

CHAPTER 3
SECTION 1.3

LASER SURGERY

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I. DESCRIPTION

Laser stands for "Light Amplification by Stimulated Emission of Radiation", a device which transmits electromagnetic energy. Laser surgery has gained acceptance in some clinical fields, but is still considered unproven in others. Laser surgery generally shortens hospital stays and reduces the trauma of conventional surgery. Special training and expertise are required for safe use of lasers, and hospitals are careful in controlling laser surgery privileges.

II. POLICY

A. General. TRICARE recognizes the use of laser surgery when such surgery is considered acceptable medical practice for the condition, and the laser being used has been approved by FDA (Food and Drug Administration) for general use in humans (beyond the unproven stage).

B. Reimbursement.

1. Reimbursement for surgery performed with a laser should not exceed that which is otherwise allowed for conventional surgery, unless the nomenclature for a CPT (Current Procedural Terminology) procedure code specifically identifies the use of the laser in performing the procedure, e.g., CPT 66821. Payment for specific laser CPT codes would be limited to the CHAMPUS Maximum Allowable Charge (CMAC). When the CPT nomenclature does not mention laser, but identifies another surgical process, payment will be limited to the CMAC for that procedure even though the procedure was performed using a laser.

2. Multiple visits for serial laser treatments. When the descriptor of the CPT code states it applies to one or more laser sessions, the relative value units represent the work for the total number of sessions necessary for completion of the procedure. Subsequent sessions performed within the global period of the initial surgery (generally 45-90 days) are included in the global fee of that initial surgery. An example is laser eye surgeries performed in a series over a period of weeks or months where the CPT codes indicate "one or more sessions".

C. Covered Laser Surgery. Following is a list of some of the more commonly performed procedures with the laser. The list is not all inclusive, however, and may not include some

acceptable uses. Reimbursement can be made if the surgical procedure is medically necessary, considered acceptable medical practice for the condition and otherwise covered, the laser is FDA-approved and is used as a substitute for the scalpel.

1. Laser Photocoagulation of the Eye (67210). Laser photocoagulation of the eye is covered for the exudative form of senile macular degeneration and for treatment of ocular histoplasmosis syndrome. Use of argon and krypton photocoagulation is also appropriate for treatment of proliferative diabetic retinopathy. Xenon arc photocoagulation of retinoblastomas is also covered.

See also [Chapter 3, Section 16.1](#), Retinal Coagulation.

2. Laser Surgery for Gynecological Indications.

a. Effective December 1, 1987, use of the laser for infertility surgery is no longer considered unproven.

b. Use of the laser for refractory bleeding, generally referred to as laser ablation, is covered. The hysterectomy procedure code is not to be used for reimbursing the laser ablation. Reimbursement should be based on the profiles for the diagnostic or surgical procedures actually performed.

c. Use of the laser (YAG or CO₂) for vaporization of endometrial implants is covered (49200-49201).

3. Endoscopic Laser Photocoagulation to Control Upper Gastrointestinal Bleeding. Indications for use of the technique include bleeding from peptic ulcers that does not stop spontaneously after an appropriate interval, rebleeding despite appropriate medical therapy and bleeding in the presence of a visible vessel or sentinel clot (a clot extending from a tear in the side of an artery that lies in the ulcer base).

4. Argon Laser Trabeculoplasty for Primary Open-Angle Glaucoma, Pigmentary Glaucoma and Cases associated with Pseudoexfoliation (65855). This procedure is covered for the conditions listed only when the intraocular pressure remains uncontrolled despite maximal tolerated medical therapy as a reasonable alternative to conventional glaucoma filtering surgery.

5. Laser surgery for stapedotomy is covered.

6. Neodymium YAG (Nd:YAG) Laser Surgery. YAG laser surgery is considered acceptable medical practice for the following:

a. Posterior Capsulotomies.

b. Gastrointestinal Lesions. For control of persistent and severe focal, bleeding gastrointestinal lesions and angiodysplasia.

c. Iridotomy (66500-66505, 66761).

d. Tracheobronchial Obstructions. To alleviate obstructions of the trachea or the main stem bronchi. Treatment of segmental or lobar bronchi is considered medically inappropriate because of the difficulty in successfully reaching the obstruction.

e. Esophageal Neoplasms. For removal of esophageal neoplasms.

f. Use of laser for vaporization of endometrial implants.

g. Transurethral ultrasound-guided, laser-induced prostatectomy (TULIP) for treatment of benign prostatic hypertrophy (BPH), effective March 11, 1996.

7. CO₂ Laser Surgery. CO₂ laser surgery is considered acceptable medical practice for the following:

a. Gynecological lesions of the vulva (56501), vagina (57061-57065), and cervix (57513);

b. Lesions of the rectal mucosa (46917);

c. Oral leukoplakia only when dysplasia is found or when the leukoplakia has reached the neoplastic stage;

d. Head and neck surgery including lesions of the nose, oral cavity, larynx, pharynx, and tracheobronchial tree.

e. For vaporization of endometrial implants (49200-49201).

8. Argon Laser or Candela Pulsed Dye Laser Treatment for Port-wine Stains (17106-17108). The argon laser and the Candela pulsed tunable dye laser are covered for treatment of congenital vascular tumors such as a hemangioma.

9. Excimer Laser Phototherapeutic keratectomy (PTK) for corneal dystrophies (65400, 65430, 65435). See [Chapter 3, Section 16.9](#).

III. EXCLUSIONS

A. Noncovered Laser Surgery.

1. Any type of laser used for pain relief (often called acupuncture-like pain relief), biostimulation or non-surgical face-lifts.

2. Use of any laser for a noncovered service, such as removal of tattoos.

3. CO₂ laser surgery for applications of the eye.

4. Use of laser for arthritis or low back pain.

5. Corneal sculpting.

6. Use of laser bullectomy volume reduction surgery for emphysema.

7. Use of Transmyocardial laser revascularization for ischemic heart disease.

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