



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE  
HEALTH AFFAIRS

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TRICARE  
MANAGEMENT ACTIVITY  
**MB&RB**

**CHANGE 80  
6010.57-M  
OCTOBER 16, 2012**

**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL  
FOR  
TRICARE POLICY MANUAL (TPM), FEBRUARY 2008**

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

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

**CONREQ: 16090**

**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 Feb 2008 TRM, Change No. 74.**

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Date: 2012.10.11 12:12:45 -06'00'

**Ann N. Fazzini  
Chief, Medical Benefits and  
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**ATTACHMENT(S): 3 PAGE(S)  
DISTRIBUTION: 6010.57-M**

**CHANGE 80**  
**6010.57-M**  
**OCTOBER 16, 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 [\(g\)\(46\)](#)

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### 1.0 CPT<sup>1</sup> PROCEDURE CODES

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

### 2.0 DESCRIPTION

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

### 3.0 POLICY

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

**3.2** Phototherapeutic Keratectomy (PTK) is covered for corneal dystrophies.

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

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

**3.5** 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](#).

**3.6** 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. Coverage allowed effective July 17, 2005.

**3.7** **Optional ExPRESS Mini glaucoma Shunt (CPT<sup>1</sup> procedure code 0192T) to reduce Intraocular Pressure (IOP) in the treatment of glaucoma, that cannot be controlled effectively with medications.**

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#### 4.0 EXCLUSIONS

**4.1** Refractive corneal surgery except as noted in [paragraph 3.4](#) (CPT<sup>2</sup> procedure codes 65760, 65765, 65767, 65770, 65771).

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

**4.3** Orthokeratology.

**4.4** 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).

**4.5** Epikeratophakia for treatment of aphakia and myopia is unproven.

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

**4.7** Canaloplasty for the treatment of glaucoma (CPT<sup>2</sup> procedure codes 66174 and 66175).

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

#### 5.0 EFFECTIVE DATE

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

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## ECHO Home Health Care (EHHC) Benefit

The following example illustrates the process of calculating the maximum fiscal year benefit for EHHC as described in [Section 15.1, paragraph 6.8](#).

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.

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