



MEDICAL SURGICAL VISION CLINICAL PROTOCOL

POLICY TITLE	Amniotic Membrane Ocular Surface Treatment		
CATEGORY	Medical Surgical	POLICY ID NUMBER	425_NYS_HF_V3
ORIGINAL EFFECTIVE DATE	04/01/2025	LAST REVIEW DATE	09/17/2026
LAST APPROVAL DATE	09/17/2026	LAST REVISION DATE	06/04/2026

EXCLUSIONS **Applicable to New York State, Healthfirst Programs only**

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Applicable Codes:

- 65778** Placement of amniotic membrane on the ocular surface; without sutures
- 65779** Placement of amniotic membrane on the ocular surface; single layer, sutured
- 65780** Ocular surface reconstruction; amniotic membrane transplantation, multiple layers
- 65781** Ocular surface reconstruction; limbal stem cell allograft
- 65782** Ocular surface reconstruction; limbal conjunctival autograft (includes obtaining graft)
- V2790** Amniotic membrane for surgical reconstruction, per procedure (not billable with 65778 or 65779)

1 Indication and Limitations¹

1.1 General Information and Definition

- 1.1.1 Human amniotic membrane is a unique collagenous membrane derived from the innermost submucosa of the placenta
- 1.1.2 It consists of the collagen-rich thick basement membrane and avascular stroma.
- 1.1.3 Promotes healing and is favorable due to its attributes: anti-inflammatory, anti-fibrotic, anti-vascularization, and anti-scarring effects.
- 1.1.4 Promotes re-epithelialization
- 1.1.5 Often used as a sutureless “biological corneal bandage”

1.2 Medical Necessity

1.2.1 65779, 65780, 65781, 65782, V2790

- 1.2.1.1 Used in variety of surgical procedures to cover a defect on the ocular surface to facilitate wound healing and decrease inflammation.
- 1.2.1.2 Used to facilitate healing of lesions, surgical excisions, necrotic tissue from surgery, injury, infection, or degeneration.
- 1.2.1.3 Pterygium repair when
 - 1.2.1.3.1 there is insufficient healthy tissue to create a conjunctival autograft.
- 1.2.1.4 Severe ophthalmological conditions with ocular surface cell damage, failure and/or underlying scarring or ulceration of underlying stroma

1.2.2 65778

- 1.2.2.1 Severe condition requiring acute treatment with amniotic membrane including
 - 1.2.2.1.1 Chemical injury, OR
 - 1.2.2.1.2 thermal and radiation injuries, OR
 - 1.2.2.1.3 Stevens Johnson Syndrome, OR
 - 1.2.2.1.4 limbal stem cell failure
- 1.2.2.2 Band keratopathy after surgical treatment
- 1.2.2.3 Bullous keratopathy with epithelial defect after failure of conservative treatment with
 - 1.2.2.3.1 Bandage/therapeutic contact lens AND
 - 1.2.2.3.2 Topical medications
- 1.2.2.4 Corneal or Scleral melting
- 1.2.2.5 Corneal ulcer following anti-infective therapy and demonstration of clinical response for the purpose of healing the persistent epithelial defect

¹ Physician attests at time of request submission that physician signed documentation across the full timeframe of treatment rendered (chart, procedures, order, testing interpretation) supports all indications and limitations for service based on this policy and industry billing guidance.

- 1.2.2.5.1** Persistent defect is defined as non-closure after 5 days of conservative therapy or no decrease in size after 2 days of conservative therapy
- 1.2.2.6** After collagen cross linking procedure for keratoconus
- 1.2.2.7** Chemical burns to ocular surface
- 1.2.2.8** Recurrent corneal erosions after treatment failure with other therapy with
 - 1.2.2.8.1** bandage/therapeutic contact lens OR,
 - 1.2.2.8.2** patching AND
 - 1.2.2.8.3** topical medication
- 1.2.2.9** Corneal abrasions after treatment failure or nonresponse to
 - 1.2.2.9.1** bandage/therapeutic contact lens AND
 - 1.2.2.9.2** topical medications
- 1.2.2.10** Stage 2-3 neurotrophic keratitis or exposure keratitis after documented treatment nonresponse to
 - 1.2.2.10.1** Bandage/therapeutic contact lenses, AND
 - 1.2.2.10.2** Non-preserved lubricating tears/gels, AND
 - 1.2.2.10.3** Topical ophthalmic medications
 - 1.2.2.10.3.1** Documentation of corneal sensitivity testing is required for all neurotrophic keratitis requests
- 1.2.2.11** Neurotrophic keratitis, exposure keratitis and all other keratitis associated with dry eye syndrome must satisfy all additional requirements under section 1.2.2.13
- 1.2.2.12** Filamentary keratitis must satisfy all requirements under section 1.2.2.13
- 1.2.2.13** Severe Dry Eye Syndrome treatment is considered under special circumstances and subject to prior authorization.
 - 1.2.2.13.1** Must have documented failure, nonresponse, or contraindication of conservative therapy to ALL of the following:
 - 1.2.2.13.1.1** Topical lubrication AND
 - 1.2.2.13.1.2** Punctal occlusion AND
 - 1.2.2.13.1.3** Trial of at least 2 of the listed prescription ophthalmic medications:
 - 1.2.2.13.1.3.1** Cyclosporin, OR
 - 1.2.2.13.1.3.2** Lifitegrast, OR
 - 1.2.2.13.1.3.3** Perfluorohexyl octane, OR
 - 1.2.2.13.1.3.4** Varenicline, OR
 - 1.2.2.13.1.3.5** Corticosteroids, OR

1.2.2.13.1.3.6 Autologous serum eye drops

1.2.2.14 A clinical re-evaluation is required after completion of conservative therapy

1.2.2.15 Dry Eye Workshop Score (DEWS) of 3-4 indicating

1.2.2.15.1 severe dry eyes with these findings:

1.2.2.15.1.1 Marked central severe punctate erosions, AND

1.2.2.15.1.2 Severe, frequent or constant discomfort, AND

1.2.2.15.1.3 Annoying, chronic, constant, OR disabling visual symptoms

1.2.3 Any other conditions not specifically listed above must show failure or nonresponse to an adequate trial of provider directed conservative treatment.

1.3 Utilization Guidelines

1.3.1 One placement per eye is expected in an episode of care.

1.3.1.1 More than one will be subject to prepayment review and possible denial

1.3.2 Treatment is typically considered to be acute short-term care (65778)

1.3.3 All prior authorization criteria must be satisfied prior to treatment

1.3.4 Maximum usage is 2 amniotic bandages per year per eye

1.4 Additional Requirements

1.4.1 Providers must submit original medical records that clearly document examination findings and clinical outcomes for each specific treatment modality.

1.4.1.1 Summarized, templated or cloned statements will not be accepted.

1.4.2 Amniotic membrane must be cleared by or registered with the US Food and Drug Administration (FDA) for sutureless application of the eye, (for appropriate code)

1.4.3 During the global period following surgery, unplanned usage not requiring a return to the operating room is subject to the principles for global surgery defined in the Medicare Claims Processing manual (Chap 12 SS. 40) AND will not be reimbursed separately

1.4.4 Surface staining (Rose Bengal or fluorescein) to indicated damaged cell membranes and/or gaps in the epithelial cell surface

1.4.4.1 Must have clinical findings of active ocular surface disease including but not limited to

1.4.4.1.1 keratitis, OR

1.4.4.1.2 staining defects, OR

1.4.4.1.3 epithelial defect.

1.4.5 Prior authorization is good for one episodic treatment of one amniotic bandage per eye within 6 months

1.4.5.1 Repeat treatment is rare and will be considered on a case-by-case basis

1.4.5.2 Maximum usage is 2 amniotic bandages per year per eye

1.4.6 Cogan's dystrophy is noncovered unless associated with corneal epithelial removal

1.4.7 Amniotic membrane must be cleared by or registered with the US Food and Drug Administration (FDA) for sutureless application of the eye, (for appropriate code)

- 1.4.8** During the global period following surgery, unplanned usage not requiring a return to the operating room is subject to the principles for global surgery defined in the Medicare Claims Processing manual (Chap 12 SS. 40) and will not be reimbursed separately
- 1.4.9** A clinical exam performed within the past 6 months is required
- 1.4.10** Corneal and/or conjunctival disease/pathology must be clearly stated in the note and documented in the exam findings
- 1.4.11** Must have clinical findings of active ocular surface disease as noted in protocol

2 Supporting Diagnoses

2.1 For ICD-10 List please see Amniotic Membrane Ocular Surface Treatment Appendix A

References²

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² Retrieved electronically June 2023

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Review and Approval Change Log

May 2024	Medical Surgical policy drafted
May 2024	Scope limited to NY Health First medical surgical prior authorization requirement.
Jan 2025	Client Approved & Created Appendix A for ICD10 per AAPC
July 2025	Reviewed with no changes
Jan 2026	V1 Updated references by removing retired LCD (L36237) which was referenced from another jurisdiction. No coverage or layout changes.
Jun 2026	V2 Updated language and documentation requirements, updated references
Jul 2026	V2 updated formatting in section 1.4
Sep 2026	V3 approved by NYS HF committee