

In most cases when a patient is new to an ophthalmology practice, a refraction is performed to establish a baseline of the patients best corrected visual acuity, the refractive power of the eye, and if applicable prescribing purposes. For established patients most ophthalmology practices repeat the refraction measurement annually, for baseline monitoring of visual acuity including changes and if applicable prescribing purposes.

If a patient's vision is less than 20/20 on the visual acuity exam, it is common practice to perform a refraction to determine the full vision capability of the eye, a necessary component for ruling out disease and pathology.

Refractions can be obtained in several ways. The most common for adults is a subjective refraction. A phoropter is placed in front of the patient and a selection of lenses are shown. The patient chooses the clearest lens selection and a refractive power is documented. A glasses or contact lens prescription may be written from this information.

Refractions for infants and children are done using an objective method. When a child is not old enough to make lens selections, a method called retinoscopy is used to determine retinal reflex motion. This procedure involves a hand held instrument called a retinoscope. The light from the retinoscope is swept back and forth in front of the patient's eye. The direction of the retinal reflex motion seen in the eye indicates the refractive power of the eye. A glasses or contact lens prescription may be written from this information.

Performing a refraction measurement for best corrected visual acuity does not necessarily mean the patient is charged for the refraction measurement, which often is the case when the information is not being dispensed to the patient in the form of a prescription. If the work is performed, the refraction charge is viable. Whether to charge for the refraction or not is at the discretion of each physician.

If a patient is scheduled for a "work-in problem" visit (not a routine exam) and they received a refraction measurement and prescription at the end of the exam, this most likely was a courtesy to the patient. Typically a patient that is "worked in" to the scheduled for a problem is brought back at a later date for the "routine" exam and refraction measurement and new charges apply for exam and refraction measurement.

Refraction Fee is \$20.00 (2008-current)

REFRACTION

When a patient is not 20/20 on the visual acuity exam, it is common practice to do a refraction to determine the full vision capability of the eye. The best corrected visual acuity is a necessary component for ruling out disease and pathology.

Performing a refraction for best corrected visual acuity does not necessarily mean the patient is charged for the refraction, especially if the information is not being dispensed to the patient in the form of a glasses Rx. Whether to charge for the refraction or not is at the discretion of each physician. If the work is performed, the charge is viable.

If a patient is scheduled for a “work-in problem” visit (not a routine exam) and they received a glasses Rx at the end of the exam, this was a courtesy to them. Typically a patient that is “worked in” to the scheduled is brought back at a later date for the “routine” exam and glasses Rx. There is another charge for that exam and a charge for the glasses Rx.