

**Medical Policy**  
**Phototherapeutic Keratectomy**

	Commercial and Qualified Health Plans	MassHealth
Authorization required	X	
Not covered		X

**Overview**

The purpose of this document is to describe the guidelines AllWays Health Partners utilizes to determine medical appropriateness for phototherapeutic keratectomy for AllWays Health Partners members.

**Coverage Guidelines**

AllWays Health Partners will consider coverage of phototherapeutic keratectomy in members with any of the following clinically documented conditions:

- Corneal scars and opacities (including post-traumatic, post-infectious, post-surgical, and secondary to pathology)
- Superficial corneal dystrophy (including granular, lattice, and Reis-Buckler's dystrophies)
- Irregular corneal surfaces (secondary to Salzmann’s degeneration, keratoconus nodules, or other irregular surfaces)
- Epithelial basement membrane dystrophy
- Recurrent corneal erosion when standard therapeutic regimens measures (e.g. lubricants, hypertonic saline, patching, bandage contact lenses, gentle debridement of severely aberrant epithelium) have failed to halt the erosions

**Exclusions**

Phototherapeutic keratectomy is considered not medically necessary for any other indication including but not limited to:

- Infectious keratitis
- For cosmetic and/or convenience purposes, (i.e., to replace the need to wear eyeglasses and/or contact lenses).

**Definitions**

Phototherapeutic Keratectomy: Phototherapeutic keratectomy involves the use of the excimer laser to treat visual impairment or irritative symptoms relating to diseases of the anterior cornea by sequentially ablating (destroying) uniformly thin layers of corneal tissue.

Epithelial basement membrane dystrophy

A disease that disrupts the ability of the epithelium to attach to the lower layers of the cornea. The epithelium will often grow unevenly or will detach from the cornea.

**CPT/HCPC Codes**

Authorized CPT/HCPCS Codes	Code Description
S0812	Phototherapeutic keratectomy (PTK)



## Effective

May 2020: Effective Date.

## References

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