Medical Policy
Phototherapeutic Keratectomy

Policy Number: 042

<table>
<thead>
<tr>
<th>Commercial and Qualified Health Plans</th>
<th>MassHealth</th>
<th>Medicare Advantage</th>
</tr>
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<tr>
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<td>X</td>
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<tr>
<td>Not covered</td>
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Overview
The purpose of this document is to describe the guidelines Mass General Brigham Health Plan utilizes to determine medical appropriateness for phototherapeutic keratectomy for Mass General Brigham Health Plan members.

Coverage Guidelines
Mass General Brigham Health Plan will consider coverage of phototherapeutic keratectomy in members with any of the following clinically documented conditions:

- Corneal scars and opacities (including post-traumatic, post-infectious, post-surgical, and secondary to pathology)
- Superficial corneal dystrophy (including granular, lattice, and Reis-Buckler's dystrophies)
- Irregular corneal surfaces (secondary to Salzmann’s degeneration, keratoconus nodules, or other irregular surfaces)
- Epithelial basement membrane dystrophy
- Recurrent corneal erosion when standard therapeutic regimens measures (e.g. lubricants, hypertonic saline, patching, bandage contact lenses, gentle debridement of severely aberrant epithelium) have failed to halt the erosions

Exclusions
Phototherapeutic keratectomy is considered not medically necessary for any other indication including but not limited to:

- Infectious keratitis
- For cosmetic and/or convenience purposes, (i.e., to replace the need to wear eyeglasses and/or contact lenses).

Medicare Variation
Mass General Brigham Health Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) for coverage determinations for its Medicare Advantage plan members. National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs) and documentation included in the Medicare manuals are the basis for coverage determinations. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan's medical policies are used for coverage determinations. At the time of Mass General Brigham Health Plan's most recent policy review, Medicare has an NCD for Refractive Keratoplasty (80.7).

Definitions
**Phototherapeutic Keratectomy**: Phototherapeutic keratectomy involves the use of the excimer laser to treat visual impairment or irritative symptoms relating to diseases of the anterior cornea by sequentially ablating (destroying) uniformly thin layers of corneal tissue.

**Epithelial basement membrane dystrophy**
A disease that disrupts the ability of the epithelium to attach to the lower layers of the cornea. The epithelium will often grow unevenly or will detach from the cornea.

**Codes**

<table>
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<tr>
<th>Authorized CPT/HCPCS Codes</th>
<th>Code Description</th>
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<td>S0812</td>
<td>Phototherapeutic keratectomy (PTK)</td>
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**Effective**

December 2022: Annual update. References updated.
November 2021: Annual Update.
May 2020: Effective Date.

**References**


