

Subject: Corneal Tissue Replacement at Free-standing Surgical Centers

Policy

CareSource will reimburse free-standing surgical centers for functional corneal surgery. Corneal tissue will be reimbursed at invoice plus 10%.

Definitions

“**Corneal transplant**”, also known as keratoplasty, is the replacement of the cornea of a patient's damaged eye.

Provider Reimbursement Guidelines

Corneal tissue replacement will be reimbursed if for functional and not cosmetic purposes. Medicare only pays for the surgical correction of astigmatism when the astigmatism has been surgically induced or resulted from ocular trauma.

Prior Authorization

CareSource will reimburse free-standing surgical centers for corneal tissue transplants when medically necessary without prior authorization when from a participating provider. Corneal tissue replacement procedures from a non-participating provider must be prior authorized.

Reimbursement

CareSource will perform a manual review in order to determine pricing for claims which have been billed with the corneal tissue acquisition on a Surgical Center claim. To facilitate the review process, the provider must submit specific documentation, i.e. invoice, in order for CareSource to determine the appropriate amount for reimbursement.

- The provider must submit a copy of the operative report and a copy of the invoice from the eye bank or organ procurement organization showing the actual cost of acquiring the tissue.
- Upon receiving the requested documentation, payment will be based on invoice cost + 10%.
- If the claim is received without the requested documentation, the reimbursement will be based on the ASC grouped rate.

The cost associated with corneal tissue acquisition, HCPCS code V2785 [*Processing, preserving, and transporting corneal tissue*] is separately reimbursable from the Ambulatory Surgery Center (“ASC”) rate for outpatient corneal transplant procedures.

Related Policies & References

Medicare Claims Processing Manual - Chapter 4 - Part B Hospital 200.1 - Billing for Corneal Tissue

907 KAR 1:350. Coverage and payments for organ transplants

State Exceptions

NONE

Document Revision History

Archived