

March Vision Care

Amniotic Membrane Transplant for Ocular Surfaces

Subject: Amniotic Membrane Transplants for Ocular Surfaces

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Overview

Limbal stem cells are the main source of regeneration for corneal cells that affect the ocular surface. Due to trauma or a variety of diseases, limbal stem cell deficiency (LSCD) can develop which can cause changes to the cornea and or the conjunctiva. Symptoms of LSCD may include photophobia, blurred or decreased vision, tearing, pain, chronic inflammation, and redness.

Amniotic Membrane Transplantation (AMT) with or without limbal stem cell transplantation is a surgical treatment option to address LSCD. The purpose is to reconstruct damaged ocular surfaces and promote healing of corneal, conjunctival, and eyelid tissues. The amniotic membrane tissue may be autologous or allogeneic.

Amniotic membrane products have also been used for the management of select ophthalmologic wounds and reconstruction where there is limited access to autologous tissue for transplant, or when allogeneic transplant is not appropriate. These products (e.g., Ambio2, Ambio5, AmnioDisk, AmnioGraft, ProKera, Prokera Slim) come in a wide array of forms and most are obtained directly from tissue banks.

Clinical Criteria

Amniotic Membrane Transplantation (AMT) with or without limbal stem cell transplantation
UHC considers amniotic membrane transplantation (AMT) with or without limbal stem cell transplantation for ocular surface reconstruction medically necessary when at least ONE of the criteria are met:

- For reconstruction of Corneal Surface, as indicated for ONE of the following conditions:
 - Acute thermal/chemical burns
 - Band Keratopathy
 - Corneal ulceration (central or peripheral)
 - Descemetocoele or Perforation
 - Neurotropic Keratitis
 - Painful bullous keratopathy

- Partial or complete limbal stem cell deficiency (with stem cell grafting)
- Persistent epithelial defect that failed conservative treatment
- Reconstruction of the surface of the conjunctiva
- For reconstruction of the Surface of the Conjunctiva, as indicated for ONE of the following conditions:
 - Acute Stevens-Johnson syndrome
 - Acute thermal/chemical burns
 - Covering defects after removal of conjunctival lesions (conjunctival intraepithelial neoplasia, tumors, scars, or folds parallel to the edges of the eyelids)
 - Bleb revisions
 - Pterygium if there was insufficient conjunctiva for an autograft
 - Scleral thinning
 - Superior Limbic Keratoconjunctivitis that failed conjunctival resection
 - Sympblepharon, fornix reconstruction

Amniotic Membrane Product

- March Vision may consider the use of amniotic membrane products with or without suture(s) (e.g., Ambio2, Ambio5, AmnioDisk, AmnioGraft, ProKera, ProKera Slim) to be medically necessary for the treatment of severe ocular surface disease when the BOTH of the following criteria are met:
 - Documented failure of, intolerance to or contraindication to treatment using conventional medical management; AND
 - Treatment is for any ONE of the following conditions:
 - Bullous keratopathy
 - Chemical or thermal burns to cornea
 - Pterygium
 - Recurrent corneal abrasions, erosions, ulcers, wounds
 - Recurrent severe keratitis (e.g., autoimmune, bacterial, exposure, neurotrophic, viral, etc.)
 - Stevens-Johnson syndrome
 - Trauma

March Vision considers amniotic membrane transplantation and limbal stem cell transplantation experimental, investigational, or unproven for all other indications (e.g., gelatinous drop-like ulcer, restrictive strabismus, use of trabeculectomy for primary open-angle glaucoma).

CPT Coding

The following list of codes are for informational purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

65778

Placement of amniotic membrane on the ocular surface for wound healing; without sutures

V2790

**Amniotic membrane for surgical reconstruction,
per procedure**

DRAFT