

Lenses (Intraocular Or Contact) And Eye Glasses

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1.0 CPT¹ PROCEDURE CODES

92310 - 92326

2.0 POLICY

2.1 Lenses must be **either approved for marketing by the U.S. Food and Drug Administration (FDA) or subject to an Investigational Device Exemption (IDE)**. See [Chapter 8, Section 5.1](#).

2.2 Lenses or eye glasses are only cost-shared for the following conditions:

- Contact lenses for treatment of infantile glaucoma.
- Corneal or scleral lenses for treatment of keratoconus.
- Scleral lenses to retain moisture when normal tearing is not present or is inadequate.
- Corneal or scleral lenses prescribed to reduce a corneal irregularity other than astigmatism.
- Intraocular lenses (IOL), contact lenses, or eyeglasses to perform the function of the human lens, lost as the result of intraocular surgery or ocular injury or congenital absence. **Benefits for the IOL for this condition are limited to the standard fixed non-accommodating monofocal IOL (V2630, V2631, V2632).**

2.3 Benefits are also specifically limited to one set of lenses **related to one of the qualifying eye conditions listed in paragraph 2.2**. A set may also include a combination of both lenses and eyeglasses when a combination is necessary **and related to one of the qualifying eye conditions**.

2.4 When there is a prescription change still related to the qualifying eye condition, a new set may be cost-shared, **subject to medical review**.

2.5 Reimbursement for a standard monofocal IOL covered under [paragraph 2.2](#) is packaged into the payment for the extraction and lens implantation performed in a hospital on either an inpatient basis subject to the Diagnosis Related Group (DRG) reimbursement system (see the TRICARE Reimbursement Manual (TRM), [Chapter 6, Section 4, paragraph 3.2](#)) or outpatient basis subject to

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Chapter 7, Section 6.2

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Outpatient Prospective Payment System (OPPS) (see the TRM, Chapter 13, Section 3, paragraph 3.6.4.3) or in an Ambulatory Surgical Center (ASC) (see the TRM, Chapter 6, Section 4, paragraph 3.2). For a standard monofocal IOL inserted in a physician's office, payment for the IOL is based upon the allowable charge basis.

3.0 EXCLUSIONS

3.1 When the prescription remains unchanged, replacement for lenses that are lost, have deteriorated or that have become unusable due to physical growth are not covered.

3.2 Adjustments, cleaning, or repairs of glasses are not covered (CPT² procedure codes 92340 - 92371).

3.3 Astigmatism-Correcting Intraocular Lenses (A-C IOL) (V2787) and Presbyopia-Correcting Intraocular Lenses (P-C IOL) (V2788) are excluded from TRICARE coverage. Any adjustments, subsequent treatment, services or supplies required to examine and monitor the beneficiary who receives an A-C IOL or P-C IOL are also excluded. These items are excluded and the beneficiary is responsible for costs associated with these excluded lenses.

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