

CORNEAL TRANSPLANTS

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I. PROCEDURE CODE RANGE

65710 - 65775

II. DESCRIPTION

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

III. 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, then 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.

IV. POLICY CONSIDERATIONS

A. When a corneal transplant is performed on an inpatient basis, eye bank charges are covered within the amount allowed under the TRICARE/CHAMPUS DRG-based payment system. Separate billings from the surgeon, the eye bank or the hospital for the corneal tissue are not acceptable.

B. When a corneal transplant is performed in an ambulatory surgery center, a physician's office, or on an outpatient basis, the corneal tissue may be reimbursed separately. Either the physician or the facility (as appropriate) may bill for the tissue (using procedure code V2785). Payment is limited to the acquisition cost of the tissue, and that cost must be documented by an invoice from the eye bank.

C. Eye banks themselves are not TRICARE authorized providers; therefore, payment can only be made through the DRG system for inpatient services or to the facility or physician for outpatient or ambulatory surgery services.

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