

**Policy terminated because Medicaid covers codes in the same manner as
Health Choice.**

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1.0 Description of the Procedure, Product, or Service

Corneal transplantation (keratoplasty) is the process of removing the full thickness or a partial thickness of the recipient's cornea and grafting a donor cornea for the treatment of corneal opacifications.

2.0 Eligible Recipients

2.1 General Provisions

To be eligible, NCHC recipients must be enrolled on the date of service.

3.0 When the Procedure, Product, or Service Is Covered

3.1 General Criteria

NCHC covers procedures, products, and services related to this policy when they are medically necessary and

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available; **AND**
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

3.2 Specific Criteria

- a. Corneal transplantation is covered for:
 1. the treatment of corneal opacity and keratoconus;
 2. the correction of functional and nonfunctional congenital anomalies; and
 3. the correction of defects or deformities due to trauma, tumor, or infection, or resulting from prior covered surgery performed for illness or injury.
- b. All charges related to preliminary testing of the recipient to determine that the transplant is feasible and the recipient is a good candidate for transplant are covered.
- c. If the transplant is approved, the following services are covered:
 1. harvesting and transportation of the organ
 2. processing, preservation, and storage of cadaver organs.
- d. Additional corneal transplants may be covered if rejection occurs and the recipient still meets criteria.

4.0 When the Procedure, Product, or Service Is Not Covered

4.1 General Criteria

Procedures, products, and services related to this policy are not covered when

- a. the recipient does not meet the eligibility requirements listed in **Section 2.0**;
- b. the recipient does not meet the medical necessity criteria listed in **Section 3.0**;
- c. the procedure, product, or service unnecessarily duplicates another provider's procedure, product, or service; or
- d. the procedure, product, or service is experimental or investigational.

4.2 Specific Criteria

- a. No benefits are provided for:
 1. Organ transplants determined to be investigational or experimental.
 2. Services received in treatment of complications due to previously non-covered services, if the complications were known at the time the non-covered services were provided.
 3. Professional organ donors or for organs obtained from a profit-making procurement agency.
 4. Services for or related to the search for a donor or donor organ.
- b. No benefits are payable for hospitalization, surgery and follow-up care, including anti-rejection drugs, once the recipient meets the lifetime maximum benefits.

5.0 Requirements for and Limitations on Coverage

5.1 Prior Approval

- a. Prior approval is required for corneal transplant.
- b. A letter of medical necessity signed and dated by the physician must be submitted to DMA's vendor when the recipient has been determined to be an appropriate candidate for a transplant and has been placed on a waiting list.
- c. Documentation must include:
 1. Recipient identification number
 2. Recipient's mailing address
 3. Diagnosis
 4. Medical history, including other methods of treatment utilized prior to transplant
 5. Recipient's prognosis
 6. Recipient's date of birth
 7. Name of facility where transplant will be performed.

- d. The following additional documentation is required for transplants in treatment of conditions not listed as covered:
1. Signed (or example of) consent document
 2. Treatment protocol
 3. Institutional Review Board (IRB) letter.

6.0 Providers Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for procedures, products, and services related to this policy, providers shall

- a. meet NCHC qualifications for participation;
- b. be currently enrolled with NCHC; **AND**
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

7.0 Additional Requirements

7.1 Compliance

Providers must comply with all applicable federal, state, and local laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements.

8.0 Policy Implementation/Revision Information

Original Effective Date: July 1, 2010

Revision Information:

Date	Section Revised	Change
July 1, 2010	Throughout	Policy Conversion: Implementation of Session Law 2009-451, Section 10.32 “NC HEALTH CHOICE/PROCEDURES FOR CHANGING MEDICAL POLICY.”
February 29, 2012	Throughout	Policy Termination

Attachment A: Claims-Related Information

Reimbursement requires compliance with all NCHC guidelines.

A. Claim Type

Professional (CMS-1500/837P transaction)

Institutional (UB-04/837I transaction)

B. Diagnosis Codes

Providers must bill the ICD-9-CM diagnosis codes(s) to the highest level of specificity that supports medical necessity.

Diagnosis codes to be used for Corneal Transplants				
371.0	371.00	371.1	371.03	371.04
371.4	371.40	371.42	371.44	371.50
371.52	371.60- 371.62		743.41-743.43	

C. Procedure Code(s)

CPT Codes				
00144	65710	65730	65750	65755

ICD-9-CM procedure codes				
11.6	11.60	11.61	11.62	11.63
11.64	11.69			

Note: These services will deny if prior approval is not obtained.

D. Modifiers

Providers are required to follow applicable modifier guidelines.

E. Billing Units

The appropriate procedure code(s) used determines the billing unit(s).

F. Place of Service

Inpatient Hospital and Outpatient Hospital

G. Co-payments

Co-payment(s) may apply for covered prescription drugs and services.

H. Reimbursement

Providers must bill their usual and customary charges.