

Blue Cross Blue Shield of Michigan
Medicare Advantage Private Fee-for-Service

Determination of Refractive State

January 1, 2008
Updated October 1, 2008

DETERMINATION OF REFRACTIVE STATE

Determination of the refractive state is necessary for the purpose of obtaining glasses and includes specification of lens type (monofocal, bifocal, other), lens power, axis, prism, absorptive factor, impact resistance, and other factors.

ORIGINAL MEDICARE

Under Original Medicare, determination of refractive state is statutorily excluded from coverage by the Social Security Act¹. No payment may be made under Part A or Part B for any expenses incurred for items or services where such expenses are for routine physical checkups, eyeglasses [other than eyewear described in section 1861(s) (8)] or eye examinations for the purpose of prescribing, fitting, or changing eyeglasses, or procedures performed (during the course of any eye examination) to determine the refractive state of the eyes.

Expenses for all determination of refractive state procedures whether performed by an ophthalmologist (or any other physician) or an optometrist and without regard to the reason for performance of the refraction, are excluded from coverage.

MEDICARE ADVANTAGE

Coverage for determination of refractive state is provided under select Medicare Advantage private fee-for-service plans. Since Original Medicare does not cover determination of refractive state, the scope of the benefit, reimbursement methodology, maximum allowable payment amounts and member cost-sharing are determined by the group.

Determination of refractive state is covered under the following circumstances:

- A provider needs to identify the member's refractive state in order to determine an injury, illness, or disease.
- An ophthalmologist or an optometrist needs to determine the refractive state for corrective lenses.
- The member's refractive state is determined as part of a surgical procedure.

Conditions for Payment

BCBSM Medicare Advantage private fee-for-service plans use the Centers for Medicare & Medicaid Services deemed provider² concept for group specific benefits. The table below specifies payment conditions for determination of refractive state:

¹ Social Security Act – Title XVIII § 1862 (a) (7) & (8)

² 2008 Terms and condition

Conditions For Payment	
Eligible providers	M.D., D.O., ophthalmologist or optometrist
Deemed provider	See terms and conditions on bcbsm.com/ma
Payable locations	No restrictions
Frequency	No restrictions
CPT/HCPCS codes	92015
Diagnosis restrictions	Diagnosis code V72.0 (examination of eyes and vision) is not payable alone.
Age restrictions	No restrictions

Reimbursement

The maximum payment amount for the determination of refractive state benefit is available in a separate document, [BCBSM Medicare Advantage - Additional Benefits Fee Schedule](#).

The provider will be paid the lesser of this allowable amount or the provider's charge, minus the member's cost-share. This represents payment in full and providers are not allowed to balance bill the member for the difference between the allowed amount and the charge.

Member Cost-Sharing

- Deemed providers must agree to collect from the member only the cost-sharing amounts described in the table below. They may not otherwise charge or bill the member.
- If the member elects to receive a noncovered service, he or she is responsible for the entire charge associated with the noncovered service.

The cost-sharing chart below identifies members with determination of refractive state coverage:

Member Cost-Sharing Responsibilities						
Group Name and Number	Annual Deductible		Coinsurance		Out-of-Pocket Maximum	
			Professional Claim			
	2007	2008	2007	2008	2007	2008
BCBSM Retirees ³ 80311, 80312	No MA PFFS plan	\$250	No MA PFFS plan	5%	No MA PFFS plan	\$1000

³ BCBSM Retirees Benefit grid

Member Cost-Sharing Responsibilities						
Group Name and Number	Annual Deductible		Coinsurance		Out-of-Pocket Maximum	
			Professional Claim			
	2007	2008	2007	2008	2007	2008
City of Detroit Option E ⁴ 81100, 81101	\$175 Waived	\$175	20% all locations except 21 ⁵		\$825	
City of Detroit Option F ⁶ 54731, 81097			10% all locations except 21			
City of Detroit Option G ⁷ 04436						
MI Public School Emp. Retirement System ⁸ 59000	\$250	\$0	10%	<u>01/01/08-03/31/08</u> 10%	\$500	
				<u>04/01/08-12/31/08</u> 10% all locations except 23 ⁹		
State of MI Retirees ¹⁰ 81820, 81821, 81828	No MA PFFS plan	\$200	No MA PFFS plan	\$0	No MA PFFS plan	\$0

Billing Instructions

1. Bill services on the CMS 1500 (8/05) claim form or the 837 equivalent claim.
2. Use the Medicare Advantage private fee-for-service unique billing requirements.

⁴ City of Detroit - Option E Benefit grid

⁵ Inpatient hospital - 21

⁶ City of Detroit - Option F Benefit grid

⁷ City of Detroit - Option G Benefit grid

⁸ MPSERS Benefit grid

⁹ Emergency room - 23

¹⁰ State of Michigan Retirees Benefit grid

3. Report CPT/HCPCS codes and diagnosis codes to the highest level of specificity.
4. Report your National Provider Identifier number on all claims.
5. Submit claims to your local BCBS plan.
6. Use electronic billing:
 - a. Michigan providers:
 - A copy of the BCBSM EDI Professional 837/835 Companion Document is available at:
http://www.bcbsm.com/pdf/systems_resources_prof_837_835.pdf
 - b. Providers outside of Michigan should contact their local BCBS plan.

Additional Billing Instructions

1. Identify the member's refractive state in order to determine an injury, illness, or disease.
 - a. Evaluation and management codes: general ophthalmological services, office or other outpatient services, office or other outpatient consultation, and emergency department services must be billed along with 92015; both are payable.
2. Determine the refractive state for corrective lenses.
 - a. A routine ophthalmological examination, which includes the refraction, must be billed.
 - b. CPT code 92015 cannot be reported as a separate procedure code.
3. Determine if the member's refractive state is a part of the surgical procedure.
 - a. The surgical procedure code must be billed;
 - b. CPT code 92015 is considered incidental or mutually exclusive and cannot be reported.