# TRICARE Policy Manual 6010.60-M, April 1, 2015 Surgery

Chapter 4 Section 3.1

# **Laser Surgery**

Issue Date: September 12, 1986 Authority: 32 CFR 199.4(c)(2)(i)

Revision:

## 1.0 DESCRIPTION

Surgery using a laser (Light Amplification by Stimulated Emission of Radiation) device instead of conventional surgical tools, such as scalpels.

### 2.0 POLICY

Laser surgery may be cost-shared to the same extent as conventional surgery when the device being used has been approved by the U.S. Food and Drug Administration (FDA).

### 3.0 EXCLUSIONS

Laser surgery may not be cost-shared for surgical procedures otherwise excluded under TRICARE, including:

- Pain relief, biostimulation;
- Noncovered surgical services, such as removal of tattoos;
- Arthritis or low back pain;
- Corneal sculpting;
- Body sculpting;
- Noncovered surgical services, such as removal of tattoos, hair removal;
- Noncovered cosmetic dermatology, such as removal or telangiectasias, spider angiomas;
- Facial rejuvenation.