

Medical Policy

Phototherapeutic Keratectomy

Policy Number: 042

	Commercial and Qualified Health Plans	MassHealth	Medicare Advantage
Authorization required	X		X
Not covered		X	

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 medical necessity criteria for phototherapeutic keratectomy is determined through a custom subset accessible through InterQual[®]. To access the criteria, log into Mass General Brigham Health Plan's provider website at MassGeneralBrighamHealthPlan.org and click the InterQual[®] Criteria Lookup link under the Resources Menu, or see below:

- Member has at least one of the following:
 - Corneal scars and opacities (including post-traumatic, post-infectious, post-surgical, and secondary to pathology); or
 - Superficial corneal dystrophy (including granular, lattice, and Reis-Buckler's dystrophies); or
 - Irregular corneal surfaces (secondary to Salzmann's degeneration, keratoconus nodules, or other irregular surfaces); or
 - Epithelial basement membrane dystrophy; or
 - 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; or
- For cosmetic and/or convenience purposes, (i.e., to replace the need to wear eyeglasses and/or contact lenses).

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



The following codes are included below for informational purposes only; inclusion of a code does not constitute or imply coverage or reimbursement.

This list of codes applies to commercial and MassHealth plans only.

Authorized CPT/HCPCS Codes	Code Description
S0812	Phototherapeutic keratectomy (PTK)

MassHealth Variation

Mass General Brigham Health Plan uses guidance from MassHealth for coverage determinations for its Mass General Brigham ACO members. **As of Mass General Brigham Health Plan's most recent policy review, MassHealth does not cover Phototherapeutic Keratectomy.**

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).**

Effective

November 2024: Annual update. Added MassHealth Variation language. Added reference to InterQual® subset and custom criteria. Added code list disclaimer.

November 2023: Annual update. Medicare Advantage added to table. Medicare Variation language added. References updated.

December 2022: Annual update. References updated.

November 2021: Annual Update.

May 2020: Effective Date.

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