OPTOMETRY EXAMINATIONS (SIMPLE REFRACTION)

Policy

1. Requests to “check eyes” for routine refraction and related screening examinations do not require a Treatment Authorization Request (TAR). Payment for such routine evaluations is returned to the member, up to a maximum of $50.00 per Plan year.

2. In all cases the patient, not the Plan, makes the appointment.

3. The Plan does not pre-approve any form of therapy or treatment by the examining physician.

Procedure

Member submits a REIMBURSEMENT FORM to the Plan, accompanied by a receipt of payment, within 180 days of date of service.

A. Attachments: None

B. References: None

C. History:

Reviewers: Pat Neumann, Insurance Service Administrator & Richard Ashby, MD, Medical Director; Date: Oct 2000
Reviewed/Revised by David Chernof MD, Medical Director; Date: Feb 2005
Committee Reviews: QAC: February 22, 2005
Reviewed: Albert Reeves, MD; Date: 11/1/11
Reviewed/No Changes: Albert Reeves, MD; Date: 4-17-12
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Reviewed/ No Changes: Catherine Sanders, MD
Reviewed/No Updates: Catherine Sanders, MD
Reviewed/No Updates by: Faustine Dela Cruz, RN & Catherine Sanders, MD
Reviewed/Revised by: Catherine Sanders, MD
Committee Review: UM: May 12, 2016; QAC: May 24, 2016
Reviewed/Revised by: Catherine Sanders, MD & Robert Sterling, MD
Reviewed/Revised by: Catherine Sanders, MD & Robert Sterling, MD
Committee Review: UM: February 8, 2018; QAC: February 27, 2018
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Committee Review: UM: February 14, 2019; QAC: February 26, 2019

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<td>No</td>
<td>Catherine Sanders, MD; Robert Sterling, MD</td>
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