



Better 1 *or* Better 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 not a payable part of an eye exam.

CMS, directly under control of the US Congress, has determined this is 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.

What does it do?

This instrument determines your need for lenses to correct your refractive error, also referred to as your refraction, or your eyeglass prescription.

This is the part of the exam where the doctor, or other staff member flips various lenses inside the phoropter and asks questions like “Better 1 or Better 2?”. We keep asking these questions until we have helped you achieve the best possible vision.

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.

Why don’t we tell you about it during the exam?

Many of our colleagues have stopped the exam to say “this part is not covered by insurance – you have to pay for this.” The feedback they received from patients was not pleasant.

Most of our patients would be disappointed if we completed the exam without receiving a prescription, so we just proceed, unless you tell us to stop.

What can be done about it?

We recommend contacting your representatives in Washington.

They are the only ones who can change this policy.

Thank you

for taking the time to learn about refractions.

Our current fee for this portion of the exam is \$42.



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