



Ophthalmology Services

Reimbursement Policy ID: RPC.0110.PA02

Recent review date: 01/2025

Next review date: 12/2025

AmeriHealth Caritas VIP Care reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas VIP Care may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT®); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

Policy Overview

This policy addresses reimbursement for certain ophthalmology procedures. The scope of this policy includes corneal procedures, cataract procedures, vitrectomy, and placement of stents.

Exceptions

N/A

Reimbursement Guidelines

Corneal Refractive Procedures

Refractive surgery is performed to correct vision refraction conditions like nearsightedness, farsightedness, astigmatism, or presbyopia. As a condition for reimbursement, the corneal refractive procedures listed below

require a diagnosis of the applicable refractive disorder as well as an additional diagnosis that supports the need for the procedure, such as keratoconus, Fuchs dystrophy, corneal scarring or corneal ulcer.

65760 – Keratomileusis

65765 – Keratophakia

65767 – Epikeratoplasty

65770 – Keratoprosthesis

65771 – Radial keratotomy

S0800 – Laser in situ keratomileusis (LASIK)

S0810 – Photo refractive keratectomy (PRK)

S0812 – Phototherapeutic keratectomy (PTK)

Corneal Cross-linking

This procedure is used to treat a weakened or warped cornea. Disease or surgery can harm collagen, the substance that holds the cornea together. Corneal cross-linking uses riboflavin 5'-phosphate ophthalmic solution and ultraviolet A radiation to treat either progressive keratoconus or corneal ectasia following refractive surgery. This procedure may be reimbursable after refractive procedures and conservative interventions have failed.

Intraocular lens

Intraocular lenses are artificial lenses that are surgically implanted in the eye to replace the natural lens, and are used to correct vision issues, most commonly, cataracts. Cataracts are generally part of the normal aging process. They form when the proteins in the lens of the eye clump together, making the lens cloudy. Cataract procedures are reimbursable except for treatment of astigmatism and presbyopia with intraocular lenses (V2787 or V2788).

Vitrectomy

Vitrectomy is a type of eye surgery used to treat problems of the eye's retina and vitreous. In this surgery, an ophthalmologist may remove blood or other substance keeping light from focusing properly on the retina; remove scar tissue that is wrinkling or tearing the retina and causing poor vision; help repair a retina that has detached (pulled away) from the eye wall; or remove a foreign object stuck inside the eye from an injury. During vitrectomy, the ophthalmologist removes some or all of the vitreous from the middle of the eye. This vitreous is replaced with either a salt water (saline) solution or a bubble made of gas or oil.

Vitrectomy procedures may not be reimbursed when billed without a diagnosis justifying the procedure.

XEN Gel Stent

The XEN gel stent is reimbursable for management of refractory glaucoma, including cases where previous surgical treatment has failed, cases of primary open angle glaucoma, and pseudo exfoliative or pigmentary glaucoma with open angles that are unresponsive to maximum tolerated medical therapy.

Modifiers

Modifiers are required to identify the eye on which the procedure was performed.

LT - left eye

RT – right eye

50 – bilateral procedure

Definitions

N/A

Edit Sources

- I. Current Procedural Terminology (CPT) and associated publications and services.
- II. International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM).
- III. Healthcare Common Procedure Coding System (HCPCS).
- IV. Centers for Medicare and Medicaid Services (CMS).
- V. The National Correct Coding Initiative (NCCI).
- VI. Corresponding AmeriHealth Caritas VIP Care Clinical Policies.
- VII. Medicare Fee Schedule(s).

Attachments

N/A

Associated Policies

CCP.1510 XEN Gel Stent for Glaucoma

CCP.1415 Corneal Cross-Linking

Policy History

01/2025	Reimbursement Policy Committee Approval
04/2024	Revised preamble
08/2023	Removal of policy implemented by AmeriHealth Caritas VIP Care from Policy History section
01/2023	Template Revised <ul style="list-style-type: none">• Revised preamble• Removal of Applicable Claim Types table• Coding section renamed to Reimbursement Guidelines• Added Associated Policies section