

Chapter 4

Section 3.1

Laser Surgery

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

3.0 EXCLUSIONS

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

- Pain relief, biostimulation;
- Arthritis or low back pain;
- Corneal sculpting;
- Body sculpting;
- Noncovered surgical services, such as removal of tattoos, **or laser hair removal that does not correct or improve materially a bodily function;**
- Noncovered cosmetic dermatology, such as removal or telangiectasias, spider angiomas;
- Facial rejuvenation.

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