

CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 10.4
TITLE: LENSES (INTRAOCULAR OR CONTACT) AND EYE GLASSES

AUTHORITY: 38 CFR 17.270(a) and 17.272 (a)(42)

RELATED AUTHORITY: 32 CFR 199.4(d)(3)(vii), (e)(6)(i) and (e)(6)(ii)

I. EFFECTIVE DATE

January 23, 1984

II. PROCEDURE CODE(S)

A. CPT Codes: 65125-65175, 92070, 92310-92326, and 92390-92392, 92394-93296

B. HCPCS Codes: V2630-V2632

III. DESCRIPTION

A. There are two types of intraocular lenses (IOLs): anterior lenses, which are implanted into the anterior chamber of the eye in front of the iris, and posterior lenses, which are implanted into the posterior chamber of the eye behind the iris and resting against the capsular bag.

B. There are two primary types of contact lenses, hydrophilic (water-loving) soft lenses, and rigid or hard type materials. Soft lenses are made of plastics, which contain 36%-74% water. The diameter varies from 10.5 to 15.5 mm. Soft lenses are available in almost any optical correction, including myopia, hyperopia, astigmatism and bifocal. Hard lenses used to be manufactured from a material called PMMA. They have generally been replaced by gas permeable materials and are called RGP (rigid, gas permeable). As with soft lenses, they are available in almost all possible optical corrections. RGP lenses have diameters between 80mm-10mm and inside curves which match the curvature of the cornea. There are also a number of lenses, which combine soft and RGP materials.

IV. POLICY

A. Lenses must be FDA approved.

B. A physician's prescription is required with all claims for covered lenses, both the initial lenses and any lenses required due to a change in the patient's condition. All

C. Benefits for eyeglasses, spectacles, contact lenses, or other optical devices are only covered in the following circumstances:

1. When necessary to perform the function of a human lens, lost as a result of intraocular surgery, ocular injury, or congenital absence.
2. Pinhole glasses prescribed for use after surgery for detached retina.
3. Lenses prescribed as "treatment" instead of surgery for the following conditions:
 - a. Contact lenses used for treatment of infantile glaucoma.
 - b. Corneal or scleral lenses prescribed with treatment of keratoconus.
 - c. Scleral lenses prescribed to retain moisture when normal tearing is not present or is inadequate.
 - d. Corneal or scleral lenses prescribed to reduce a corneal irregularity other than astigmatism.
 - e. 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.

V. POLICY CONSIDERATIONS

When there is a prescription change still related to the qualifying eye condition, a new set of lenses may be cost shared after medical review.

VI. LIMITATIONS

Benefits are specifically limited to one set of lenses necessary to restore vision. A set includes **both** contact lenses and eyeglasses when a combination is necessary to restore vision.

VII. EXCLUSIONS

- A. When the prescription remains unchanged, replacement for lenses that are lost, deteriorated, or unusable due to physical growth are not covered. [38 CFR 17.272 (a)(42)(iv)]
- B. Adjustments, cleaning or repair of lenses and glasses are not covered.
- C. Special features on eye glasses (i.e., tinting or transitional lenses) unless specifically prescribed by a physician as being medically necessary.

END OF POLICY