POLICY TITLE	**Amniotic Membrane Ocular Surface Treatment**		
CATEGORY	Medical Surgical	**POLICY ID NUMBER**	425_NYS_HF_v2
ORIGINAL EFFECTIVE DATE	4/1/2025	**LAST REVIEW DATE**	09/09/2025
LAST APPROVAL DATE	09/09/2025	**LAST REVISION DATE**	01/27/2025
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 Limitations[1]

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] 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.

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1.2 Medical Necessity

1.2.1 Used in variety of surgical procedures to cover a defect on the ocular surface to facilitate wound healing and decrease inflammation.

1.2.2 Used to facilitate healing of lesions, surgical excisions, necrotic tissue from surgery, injury, infection, or degeneration.

1.2.3 Pterygium repair when there is insufficient healthy tissue to create a conjunctival autograft.

1.2.4 Severe ophthalmological conditions with ocular surface cell damage, failure and/or underlying scarring or ulceration of underlying stroma

1.2.5 Severe condition requiring acute treatment with amniotic membrane including chemical, thermal, and radiation injuries, Stevens Johnson Syndrome, limbal stem cell failure

1.2.6 Band keratopathy after treatment with other surgery, topical medications bandage CL or patching

1.2.7 Bullous keratopathy with epithelial defect

1.2.8 Scleral melting

1.2.9 Corneal ulcer following anti-infective therapy and demonstration of clinical response for the purpose of healing the persistent epithelial defect

1.2.9.1 Persistent defect is defined as non-closure after 5 days of conservative therapy or no decrease in size after 2 days of conservative therapy

1.2.10 Chemical burns to ocular surface

1.2.11 Corneal melting

1.2.12 Limbal stem cell deficiency

1.2.13 Recurrent corneal erosions after treatment failure with other therapy including bandage contact lens, patching and topical medication.

1.2.14 Significant keratitis including (exposure, neurotrophic, filamentary)

1.3 Utilization Guidelines

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

1.4 Limitations

1.4.1 Severe dry eye syndrome treatment is considered under special circumstances and subject to prior authorization

1.4.1.1 **All** prior authorization criteria must be satisfied prior to treatment (65778, 65779)

1.4.1.1.1 Must have documented failure, nonresponse, or contraindication of conservative therapy including topical lubrication, punctal plugs, cyclosporin A (Restasis), antibiotics, steroids, **and** NSAIDS.

1.4.1.1.2 Dry Eye Workshop Score (DEWS) of 3-4, indicating severe dry eye with ocular surface disease

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

1.4.1.1.4 Must have clinical findings of active ocular surface disease including but not limited to keratitis, staining defects, or epithelial defect.

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

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

1.4.1.3 Maximum usage is 2 amniotic bandages per year per eye

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

1.4.3 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)

1.4.4 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

2 Supporting Diagnoses

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

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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
Sep 2025	Approved by HealthFirst Medical Team

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