

CHAPTER 1  
SECTION 16.1

## OPHTHALMOLOGICAL SERVICES - BASIC PROGRAM

Issue Date: January 23, 1984

Authority: [32 CFR 199.4\(c\)\(2\)\(xvi\)](#), [\(e\)\(6\)](#), and [\(g\)\(50\)](#)

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### I. DESCRIPTION

A. Ophthalmological services may include an examination and other specialized services. The purpose of an examination is to diagnose or treat a medical condition of the eye, eyelid, lacrimal system, or orbit.

B. A "routine eye examination" is an evaluation of the eyes, including but not limited to refractive services, that is not related to a medical or surgical condition or to the medical or surgical treatment of a covered illness or injury.

### II. POLICY

A. For all beneficiaries, TRICARE may cost-share medically necessary ophthalmological services (including refractive services) provided in connection with the medical or surgical treatment of a covered illness or injury.

B. For active duty family members only, TRICARE may cost-share one "routine eye examination" per calendar year per family member.

III. EFFECTIVE DATE            October 1, 1984.

### IV. EXCEPTION

TRICARE may not reimburse charges for "routine eye examinations" provided to beneficiaries other than active duty family members.

### V. POLICY CONSIDERATIONS

A. Claims processors should follow the coding guidelines outlined in the Physicians' Current Procedural Terminology (CPT) book published by the American Medical Association.

B. TRICARE may reimburse for examinations reported with either ophthalmology-specific codes (92002-92014) or general evaluation and management (E/M) codes (99201-99275) as described in CPT.

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C. In addition to an examination, TRICARE may reimburse separately for specialized services (including refractive services) listed in CPT (codes 92015 - 92287) when they are required in patient evaluation.

*NOTE: If the sole purpose of an examination is the performance of any of the specialized services (CPT codes 92015-92287), a medical office visit (CPT codes 92002-92014, 99201-99275) should not be billed in addition to the specialized service(s).*

D. A "routine eye examination" may be identified by the diagnosis. The diagnosis should indicate that the examination is a routine examination of eyes and vision that does not involve a medical or surgical condition. The following diagnoses may be used to identify a routine examination: ICD-9 codes V72.0, 360.21, 367.0, 367.1, 367.2, 367.20, 367.21, 367.22, 367.3, 367.31, 367.32, 367.4, 367.51, 367.53, 367.9, and 368.13.

E. According to CPT, the following procedure codes represent unilateral services: 92225, 92226, 92230, 92235, 76511, 76512, and 76513. If any of these diagnostic services is performed bilaterally (two procedures), the reimbursement is based on the CHAMPUS Maximum Allowable Charge (CMAC) for each of the procedures.

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