Policy: MP267
Section: Medical Benefit Policy
Subject: Amniotic Membrane Transplant for Ocular Surface Defects

I. Policy: Amniotic Membrane Transplant for Ocular Surface Defects

II. Purpose/Objective:
To provide a policy of coverage regarding Amniotic Membrane Transplant for Ocular Surface Defects

III. Responsibility:
A. Medical Directors
B. Medical Management

IV. Required Definitions
1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions
Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
c. in accordance with current standards of good medical treatment practiced by the general medical community.
d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

Medicaid Business Segment
Medical Necessity shall mean a service or benefit that is compensable under the Medical Assistance Program and if it meets any one of the following standards:

(i) the service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition or disability.
(ii) the service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental or development effects of an illness, condition, injury or disability.
(iii) the service or benefit will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for members of the same age.

DESCRIPTION:
Amniotic membrane transplantation (AMT) is a procedure that utilizes amniotic membrane tissue to reconstruct damaged ocular surfaces and promote healing of corneal, conjunctival, and eyelid tissues after injury due to trauma, disease, or surgery.

INDICATIONS: Preserved human amniotic membrane transplantation may be considered medically necessary for the treatment of ocular surface defects including, but not limited to:

- Bullous keratopathy
- Chemical or thermal burns to ocular surface
- Corneal ulcerations
- Pterygium (either primary and/or recurrent)
- Stevens-Johnson syndrome
- Limbal cell deficiency
- Persistent epithelial defects
- Conjunctival surface reconstruction
- Herpes zoster ophthalmicus

CODING ASSOCIATED WITH: Amniotic Membrane Transplant for ocular Surface Defects

The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at www.cms.gov or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements.

65778 – Placement of amniotic membrane on the ocular surface; without sutures
65779 – single layer, sutured
65780 – Ocular surface reconstruction; amniotic membrane transplantation, multiple layers
65781 limbal stem cell allograft (e.g., cadaveric or living donor)
65782 limbal conjunctival autograft (includes obtaining graft)
V2790 Amniotic membrane for surgical reconstruction, per procedure

Line of Business:
Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD’s and NCD’s will supercede this policy. For PA Medicaid Business segment, this policy applies as written.

References:
Geisinger Technology Assessment Committee Triage review July 2012


Dighiero, PL, Mercié, M, and Gicquel, J. Early use of amniotic membrane transplantation combined with topical steroids in severe bacterial keratitis. IOVS. 2005;45ARVO-abstract. Cochrane Library


This policy will be revised as necessary and reviewed no less than annually.
Devised: 7/12

Revised:

Reviewed: 8/13, 8/14; 8/15; 7/16, 7/17, 6/18