ND

Medical Policies

Print

Policy Number:	S-116		
Policy Name:	Corneal Transplantation		
Policy Type:	Medical	**Policy Subtype:**	Surgery
Effective Date:	09-15-2025	**End Date:**	11-02-2025

Description

Corneal transplants (keratoplasties) are performed as follows:

- Lamellar keratoplasty (LK), a partial thickness or penetrating keratoplasty (PK), full thickness cornea is removed and replaced with a donor cornea.
- Endothelial keratoplasty (EK, DSEK, DSAEK,DMEK, posterior lamellar keratoplasty) - the diseased inner layer of the cornea, the endothelium, is removed and replaced with healthy donor tissue while keeping the anterior corneal surface intact.

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

Diagnosis Codes

Covered Diagnosis Codes for Procedure Codes 65710; 65730; 65750; 65755; 65756; 65757; 65770, C1818; and L8609

B60.13	H16.001	H16.002	H16.003	H16.011	H16.012	H16.013
H16.021	H16.022	H16.023	H16.031	H16.032	H16.033	H16.041
H16.042	H16.043	H16.051	H16.052	H16.053	H16.061	H16.062

H16.063	H16.071	H16.072	H16.073	H16.101	H16.102	H16.103
H16.111	H16.112	H16.113	H16.121	H16.122	H16.123	H16.131
H16.132	H16.133	H16.141	H16.142	H16.143	H16.201	H16.202
H16.203	H16.211	H16.212	H16.213	H16.221	H16.222	H16.223
H16.231	H16.232	H16.233	H16.251	H16.252	H16.253	H16.261
H16.262	H16.263	H16.291	H16.292	H16.293	H16.301	H16.302
H16.303	H16.311	H16.312	H16.313	H16.321	H16.322	H16.323
H16.331	H16.332	H16.333	H16.391	H16.392	H16.393	H16.401
H16.402	H16.403	H16.411	H16.412	H16.413	H16.421	H16.422
H16.423	H16.431	H16.432	H16.433	H16.441	H16.442	H16.443
H16.8	H16.9	H17.01	H17.02	H17.03	H17.11	H17.12
H17.13	H17.811	H17.812	H17.813	H17.821	H17.822	H17.823
H17.89	H17.9	H18.001	H18.002	H18.003	H18.011	H18.012
H18.013	H18.021	H18.022	H18.023	H18.031	H18.032	H18.033
H18.051	H18.052	H18.053	H18.061	H18.062	H18.063	H18.11
H18.12	H18.13	H18.20	H18.211	H18.212	H18.213	H18.221
H18.222	H18.223	H18.231	H18.232	H18.233	H18.30	H18.311
H18.312	H18.313	H18.321	H18.322	H18.323	H18.331	H18.332
H18.333	H18.40	H18.411	H18.412	H18.413	H18.421	H18.422
H18.423	H18.43	H18.441	H18.442	H18.443	H18.451	H18.452
H18.453	H18.461	H18.462	H18.463	H18.49	H18.501	H18.502
H18.503	H18.511	H18.512	H18.513	H18.521	H18.522	H18.523
H18.531	H18.532	H18.533	H18.541	H18.542	H18.543	H18.551
H18.552	H18.553	H18.591	H18.592	H18.593	H18.601	H18.602

H18.603	H18.611	H18.612	H18.613	H18.621	H18.622	H18.623
H18.70	H18.711	H18.712	H18.713	H18.721	H18.722	H18.723
H18.731	H18.732	H18.733	H18.791	H18.792	H18.793	H18.811
H18.812	H18.813	H18.821	H18.822	H18.823	H18.831	H18.832
H18.833	H18.891	H18.892	H18.893	H18.9	H54.0X33	H54.0X34
H54.0X35	H54.0X43	H54.0X44	H54.0X45	H54.0X53	H54.0X54	H54.0X55
H54.1131	H54.1132	H54.1141	H54.1142	H54.1151	H54.1152	H54.1213
H54.1214	H54.1215	H54.1223	H54.1224	H54.1225	H54.2X11	H54.2X12
H54.2X21	H54.2X22	H54.3	H54.413A	H54.414A	H54.415A	H54.42A3
H54.42A4	H54.42A5	H54.511A	H54.512A	H54.52A1	H54.52A2	H54.7
H54.8	H55.82	L51.1	Q12.0	Q12.1	Q12.2	Q12.3
Q12.4	Q12.8	Q12.9	S05.21XA	S05.22XA	S05.31XA	S05.32XA
S05.51XA	S05.52XA	S05.61XA	S05.62XA	S05.71XA	S05.72XA	S05.8X1A
S05.8X2A	S05.8X9A	S05.91XA	S05.92XA	T26.11XA	T26.11XD	T26.11XS
T26.12XA	T26.12XD	T26.12XS	T49.5X5A	T49.5X5D	T49.5X5S	T85.79XA
T85.79XD	T85.79XS	T85.818A	T85.818D	T85.818S	T85.820A	T85.820D
T85.820S	T85.828A	T85.828D	T85.828S	T85.830A	T85.830D	T85.830S
T85.838A	T85.838D	T85.838S	T85.840A	T85.840D	T85.840S	T85.848A
T85.848D	T85.848S	T85.850A	T85.850D	T85.850S	T85.858A	T85.858D
T85.858S	T85.860A	T85.860D	T85.860S	T85.868A	T85.868D	T85.868S
T85.890A	T85.890D	T85.890S	T85.898A	T85.898D	T85.898S	T86.8401
T86.8402	T86.8403	T86.8411	T86.8412	T86.8413	T86.8421	T86.8422
T86.8423	T86.8481	T86.8482	T86.8483	T86.8491	T86.8492	T86.8493

CURRENT CODING

CPT:

65710	KERATOPLASTY ANTERIOR LAMELLAR	Commercial
65730	KERATOPLASTY PENTRG EXCEPT APHAKIA/PSEUDOPHAKIA	Commercial
65750	KERATOPLASTY PENETRAING APHAKIA	Commercial
65755	KERATOPLASTY PENETRATING PSEUDOPHAKIA	Commercial
65756	KERATOPLASTY ENDOTHELIAL	Commercial
65757	BACKBENCH PREPJ CORNEAL ENDOTHELIAL ALLOGRAFT	Commercial
65770	KERATOPROSTHESIS	Commercial
65710	KERATOPLASTY ANTERIOR LAMELLAR	Medicaid Expansion
65730	KERATOPLASTY PENTRG EXCEPT APHAKIA/PSEUDOPHAKIA	Medicaid Expansion
65750	KERATOPLASTY PENETRAING APHAKIA	Medicaid Expansion
65755	KERATOPLASTY PENETRATING PSEUDOPHAKIA	Medicaid Expansion
65756	KERATOPLASTY ENDOTHELIAL	Medicaid Expansion
65757	BACKBENCH PREPJ CORNEAL ENDOTHELIAL ALLOGRAFT	Medicaid Expansion
65770	KERATOPROSTHESIS	Medicaid Expansion

HCPCS:

C1818	Integrated keratoprosthesis	Commercial
L8609	Artificial cornea	Commercial
C1818	Integrated keratoprosthesis	Medicaid Expansion
L8609	Artificial cornea	Medicaid Expansion

References

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ND Committee Review

Internal Medical Policy Committee 09-21-2021- ***Effective November 01, 2021***

- ***Adopted*** New Policy for North Dakota

Internal Medical Policy Committee 11-23-2021 Coding update - ***Effective January 03, 2022***

- ***Removed*** 0290T; and
- ***Added*** 65770; and L8609.

Internal Medical Policy Committee 11-29-2022 Revision with coding update - ***Effective January 02, 2023***

- ***Updated*** with clarifying language throughout policy; and
- ***Removed*** Diagnosis codes H16.009; H18.509; H18.519; H18.529; H18.539; H18.549; H18.559; H18.599; S05.60XA; S05.70XA; T49.4X5A; T49.4X5S; T85.21XA; T85.22XA; T85.29XA; T85.29XD; T85.29XS; T85.390A; T85.391A; T85.391D; T85.391S; T85.398A; T85.398D; T85.398S; T86.8409; T86.8419; T86.8429; T86.8489; T86.8499; and
- ***Added*** *H18.501; H18.502; and T49.5X5D.*

Internal Medical Policy Committee *11-15-2023 Annual Review* - ***Effective January 01, 2024***

- *No changes in criteria*

Internal Medical Policy Committee 1-16-2024 Revision - ***Effective March 04, 2024***

- ***Updated*** references.

Internal Medical Policy Committee 1-14-2025 Annual Review - ***Effective March 03, 2025***

- No changes in criteria; and
- ***Added*** Policy Application.

Disclaimer

Current medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information. Likewise, medical policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and the Company reserves the right to review and update medical policy periodically.