



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE  
HEALTH AFFAIRS

16401 EAST CENTRETECH PARKWAY  
AURORA, COLORADO 80011-9066

TRICARE  
MANAGEMENT ACTIVITY  
**MB&RB**

**CHANGE 169  
6010.54-M  
OCTOBER 15, 2012**

**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL  
FOR  
TRICARE POLICY MANUAL (TPM), AUGUST 2002**

The TRICARE Management Activity has authorized the following addition(s)/revision(s).

**CHANGE TITLE:** REIMBURSEMENT AND CODING UPDATES - JULY 2012

**CONREQ:** 16089

**PAGE CHANGE(S):** See page 2.

**SUMMARY OF CHANGE(S):** See page 3.

**EFFECTIVE DATE:** As indicated, otherwise upon direction of the Contracting Officer.

**IMPLEMENTATION DATE:** Upon direction of the Contracting Officer.

**This change is made in conjunction with Aug 2002 TRM, Change No. 157.**

FAZZINI.ANN.N  
OREEN.1199802  
271  
Digitally signed by  
FAZZINI.ANN.NOREEN.1199802271  
DN: c=US, o=U.S. Government, ou=DoD,  
ou=PKI, ou=TMA,  
cn=FAZZINI.ANN.NOREEN.1199802271  
Date: 2012.10.11 12:14:14 -06'00'

**Ann N. Fazzini  
Chief, Medical Benefits and  
Reimbursement Branch**

**ATTACHMENT(S): 3 PAGE(S)  
DISTRIBUTION: 6010.54-M**

**WHEN PRESCRIBED ACTION HAS BEEN TAKEN, FILE THIS TRANSMITTAL WITH BASIC DOCUMENT.**

**CHANGE 169**  
**6010.54-M**  
**OCTOBER 15, 2012**

**REMOVE PAGE(S)**

**CHAPTER 4**

Section 21.1, pages 1 and 2

**CHAPTER 9**

Addendum A, page 1

**INSERT PAGE(S)**

Section 21.1, pages 1 and 2

Addendum A, page 1

**SUMMARY OF CHANGES**

**CHAPTER 4**

1. Section 21.1. The CPT procedure code for transpupillary thermotherapy has changed from 0016T to 67299. Corrects the spelling of choroidal.

**CHAPTER 9**

2. Addendum A. Revises the State in footnote 2 to correct State, Massachusetts, as indicated in CMS FR August 8, 2011 final rule.



## EYE AND OCULAR ADNEXA

ISSUE DATE: August 26, 1985

AUTHORITY: [32 CFR 199.4\(c\)\(2\)](#), [\(c\)\(3\)](#) and [\(g\)\(46\)](#)

---

### I. CPT<sup>1</sup> PROCEDURE CODES

**0192T**, 65091 - 65755, 65772 - **66172, 66180** - 68899, 77600 - 77615

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

B. Phototherapeutic Keratectomy (PTK) is covered for corneal dystrophies.

C. Strabismus. Surgical procedures and eye examinations to correct, treat, or diagnose strabismus are covered.

D. Corneal transplants. A corneal transplant (keratoplasty) is a covered surgical procedure. Relaxing keratotomy to relieve astigmatism following a corneal transplant is covered.

E. Transpupillary thermotherapy (laser hyperthermia, CPT<sup>1</sup> procedure codes 77600 - 77615), with chemotherapy, is covered for the treatment of retinoblastoma. See also [Chapter 5, Section 5.1](#).

F. Intrastromal Corneal Ring Segments (Intacs®) is covered for U.S. Food and Drug Administration (FDA) approved indications for beneficiaries with keratoconus who meet all of the following criteria: (1) are unable to achieve adequate vision using lenses or spectacles; and (2) for whom corneal transplant is the only remaining option.

---

<sup>1</sup> CPT only © 2006 American Medical Association (or such other date of publication of CPT). All Rights Reserved.

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 4, SECTION 21.1

EYE AND OCULAR ADNEXA

---

G. Optonal ExPRESS Mini Glaucoma Shunt (CPT<sup>2</sup> procedure code 0192T) to reduce Intraocular Pressure (IOP) in the treatment of glaucoma, that cannot be controlled effectively with medications.

IV. EXCLUSIONS

A. Refractive corneal surgery except as noted in [paragraph III.D.](#) (CPT<sup>2</sup> procedure codes 65760, 65765, 65767, 65770, 65771).

B. Eyeglasses, and contact lenses except as noted in [Chapter 7, Section 6.2.](#)

C. Orthokeratology.

D. Orthoptics, also known as visual training, vision therapy, eye exercises, eye therapy, is excluded by [32 CFR 199.4\(g\)\(46\)](#) (CPT<sup>2</sup> procedure code 92065).

E. Epikeratophakia for treatment of aphakia and myopia is unproven.

F. Transpupillary thermotherapy (CPT<sup>2</sup> procedure code [67299](#)) for treatment of choroidal melanoma is unproven.

G. Canaloplasty for the treatment of glaucoma (CPT<sup>2</sup> procedure code 66174 and 66175).

H. Autologous serum eye drops for the treatment of dry eye syndrome, keratitis, or ocular hypertension is unproven.

V. EFFECTIVE DATE

April 1, 2011, Coverage for Optonal ExPRESS Mini Glaucoma Shunt.

- END -

---

<sup>2</sup> CPT only © 2006 American Medical Association (or such other date of publication of CPT). All Rights Reserved.

## ECHO HOME HEALTH CARE (EHHC) BENEFIT

---

The following example illustrates the process of calculating the maximum fiscal year benefit for EHHC as described in [Chapter 9, Section 15.1, paragraph VI.H](#).

This example is based on the Fiscal Year (FY) 2012 rates for the Medicare Program; Prospective Payment System (PPS) and Consolidated Billing for Skilled Nursing Facilities (SNFs) for FY 2012; Notice published by the Centers for Medicare and Medicaid Services (CMS) in the **Federal Register** on August 8, 2011 (76 FR 48486).

STEP	DESCRIPTION	URBAN <sup>1</sup>	RURAL <sup>2</sup>
1	Tables 6 and 7 Highest RUG-IV Category	RUX	RUX
2	Tables 6 and 7 Labor Component of RUX	506.32	518.02
3	Tables A and B Wage Index	1.6878	1.3962
4	Adjusted Labor Component (Step 2 x Step 3)	854.57	723.26
5	Tables 6 and 7 Non-Labor Component	230.76	236.09
6	Total RUX Daily Rate (Step 4 + Step 5)	1,085.33	959.35
7	Total FY EHHC Benefit (Step 6 x 365) <sup>3</sup>	396,145.45	350,162.75

<sup>1</sup> Beneficiary resides in Santa Clara, CA (Core Based Statistical Area (CBSA) Code 41940).  
<sup>2</sup> Beneficiary resides in rural **Massachusetts** (State Code 22).  
<sup>3</sup> 366 in Leap Year.

- END -

