

Determination of refractive state

Applies to:

☐ BCN Advantage Individual ☐ BCN Advantage Group ☒ Both

BCN Advantage HMOSM
BCN Advantage HMO-POSSM



**Blue Care
Network
of Michigan**

Medicare and more

Blue Care Network of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

Determination of refractive state

Determination of the refractive state is necessary for 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. No payment may be made under Part A or Part B for any expenses incurred for items or services when 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.

BCN Advantage enhanced benefit

BCN Advantage is a Medicare Advantage plan that provides at least the same level of benefit coverage as Original Medicare (Part A and Part B) and may provide enhanced benefits beyond the scope of Original Medicare within a single health care plan. This flexibility allows Blue Care Network to offer enriched plans by using Original Medicare as the base program while adding desired benefit options.

Because Original Medicare doesn't cover determination of refractive state procedures, the scope of the benefit, reimbursement methodology, maximum allowed payment amounts, and member cost sharing are determined by BCN for individual coverage and by the group for those with group-based coverage that includes this benefit.

Conditions for payment

This table below specifies payment conditions for determination of refractive state.

Conditions for payment	
Eligible providers	M.D., D.O., ophthalmologist or optometrist
Payable location	No restrictions
Frequency	1 per year
CPT/HCPCS	92015
Diagnosis restrictions	No restrictions
Age restrictions	No restrictions

Blue Care Network of Michigan

bcbsm.com/providers

Reimbursement

To find BCN Advantage plan's maximum payment amount for the determination of refractive state benefit, visit our provider portal, [Availity Essentials](#). Within Secure Provider Resources, click on BCN Fee Schedules under the Fee Schedules tab and follow the instructions. The BCN Advantage maximum payment amount for chiropractic care services is consistent with Original Medicare. The provider will be paid the lesser of this allowed amount or the provider's charge, minus the member's cost share. This represents payment in full and providers aren't allowed to bill the member for the difference between the allowed amount and the charge.

Member cost share

- BCN Advantage providers should collect the applicable cost share from the member at the time of the service, when possible. Cost share refers to a flat dollar copayment, a percentage coinsurance or a deductible. Providers can only collect the appropriate BCN Advantage cost share amounts from the member.
- If the member elects to receive a noncovered service, he or she is responsible for the entire charge associated with that service.
- Providers may not have members sign an Advance Beneficiary Notice of Noncoverage to accept financial responsibility for noncovered items. If there is any question about whether an item is covered, seek a coverage determination from Blue Care Network before providing the item to the member. If a provider issues a noncovered item to a member without first obtaining a coverage determination, the member must be held harmless for all charges except for any applicable cost share.

To verify benefits and cost share, providers may use our provider portal or call 1-800-344-8525.

Billing instructions for providers

1. Bill services on the CMS 1500 (02/12) claim form.
2. Use the BCN Advantage unique billing requirements.
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. Use electronic billing:
 - a. **Michigan Providers:** Copies of the ANSI ASC X 12N 837 and 835 Institutional Health Care Claim and Health Care Claim Payment/Advice (Blue Cross Electronic Data Interchange (EDI) Institutional 837/835 Companion Documents) are available on the Blue Cross website under the reference library section at bcbsm.com/providers/help/edi/.
 - b. **Providers outside Michigan:** Members of BCN Advantage HMO-POS plans have a point-of-service benefit offered through the nationwide network of Blue Plan Providers via the Blue Cross and Blue Shield Association. Providers outside Michigan who participate with Blue plans can provide preauthorized routine and follow-up care as necessary. Contact your local Blue plan for billing instructions.

Coverage outside Michigan for members of BCN Advantage HMO plans is limited to medical emergencies, urgently needed services and renal dialysis unless BCN Advantage has approved the out-of-network services, which members must request in advance.

6. Send paper claims to:

BCN Advantage Claims
Blue Care Network
P.O. Box 68753
Grand Rapids, MI 49516-8753

Additional billing instructions

1. Identify the member's refractive state 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 CPT code 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. For questions or help related to proper bill coding, call the EDI Help Desk at 1-800-542-0945 or email realtimesupport@bcbsm.com.
 - a. The surgical procedure code must be billed.
 - b. CPT code 92015 is considered incidental or mutually exclusive and cannot be reported.

Revision history

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Revised: