

Understanding Refractions

1. “Better 1 or Better 2?”

One of the most important parts of your eye evaluation is the refraction. This is the part of the exam where we flip various lenses inside the phoropter and ask questions like “Better 1 or Better 2?”. We keep asking these questions until we have helped you achieve the best possible vision.

2. Why do I have to pay for it?

CMS, the department of the federal government that controls Medicare and Medicaid, has decided that refractions are a “non-covered” service. That means you have to pay for that portion of the eye exam. Further, CMS has declared that if we don’t charge you extra for this service, we could receive various forms of punishment.

3. Is this new?

Refraction (CPT Code 92015) has been a “non-covered” service since Medicare was created in 1965. Since about 2007, Medicare has been enforcing the policy of requiring eye doctors to charge separately for refractions. As many private insurance carriers adopt the policies of the federal government, many of our contracts with private insurance carriers require us collect the money from you, as well. Should your plan pay us for the refraction, we will reimburse you accordingly.

4. Why is refraction important?

Refraction allows us to determine the best possible visual acuity and function of your eye. This provides essential medical information for us to have as we assess your eyes and look for problems. It also gives insight on whether or not other eye interventions are necessary. Updated refraction is required if you need to order new glasses. Even if you choose not to get new glasses, refraction is imperative for a complete eye exam.

(Our current fee for this portion of the exam is \$50.00)