

## LENSES (INTRAOCULAR OR CONTACT) AND EYE GLASSES

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### I. CODES

#### A. CPT<sup>1</sup> Procedure Codes

65125 - 65175, 92070, 92310 - 92313, 92326, 92392, 92395, 92396

#### B. HCPCS Codes

V2630 - V2632

### II. POLICY

#### A. Lenses must be FDA approved.

#### B. Lenses or eye glasses are only cost-shared for the following conditions:

1. Contact lenses for treatment of infantile glaucoma.
2. Corneal or scleral lenses for treatment of keratoconus.
3. Scleral lenses to retain moisture when normal tearing is not present or is inadequate.
4. Corneal or scleral lenses prescribed to reduce a corneal irregularity other than astigmatism.
5. Intraocular lenses, 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.

C. Benefits are also specifically limited to one set of intraocular lenses necessary to restore vision. A set may also include a combination of both intraocular lenses and eyeglasses when a combination is necessary to restore vision.

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D. When there is a prescription change still related to the qualifying eye condition, a new set may be cost-shared.

### III. EXCLUSIONS

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

B. Adjustments, cleaning, or repairs of glasses are not covered.

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