Policy Name	Clinical Policy - Refraction
Policy Number	1310.00
Department	Clinical Strategy
Subcategory	Medical Management
Original Approval Date	05/24/2017
Current MPC/CCO Approval Date	01/07/2026
Current Effective Date	04/01/2026

Company Entities Supported (Select All that Apply)
X Superior Vision Benefit Management
X Superior Vision Services
X Superior Vision of New Jersey, Inc.
X Block Vision of Texas, Inc. d/b/a Superior Vision of Texas
X Davis Vision
(Collectively referred to as 'Versant Health' or 'the Company')

ACRONYMS and DEFINITIONS	
BCVA	Best corrected visual acuity

PURPOSE

To provide the medical necessity criteria to support the indication(s) for refraction and to render medical necessity determinations. Applicable procedure codes are also defined.

POLICY

A. BACKGROUND

Per the American Medical Association, refraction is provided, in addition to an eye examination, when the ophthalmologist or optometrist determines that the patient's uncorrected visual acuity can be improved. Refraction provides the measurements required for prescription of corrective lenses (glasses or contact lenses). Refraction and prescribing glasses involve history, examination, diagnosis, and treatment decisions so that the physician satisfies the individual patient's visual needs. CMS describes refraction as inherent to the routine eye exam.

Refractometry is a measurement of refractive error but does not include a prescription for corrective lenses. Where permitted by state laws and regulations, it is performed by technicians, medical assistants or other qualified health personnel and may utilize photo screeners, autorefractors, aberrometers, phoropters, trial frames, and other instruments. Refractometry is a component of the eye exam (or refraction) and is not a standalone service.

B. Medically Necessary

Medical necessity for any diagnostic testing, including refraction, includes pertinent signs, symptoms, or medical history of a condition for which the examining physician needs further information. Refraction is performed when the patient's uncorrected visual acuity suggests an ametropia is present. Ametropia, such as myopia, hyperopia, astigmatism, or presbyopia, may be caused by other diseases such as diabetes mellitus or cataract. The value of refraction is not simply the quantification of ametropia (*i.e.,* refractometry); it is the achievement of best corrected visual acuity (BCVA) through the prescription of corrective lenses that provides a meaningful benefit to the patient such as improved ability to perform normal activities of daily living.

1. Refraction is considered necessary:

    a. To minimize or eliminate refractive errors and improve uncorrected visual acuity.
    b. To improve BCVA from current glasses or contact lenses.
    c. To prescribe replacement lenses (*e.g.,* broken glasses, lost contact lenses).
    d. To prescribe additional glasses for other circumstances or functionality (*e.g.,* protective eyewear, computer glasses, piano glasses, reading glasses).
    e. To prescribe prism in spectacles to address symptomatic phorias or tropias.
    f. To prescribe low vision aids (*e.g.,* high plus bifocals, telescopes, magnifiers).
    g. Following cataract surgery to address residual refractive error (*i.e.,* pseudophakia or aphakia).

2. Refraction is a component part of an eye exam, and not a separate procedure. Refractions may be repeated when the examiner suspects a change.

C. Documentation

Medical necessity must be supported by adequate and complete documentation in the patient's medical record that describes the procedure and the medical rationale, as in requirements above. All items must be available upon request to initiate or sustain previous payments.

Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, date(s) of service). Services provided/ordered must be authenticated by the physician, in a handwritten or electronic signature. Stamped signatures are not acceptable.

1. Medical necessity for refraction, including but not limited to relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures. All findings and a plan of action should be documented in the patient's medical record.

2. A prescription for lenses. This may be spectacles, contact lenses, or other lenses. It includes specification of lens type (monofocal, bifocal, other), lens power, axis, prism, absorptive factor, impact resistance, and other factors. Refraction is not equivalent to contact lens fitting, with determination of base curves, diameter, bevels, and lens materials, but is a necessary adjunct to the fitting.

D. Procedural Detail

CPT/HCPCS Codes	
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, 1 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, 1 or more visits
92015	Determination of refractive state
G0466	Federally qualified health center (FQHC) visit, new patient (for Medicare only)
G0467	Federally qualified health center (FQHC) visit, established patient (for Medicare only)
S0620	Routine ophthalmological examination including refraction; new patient
S0621	Routine ophthalmological examination including refraction; established patient
T1015	Clinic visit/encounter, all-inclusive (FQHC) (for Medicaid only)

Invalid Modifiers	
Anatomical modifiers	RT, LT, 50
TC and 26	There is no technical component of refraction because this service cannot be delegated to a medical assistant or ophthalmic technician; TC and 26 are not valid modifiers to append to any of the codes above for routine eye exam.

Diagnosis Coding	
If the primary diagnosis is a disorder of refraction and accommodation, and the beneficiary has a vision plan with or without a medical plan, use an ICD-10 code in the series H52.xxx on the claim for the routine eye exam with refraction (S0620, S0621) or, conversely, the office visit (920xx) and refraction (92015). The payment rate is the same with either approach.	
If the primary diagnosis is a disease, injury, or abnormality a concurrent refraction will use the same primary medical diagnosis, and a secondary diagnosis will use one of the ICD-10 codes below. For both scenarios, payment for refraction is additive to the eye exam.	
ICD-10 codes	
H52.01 – H52.03	Hypermetropia
H52.11 – H52.13	Myopia, right eye
H52.201 – H52.203	Unspecified astigmatism
H52.211 – H52.213	Irregular astigmatism
H52.221 – H52.223	Regular astigmatism
H52.31	Anisometropia
H52.32	Aniseikonia
H52.4	Presbyopia
H52.511 – H52.513	Internal ophthalmoplegia (complete)
H52.521 – H52.523	Paresis of accommodation
H52.531 – H52.533	Spasm of accommodation
H52.6	Other disorders of refraction
H52.7	Unspecified disorder of refraction
H53.50	Unspecified color vision deficiencies
Z01.00	Encounter for examination of eyes and vision without abnormal findings
Z01.01	Encounter for examination of eyes and vision with abnormal findings
Z01.020	Encounter for examination of eyes and vision following failed vision screening without abnormal findings
Z01.021	Encounter for examination of eyes and vision following failed vision screening with abnormal findings
Z46.0	Encounter for fitting and adjustment of spectacles and contact lenses
Z82.1	Family history of blindness and visual loss
Z83.511	Family history of glaucoma
Z83.518	Family history of other specified eye disorders
Z97.3	Presence of spectacles and contact lenses

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RELATED POLICIES AND PROCEDURES	
1316	Eye exams

DOCUMENT HISTORY		
Approval Date	***Revision***	***Effective Date***
05/24/2017	Initial policy	05/24/2017
02/06/2017	Annual review; no criteria change.	02/06/2017
03/21/2018	Annual review; no criteria change.	03/21/2018
03/13/2019	Annual review; no criteria change.	03/13/2019
02/19/2020	Annual review; no criteria change.	04/01/2020
06/03/2020	Deletion of benefit and coverage statements; no change in criteria	08/01/2020
01/06/2021	Annual review; no criteria change	04/01/2021
01/05/2022	Annual review; added ICD-10 codes H52.511-13.	02/01/2022
01/04/2023	Annual review; no criteria changes.	04/01/2023
09/20/2023	Administrative review for CMS 2024 final rule Medicare Part C equity: no changes.	n/a
01/03/2024	Annual review; no criteria change.	04/01/2024
01/08/2025	Annual review; no criteria change.	03/01/2025
01/07/2026	Annual review; no criteria change.	04/01/2026

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