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CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 29.8
TITLE: LASER SURGERY

AUTHORITY: 38 CFR 17.270(a) and 17.272(a)(82)

RELATED AUTHORITY: 32 CFR 199.4(c)(2)(i)

I. EFFECTIVE DATE

- A. September 12, 1986
- B. December 1, 1987, for infertility surgery
- C. March 11, 1996, for TULIP
- D. November 1, 1996, for transpupillary thermotherapy with chemotherapy for treatment of retinoblastoma

E. January 1, 2004, endovenous laser ablation for the treatment of varicose leg veins.

II. PROCEDURE CODE(S)

17000-17111, 17260-17286, 30117-30118, 31641, 33140-33141, 43227, 44366, 44378, 44391, 45190, 45317-45320, 45334, 45382, 46614, 46917, 46924, 52214-52240, 52341-52346, 52647-52648, 54057, 54065, 56501-56515, 57061-57065, 57513-57520, 62287, 65450, 65855-65860, 66710, 66761, 66821, 67031, 67039-67040, 67105, 67145, 67220-67225, 67228, 67825 and 68760.

III. DESCRIPTION

A. Laser stands for "light amplification by stimulated emission of radiation," a device which transmits electromagnetic energy. Laser surgery has gained acceptance in some clinical fields, but is still considered investigational or experimental (unproven) in others. Laser surgery generally shortens hospital stays and reduces the trauma of conventional surgery. Special training and expertise are required for safe use of lasers, and hospitals are careful in controlling laser surgery privileges.

B. **ADM (Age-Related Macular Degeneration)** is an eye condition in which the macula, a sensitive area in the retina responsible for central and detail vision, is damaged often causing loss of central vision. There are two types of AMD, wet and dry. The dry AMD usually progresses slowly and causes central vision loss. The wet AMD is a more rarer and more severe form that can progress rapidly causing significant central vision loss.

IV. POLICY

A. **General.** The use of laser surgery when such surgery is considered acceptable medical practice for the condition, and the laser being used has been approved by the **FDA (Food and Drug Administration)** for general use in humans (beyond the experimental or unproven stage).

B. **Covered Laser Surgery.** Following is a list of some of the more commonly performed procedures with the laser. The list is not all inclusive, however, and may not include some acceptable uses. Reimbursement can be made if the surgical procedure is medically necessary, considered acceptable medical practice for the condition and otherwise covered, the laser is FDA-approved, and the laser is merely used as a substitute for the scalpel.

1. Argon laser or candela pulsed dye laser treatment for port-wine stains (CPT codes 17106-17108). The argon laser and the candela pulsed tunable dye laser are covered for treatment of congenital vascular tumors such as a hemangioma.

2. Argon laser trabeculoplasty for primary open-angle glaucoma, pigmentary glaucoma and cases associated with pseudoexfoliation (CPT code 65855). This procedure is covered only when the intraocular pressure remains uncontrolled despite maximal tolerated medical therapy.

3. CO₂ laser surgery is considered acceptable medical practice for the following conditions:

a. gynecological lesions of the vulva (CPT code 56501), vagina (CPT codes 57061-57065), and cervix (CPT code 57513),

b. head and neck surgery including lesions of the nose, oral cavity, larynx, pharynx, and tracheobronchial tree,

c. lesions of the rectal mucosa,

d. oral leukoplakia when dysplasia is found or when the leukoplakia has reached the neoplastic stage, and

e. vaporization of endometrial implants (CPT codes 49200-49201).

4. Endoscopic laser photocoagulation to control upper gastrointestinal bleeding. Indications for use of the technique include bleeding from peptic ulcers that does not stop spontaneously after an appropriate interval, rebleeding despite appropriate medical therapy and bleeding in the presence of a visible vessel or sentinel clot (a clot extending from a tear in the side of an artery that lies in the ulcer base).

5. Excimer laser **PTK (Phototherapeutic Keratectomy)** for corneal dystrophies (CPT codes 65400, 65430, 65435).

6. Laser surgery for gynecological indications.

a. Infertility surgery.

b. Refractory bleeding, generally referred to as laser ablation, is covered. The hysterectomy procedure code is not to be used for reimbursing the laser ablation. Reimbursement should be based on the profiles for the diagnostic or surgical procedures actually performed, and

c. Use of the laser **YAG (Yttrium-Aluminum-Garnet)** or CO₂ for vaporization of endometrial implants (CPT codes 49200-49201).

7. **Nd: YAG (Neodymium YAG)** laser surgery. YAG laser surgery is considered acceptable medical practice for the following conditions:

a. alleviate obstructions of the trachea or the main stem bronchi,

b. control of bleeding gastrointestinal lesions and angiodysplasia,

c. iridotomy (CPT codes 66500-66505, 66761),

d. posterior capsulotomies,

e. removal of esophageal neoplasms,

f. **TULIP (Transurethral Ultrasound-Guided Laser-Induced Prostatectomy)** for treatment of **BPH (Benign Prostatic Hypertrophy)**, and

g. vaporization of endometrial implants.

8. Photocoagulation of the eye (CPT 67208-67228) for the treatment of such conditions as exudative form of senile macular degeneration, ocular histoplasmosis syndrome, proliferative diabetic retinopathy, diabetic macular edema, and retinoblastomas (see [Chapter 2, Section 10.2, Eye and Ocular Adnexa](#)).

9. Laser surgery for stapedotomy.

10. Transpupillary thermotherapy (laser hyperthermia), with chemotherapy, is covered for the treatment of retinoblastoma.

11. Ocular photodynamic therapy for wet AMD.

12. Endovenous laser ablation for the treatment of varicose leg veins for patients who meet the following criteria:

a. A 3-month trial of supportive therapy including support hose, leg elevation, and weight reduction where appropriate, and

b. The patient is symptomatic and the varicosities result in any one of the following:

(1) pain or burning in the extremity substantial enough to impair mobility; or

(2) the veins are demonstrable (bulging) above the surface of the skin; or

(3) they result in recurrent superficial phlebitis; or

(4) non-healing skin ulceration or bleeding; or

(5) they result in refractory dependent edema or other complications from venous stasis such as dermatitis.

V. EXCLUSIONS

A. Any type of laser used for pain relief (often called acupuncture-like pain relief), biostimulation or non-surgical face-lifts.

B. Use of any laser for a noncovered service, such as removal of tattoos. [38 CFR 17.272 (a)(82)]

C. CO₂ laser surgery for application of the eye.

D. Use of laser for arthritis or low back pain.

E. Corneal sculpting.

F. Use of laser bullectomy volume reduction surgery for emphysema.

G. Use of transmyocardial laser revascularization for ischemic heart disease.

H. Ocular photodynamic therapy for dry AMD.

I. Body sculpting.

J. Laser heart surgery involving TMR and PTRM for angina. [August 2002]

K. Laser therapy (low level light therapy or cold laser) for pain relief related to carpal tunnel syndrome. [July 2004]

L. Use of laser to treat telangiectasis (spider veins).

END OF POLICY