

Medical Coverage Policy



Keratoprosthesis

Device/Equipment Drug Medical Surgery Test Other

Effective Date:	11/2/2010	Policy Last Updated:	10/18/2011
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Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

Description:

Keratoprosthesis is a device intended to restore vision to patients with severe bilateral corneal disease. Candidates for keratoprosthesis have conditions offering a low probability for success with a corneal transplantation (e.g., chemical injuries or certain immunologic conditions).

Using a tube that acts as a periscope from the eye to the environment, the tube is anchored to the front surface of the cornea and extends into the environment either through the eyelids or between the fused lids. Although the tube may have various optical strengths, the patient may also need to wear glasses. Implantation techniques differ, and success rates are variable.

The Boston Keratoprosthesis (Boston KPro) is typically used for the treatment of corneal blindness under the following conditions: 1.) the cornea is severely opaque and vascularized; AND 2.) the patient has had two or more prior failed corneal transplants.

A permanent keratoprosthesis for all other conditions is considered not medically necessary. All other types of permanent keratoprostheses are considered not medically necessary.

Policy:

The Boston Keratoprosthesis (Boston KPro) is **covered** for all members.

Coverage:

Benefits may vary between groups/contracts. Please refer to the appropriate member certificate/subscriber agreement for applicable surgery benefits/coverage.

Codes:

65770

Also known as:

AlphaCor
Artificial cornea
Chirila Keratoprosthesis (Chirila KPro)
Dohlman Doane Keratoprosthesis

Related topics:

Not applicable

Published:

Policy Update, Aug 2005
Policy Update, Jun 2006
Policy Update, Jun 2007
Provider Update, Sep 2008
Provider Update, Aug 2009
Provider Update, Mar 2011
Provider Update, Dec 2011

References:

Blue Cross Blue Shield Association Medical Policy Reference. Policy 9.03.01 - Keratoprosthesis. Reviewed with literature search/ September 2007.

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Lee, Jin Hak, Won Ryang Wee, Eui Sang Chung, and Hee Y oung Kim. "Development of a Newly Designed Double-Fixed Seoul-Type Keratoprosthesis." *Archives of Ophthalmology*;118;Dec(2000):1673-78.

Nouri, MD, Mahnaz, Hisao Terada, MD, Eduardo C. Alfonso, MD, and C Stephen Foster, MD. "Endophthalmitis After Keratoprosthesis." *Archives of Ophthalmology*;119;April(2001):484-89.

Ray, MD, Subhransu, Bilal F. Khan, MD, Claes H. Dohlman, MD, PhD, and Donald J. D'Amico, MD. "Management of Vitreoretinal Complications in Eyes With Permanent Keratoprosthesis." *Archives of Ophthalmology*;120;May(2002):559-66.

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