

Medicare Payment Policy - Refractions

Executive Sponsor: Melissa Rusk, Vice President Operations

Issuing Department: Operations, Claims

Gate Keeper: Terry Snyder, Director Claims

COMPLIANCE STATEMENT:

Enforcement:	All members of the workforce are responsible for compliance with this policy. Failure to abide by the requirements of this policy may result in corrective action, up to and including termination. Workforce members are responsible for reporting any observed violations of this policy.
Review Schedule:	This policy will be reviewed and updated as necessary and no less than every two years.
Monitoring and Auditing:	The Issuing/Collaborating Department(s) is responsible for monitoring compliance with this policy.
Documentation:	Documentation related to this policy must be maintained for a minimum of 10 years.

Applies to:

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| ☒ SummaCare | ☐ Apex |
| ☐ Summa Health Management Company | ☐ Summa Insurance Company |

Line of Business:

- | | |
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| ☐ Commercial Groups | ☒ Medicare |
| ☐ Medicare Supplemental | ☐ On-Exchange |
| ☐ Off-Exchange | ☐ Self-Funded |

1.0 Purpose:

- 1.1 To outline the benefit and payment parameters for coverage of refractions.

2.0 Policy:

- 2.1 SummaCare Medicare Advantage and Medicare Advantage Prescription Drug plans cover refractions in limited situations as indicated below.

3.0 Procedure:

- 3.1 Routine refractions are covered once per calendar year when performed by a participating provider.
- 3.2 Non-routine refractions are covered based on medical necessity and must be billed with a non-routine diagnosis code impacting the eye (such as diabetes, cataracts, macular degeneration, etc.) supported by the medical record. Network rules for each plan must be followed.
- 3.3 Refractions post cataract surgery will be included with the surgical procedure and will not be separately reimbursed.
- 3.4 Denied services will be the responsibility of the participating provider.

4.0 References:

- 4.1 Source of the policy (regulatory citation, accreditation standard, internal standard)
 - 4.1.1 Internal Standard
- 4.2 Are there any references to other documents, regulations, or intranet locations?
 - 4.2.1 None
- 4.3 Are there other policies that work in conjunction with this policy?
 - 4.3.1 None
- 4.4 Replaces (if applicable):
 - 4.4.1 None

5.0 Definitions:

- 5.1 None

6.0 Key Words or Aliases (Optional):

- 6.1 Medicare, refraction



Uncontrolled if Printed

ORIGINAL *EFFECTIVE DATE*: 1/1/2023
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Policy Name: Medicare Payment Policy -
Refractions
Approved By: Melissa Rusk
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