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CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 10.9
TITLE: REFRACTIVE KERATOPLASTY

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

RELATED AUTHORITY: 32 CFR 199.4(c)(2) and (c)(3)

I. EFFECTIVE DATE

April 25, 1988

II. PROCEDURE CODE(S)

65767 and 65772

III. DESCRIPTION

A. Refractive keratoplasty is a generic term which includes all surgical procedures on the cornea to improve vision by changing the refraction.

B. Epikeratoplasty (CPT code 65767) is a surgical procedure which involves the removal of the corneal epithelium from the recipient eye and the suturing of a prelathed donor corneal graft onto the surface of the recipient cornea.

C. Keratoconus is a noninflammatory, usually bilateral protrusion of the cornea, apex being displaced downward and nasally. It occurs most commonly in females at about puberty. The cause is unknown, but hereditary factors may play a role.

D. Pterygium is a pink triangular bit of pale tissue extending medially from the nasal border of the cornea to the inner canthus to the eye.

IV. POLICY

A. **Epikeratoplasty** is used in the treatment of the cornea, keratoconus, and pterygium. Its use for treatment of these conditions is well accepted and can be covered. When used for these indications it is not considered a refractive surgery, but rather a variant of the lamellar keratoplasty.

B. For information regarding corneal relaxing incision (CPT code 65772) following corneal transplants (see [Chapter 2, Section 31.9](#), *Corneal Transplantation*).

V. EXCLUSIONS

Refractive keratoplasty procedures which include, but are not limited to:

- 1. **Conductive** keratoplasty
- 2. Epikeratophakia
- 3. Kertomileusis
- 4. **Keratophakia**
- 5. Radial keratotomy

END OF POLICY