OVERVIEW
This payment policy documents the coverage determination keratoprosthesis. 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).

PRIOR AUTHORIZATION
Not Applicable

POLICY STATEMENT
BlueCHiP for Medicare and Commercial

The Boston Keratoprosthesis (Boston KPro) is covered.

MEDICAL CRITERIA
Not Applicable

BACKGROUND
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.

COVERAGE
Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement for applicable surgery benefits/coverage.

CODING
Blue CHiP for Medicare and Commercial

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RELATED POLICIES
None
REFERENCES


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