

EYE AND OCULAR ADNEXA

Issue Date: August 26, 1985

Authority: [32 CFR 199.4\(c\)\(2\)](#) and [\(c\)\(3\)](#)

I. PROCEDURE CODE RANGE

65091 - 68899

II. DESCRIPTION

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

III. POLICY

A. Medically necessary services and supplies required in the diagnosis and treatment of illness or injury involving the eye or ocular adnexa are covered, subject to all applicable provisions of 32 CFR 199 and the provisions of the "Policy Considerations" section below.

B. Ophthalmological surgical procedures are covered and reimbursed on a global fee concept. These procedures include ophthalmological examinations before or upon admission, the surgical procedure and the normal follow-up care (all services commonly resulting from or directly related to the procedure performed).

IV. POLICY CONSIDERATIONS

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

B. Iridectomy/Glaucoma Surgery or Cataract Extraction.

The surgical procedure for glaucoma (66130-66170) and/or extraction of the lens (66830-66940) is covered.

C. Cauterization of Lesions.

Cauterization of lesions of the eye using silver nitrate is a covered service.

D. Insertion of Punctum Plug.

(See [Chapter 3, Section 16.8.](#))

E. Molteno® Implant.

The Molteno® Implant, and the implantation procedure may be cost-shared when performed on or after February 27, 1989, for treatment of glaucomas 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 TRICARE considered this implant unproven due to lack of FDA status. The contractors are authorized to re-adjudicate previously denied claims or appeals for the Molteno® implant procedure performed on or after February 27, 1989, when requested by a beneficiary or provider.

F. Eyewall Resection

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

G. 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).

H. Transpupillary thermotherapy (laser hyperthermia), with chemotherapy, is covered for the treatment of retinoblastoma, effective November 1, 1996.

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