

CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 31.9
TITLE: CORNEAL TRANSPLANTATION

AUTHORITY: 38 USC 1713; 38 CFR 17.270(a) and 17.272(a)

RELATED AUTHORITY: 32 CFR 199.4(e)(5)

TRICARE POLICY MANUAL: Chapter 3, Section 16.2

I. EFFECTIVE DATE

January 23, 1984

II. PROCEDURE CODE(S)

65710-65755, and 65772

III. DESCRIPTION

Corneal transplants (penetrating keratoplasty) are performed for scarring of the cornea or disease of the cornea which interfere with corneal function.

IV. POLICY

A. A corneal transplant (keratoplasty) is a covered surgical procedure when medically necessary and appropriate.

B. When astigmatism follows a corneal transplant and the astigmatism is of such a degree that is not practically corrected with glasses or a contact lens, than a relaxing keratotomy (CPT code 65772) can be performed in an effort to relieve the astigmatism.

C. Corneal relaxing incisions to correct astigmatism following corneal transplant are not to be confused with radial keratotomy. Medical necessity must be determined on a case-by-case basis.

V. POLICY CONSIDERATIONS

A. Eye bank charges are covered within the amount allowed under the CHAMPVA DRG-based payment system. Separate billings from the surgeon, the eye bank or the hospital are not acceptable.

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B. Eye banks themselves are not CHAMPVA authorized providers; therefore, payment can only be made through the Diagnosis Related Group (DRG) system when the eye bank bills the hospital. For non-DRG facilities, charges should be included in the facility bill.

END OF POLICY