

Keratoprosthesis

Policy Number: PG0199
Last Review: 06/01/2023

HMO AND PPO
ELITE (MEDICARE ADVANTAGE)
MARKETPLACE

GUIDELINES:

- This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder terms, conditions, exclusions, and limitations contract. It does not constitute a contract or guarantee regarding coverage or reimbursement/payment. Self-Insured group specific policy will supersede this general policy when group supplementary plan document or individual plan decision directs otherwise.
- Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards.
- This medical policy is solely for guiding medical necessity and explaining correct procedure reporting used to assist in making coverage decisions and administering benefits.

SCOPE:

☒ Professional
☒ Facility

DESCRIPTION:

Keratoprosthesis is an artificial cornea that replaces a severely damaged or diseased cornea. The surgery is performed to restore vision in patients suffering from severely damaged cornea due to congenital birth defects, infections, injuries, or burns. Studies have shown that keratoprosthesis procedures are associated with a significant failure rate. For this reason, they are intended for select individuals who have lost vision and for whom corneal transplants have not been successful.

While several keratoprosthetic devices and techniques are under investigation, only two devices have current clearance from the U.S. Food and Drug Administration (FDA). They are the Dohlman Doane Boston KPro (Massachusetts Eye & Ear Infirmary, Boston, MA) and the AlphaCor™ (CooperVision Surgical Inc., Lake Forest, CA). Currently, there is insufficient evidence in the medical literature to evaluate the efficacy and safety of the AlphaCor keratoprosthesis.

POLICY:

Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans

- **Keratoprosthesis (65770) does not require prior authorization when the coverage criteria indicated below is met.**

COVERAGE CRITERIA:

Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans

Paramount covers keratoprosthesis (65770) using the Dohlman Doane Boston KPro ("Boston KPro") device for corneal blindness in members who meet all the following:

1. The cornea is severely opaque and vascularized; and
2. Best-corrected visual acuity is 20/400 or less in the affected eye and 20/40 or less in the contralateral eye; and
3. The member has one of the following indications:
 - History of 1 or more corneal transplant graft failures
 - Stevens-Johnson syndrome
 - Ocular cicatricial pemphigoid
 - Autoimmune conditions with rare ocular involvement

- Ocular chemical burns
- An ocular condition unlikely to respond favorably to primary corneal transplant
- surgery (e.g., limbal stem cell compromise or postherpetic anesthesia); and

4. The member does not have end-stage glaucoma or retinal detachment.

Keratoprosthesis procedures using an artificial cornea device other than the Boston KPro are considered investigational and not medically necessary.

Keratoprosthesis procedures are considered investigational and not medically necessary if above criterion not met.

CODING/BILLING INFORMATION:

The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

CPT CODES

65770	Keratoprosthesis
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REVISION HISTORY EXPLANATION: ORIGINAL EFFECTIVE DATE: 01/15/2009

Date	Explanation & Changes
06/20/2012	<ul style="list-style-type: none"> • No changes
01/14/2014	<ul style="list-style-type: none"> • Added Keratoprosthesis (65770, C1818) requires prior authorization for HMO, Individual Marketplace, Elite, Advantage per TAWG decision • Changed name of policy from Corneal Transplant to Corneal Transplant and Keratoprosthesis • Policy reviewed and updated to reflect most current clinical evidence • Approved by Medical Policy Steering Committee as revised
09/19/2014	<ul style="list-style-type: none"> • Changed name of policy from Corneal Transplant and Keratoprosthesis to Keratoprosthesis • Removed codes 65710, 65730, 65750, 65755, 65756, 65757, 65767, & C1818 • Policy reviewed and updated to reflect most current clinical evidence per TAWG
09/17/2015	<ul style="list-style-type: none"> • Policy reviewed and updated to reflect most current clinical evidence per TAWG
09/23/2016	<ul style="list-style-type: none"> • Keratoprosthesis (65770) no longer requires prior authorization for all product lines • Policy reviewed and updated to reflect most current clinical evidence per TAWG
12/16/2020	<ul style="list-style-type: none"> • Medical policy placed on the new Paramount Medical Policy Format
02/13/2023	<ul style="list-style-type: none"> • Medical Policy updated to reflect Medicaid coverage to Anthem as of 02/01/2023
06/01/2023	<ul style="list-style-type: none"> • Medical Policy reviewed and updated to reflect the most current clinical evidence • No changes to policy statement
03/04/2024	<ul style="list-style-type: none"> • Medical Policy placed on the new Paramount Medical Policy format

Paramount reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to

<https://www.paramounthealthcare.com/providers/medical-policies/policy-library>

REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals> <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs>

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and

services <https://www.ama-assn.org/amaone/cpt-current-procedural-terminology>

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update>

U.S. Preventive Services Task Force, <https://www.uspreventiveservicestaskforce.org/uspstf/>
Industry Standard Review

Hayes, Inc., <https://www.hayesinc.com/>

Industry Standard Review