Medical Policy:
Amniotic Membrane Transplantation for Ocular Reconstruction (Commercial)

<table>
<thead>
<tr>
<th>POLICY NUMBER</th>
<th>LAST REVIEW DATE</th>
<th>APPROVED BY</th>
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</thead>
<tbody>
<tr>
<td>MG.MM.SU.49C</td>
<td>04/10/2020</td>
<td>MPC (Medical Policy Committee)</td>
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**IMPORTANT NOTE ABOUT THIS MEDICAL POLICY:**

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**Definitions**

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
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<td>Amniotic membrane transplantation (AMT)</td>
<td>Consists of the permanent implantation of a human amniotic membrane product classified by the FDA as a Human Cell and Tissue-based Product (HCT/P) derived from Donated Human Tissue. It is intended for ocular wound repair and healing.</td>
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<tr>
<td>Corneal epithelial device (E.g., PROKERA®)</td>
<td>Consists of a plastic ophthalmic conformer, which incorporates a cryopreserved amniotic membrane to retain the natural biological properties of the membrane. It is intended for use in eyes in which ocular surface cells have been damaged, or underlying stroma is inflamed or scarred. The device is temporarily overlaid on the ocular surface remaining in the eye for up to 30 days or until the surface has healed or the membrane has dissolved.</td>
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<th>Limbal deficiency</th>
<th>Hypofunction or total loss of stem cells</th>
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### Guideline

Members with limbal deficiency who are refractory to conventional treatment are eligible for coverage of AMT for ocular surface reconstruction as follows:

**A. Stem cell loss (total)** — in one eye secondary to any:
- a. Chemical / thermal ocular surface injuries
- b. Contact lens-induced keratopathy or toxic effects from lens-cleaning solutions
- c. Multiple surgeries or cryotherapies to limbal region
- d. Stevens-Johnson syndrome

**B. Stem cell hypofunction** — in one or both eyes secondary to any:
- a. Aniridia (hereditary)
- b. Bullous keratopathy
- c. Chronic limbitis
- d. Keratitis associated with multiple endocrine deficiency (hereditary)
- e. Neurotrophic keratopathy (neuronal or ischemic)
- f. Peripheral corneal ulcerative keratitis
- g. Pterygium and pseudopterygium

**C. Conjunctival reconstruction/revision of scars and symblepharon**

**D. Corneal ulcers/thinning perforation/persistent corneal epithelial defect**

### Exclusions and Limitations:

The plan does not consider AMT or the use of corneal-epithelial devices to be medically necessary for the treatment of dry eye syndrome.

Amniotic membrane must be cleared by, or registered with, the U.S. Food and Drug Administration (FDA) for sutureless application of the eye (e.g., corneal bandage).

### Applicable Coding

*To access the codes, please download the policy to your computer, and click on the paperclip icon within the policy*

### Applicable CPT and Diagnosis Codes
References


Specialty-matched clinical peer review.

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Revision history

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<tr>
<td>04/10/2020</td>
<td>• Added persistent corneal epithelial defect as a covered indication</td>
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<tr>
<td>03/09/2018</td>
<td>• added that the Prokera corneal bandage is covered</td>
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