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## CHAMPVA POLICY MANUAL

CHAPTER: 2  
SECTION: 10.2  
TITLE: EYE AND OCULAR ADNEXA

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

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

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### I. EFFECTIVE DATE

- A. April 26, 1985
- B. November 1, 1996, Transpupillary thermotherapy (laser hyperthermia) with chemotherapy

### II. PROCEDURE CODE(S)

- A. CPT codes: 65091-65755, 65767, 65770, 65772-68899
- B. HCPCS Level II codes: C1818

### III. DESCRIPTION

The eye is the organ of vision and the ocular adnexa are the appendages or adjunct parts, i.e., eyelids, lacrimal apparatus.

### IV. POLICY

Services and supplies required in the diagnosis and treatment of illness or injury involving the eye or ocular adnexa are covered.

### V. POLICY CONSIDERATIONS

A. Cataract extraction (CPT codes 66830-66940 and 66983-66984) is a covered service and includes definitive refraction and lens prescription as part of the global service. Reimbursement is made without regard to the method utilized to extract the lens.

B. Cauterization of Lesions. Cauterization of lesions of the eye using silver nitrate is covered

C. Corneal transplant (keratoplasty) surgical procedure; relaxing keratotomy to relieve astigmatism following a corneal transplant.

D. Destruction of Iris. Destruction of the iris (CPT codes 66700-66770), all methods, is a covered service when performed as an independent procedure. When performed in conjunction with a sclerectomy for glaucoma, reimbursement is included in the allowance for the sclerectomy.

E. Discission of Lens Capsule. Discission of the lens capsule (needling of the lens) (CPT code 66999) is covered only when performed as an independent procedure. When performed in conjunction with other procedures, the reimbursement for discussion of the lens capsule is included in the reimbursement for the other procedure.

F. Eyewall Resection: Eyewall resection for the treatment of choroidal melanoma is a covered benefit.

G. Injection into the Eye. An injection into the eye is a covered service only when performed as an independent procedure.

H. Insertion of Punctum Plug. Benefits may be provided for services rendered in connection with insertion of a punctum plug when used in the treatment of the "dry eye" conditions (keratitis sicca or kerato conjunctivitis sicca).

I. Iridectomy/Glaucoma Surgery or Cataract Extraction. The surgical procedure for glaucoma (CPT codes 66130-66170) and/or extraction of the lens (CPT codes 66830-66940) is covered and includes reimbursement for an iridectomy (CPT codes 66600-66635).

J. Keratoprosthesis services are covered when billed using CPT code 65770 or HCPCS code C1818.

K. Molteno Implant. The Molteno Implant, and the implantation procedure may be cost shared when performed on or after February 27, 1989, for treatment of glaucoma of individuals in whom filtering surgery has failed. The effective date is the date the Food and Drug Administration (FDA) issued a determination that classified the Molteno Eye Valve Implant a Class III device. Prior to this date this implant was considered experimental/investigational (unproven) due to lack of FDA status. Previously denied claims or appeals for the Molteno implant procedure performed on or after February 27, 1989, when requested by a beneficiary or provider may be readjudicated.

L. Phototherapeutic keratectomy (PTK) for corneal dystrophies.

M. Pterygium – Excision. A pterygium is a benign, usually progressive, patch of thickened conjunctiva beginning on the nasal side of the cornea and extending toward the center of the eye. Surgical removal of pterygia is covered whether or not followed by the application of beta irradiation (usually an ophthalmic applicator containing strontium-90).

N. Retinal Coagulation (Cryotherapy, Diathermy, Photocoagulation) for other procedures for which laser photocoagulation of the eye is approved for cost sharing (see [Chapter 2, Section 29.8](#), *Laser Surgery*).

1. Retinal coagulation is a covered service for retinal detachment, retinal holes, and diabetic retinopathy conditions or neovascular diseases of the retina.

2. Reimbursement for additional or subsequent procedures from this group within the prescribed follow-up period should be disallowed as included in the basic allowance of the original procedure.

3. Reimbursement for additional or subsequent procedures from this group after the follow-up period will be at 50% of the prevailing or the physician's customary allowance (whichever is lower, not to exceed the physician's charge).

4. The total allowed charges for additional or subsequent procedures performed within 6 months after the original procedure should not exceed twice the allowed charge for the original procedure.

O. Retinal Drawings. Detailed retinal drawings are included in the reimbursement for treatment or retinal detachments.

P. Repair of Retinal Detachment. Repair of retinal detachment (CPT codes 67101-67112) is a covered service and reimbursement includes a canthotomy (CPT code 67715) and canthoplasty (CPT code 67950).

Q. Sclerectomy. A sclerectomy (CPT code 66160) is covered when performed as an independent procedure. When performed in conjunction with cataract surgery, reimbursement is included in the basic fee for the cataract extraction.

R. Surgical procedures and eye examinations to correct, treat, or diagnose strabismus.

S. Trabeculectomy. A trabeculectomy (CPT code 66170) is a covered service when performed as an independent procedure. When performed in conjunction with cataract and other ophthalmological procedures, the allowance is included in the reimbursement for the major surgery.

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

U. Vitrectomy. A vitrectomy (CPT codes 67005-67040) is covered when performed as an independent procedure. When performed in conjunction with other procedures, the reimbursement for a vitrectomy is included in the reimbursement for the other procedure.

## VI. EXCLUSIONS

- A. Epikeratophakia for treatment of aphakia and myopia is unproven.
- B. Eyeglasses and contact lenses (except as referenced in [Chapter 2, Section 10.4, Lenses \(Intraocular Or Contact\) And Eye Glasses](#)).
- C. Refraction is not a covered service as a separate procedure.
- D. Refractive corneal surgery.
- E. Orhoptics, also known as visual training, vision therapy, eye exercises, and eye therapy.
- F. Orthokeratology.

**\*END OF POLICY\***