantee claims payment.

Refraction services determines ocular refraction in an eye exam. A phoropter that contains wheels with different lenses having different strengths determines which combination provides the sharpest vision. This combination determines the prescription needed for glasses or contacts to correct the error.

C. Definitions

- **Comprehensive Eye Exam** – Describes a general evaluation of the complete visual system, involving a series of test to evaluate vision and check for eye disease. The comprehensive services constitute a single service entity but need not be performed at one session.
- **Refractive Services**- The act or technique of determining ocular refraction and identifying abnormalities as a basis for the prescription of corrective lenses.

D. Policy

- I. CareSource does not require a prior authorization (PA) for the following eye exams:
 - A. 92002 - Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program, intermediate, new patient;
 - B. 92004 - Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program, comprehensive, new patient, one or more visits;
 - C. 92012 - Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program, intermediate, established patient
 - D. 92014 - Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program, comprehensive, established patient, one or more visits.
- II. Determination of refractive state (92015) performed by an optometrist or ophthalmologist is covered :
 - A. Once every (12) months, for members under 21years of age
 - B. Once every (24) months, for members 21 years of age and older
 - C. Any additional need for Determination of refractive state must include documentation for medical necessity along with claim.

Note: Although prior authorization is not required for determination of refractive state, CareSource will review documentation to support medical necessity. CareSource may request additional documentation if the information submitted with the claim does not confirm medical necessity.



III. CareSource allows separate reimbursement for determination of refractive state (92015) when included in an eye exam.

E. Conditions of Coverage

Reimbursement is dependent on, but not limited to, submitting Indiana Medicaid approved HCPCS codes along with appropriate modifiers, if applicable. Please refer to the Indiana Medicaid fee schedule for appropriate codes.

- **The following list(s) of codes is provided as a reference. This list may not be all-inclusive and is subject to updates.**

CPT Code	Description
92002	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program, intermediate, new patient
92004	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program, comprehensive, new patient, one or more visits
92012	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program, intermediate, established patient
92014	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program, comprehensive, established patient, one or more visits
92015	Determination of refractive state

F. Related Policies/Rules

N/A

G. Review/Revision History

	DATE	ACTION
Date Issued	08/12/2019	New policy
Date Revised		
Date Effective	11/1/2019	

H. References

1. Eye Exam and Vision Testing Basics. (2019, February 5). Retrieved from <https://www.aaopt.org/eye-health/tips-prevention/eye-exams-101>
2. INDIANA HEALTH COVERAGE PROGRAMS PROVIDER REFERENCE MODULE Vision Services. (2019, April 9). Retrieved from <https://www.in.gov/medicaid/files/vision%20services.pdf>
3. IHCP Fee Schedules Copyright Agreement. (2019, April 27). Retrieved from http://provider.indianamedicaid.com/ihcp/Publications/MaxFee/fee_home.asp
4. Refraction assessment. (2019, February 21). Retrieved from <https://www.mayoclinic.org/tests-procedures/eye-exam/multimedia/refraction-assessment/img-20006171>

The Reimbursement Policy Statement detailed above has received due consideration as defined in the Reimbursement Policy Statement Policy and is approved.

IN-P-0739

Date Issued: 08/12/2019

OMPP Approved: 08/12/2019