Billing for the amniotic membrane

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The use of amniotic products is well documented in medicine for a wide array of problems, and the eye is no different. There are a few brands out there, but the most popular is PROKERA® by Bio-Tissue, Inc. PROKERA is a biologic corneal bandage lens created from cryopreserved amniotic membrane for regenerative healing. While described in CPT terms as a surgical procedure, the application of PROKERA is virtually identical to the insertion of a bandage contact lens.

The American Medical Association (AMA) issued CPT Code 65778 (with a 10-day global period), effective Jan. 1, 2011, because they recognized the importance of delivering the wound healing properties of cryopreserved amniotic membrane to the ocular surface without the use of sutures. Subsequently, the Center for Medicare and Medicaid Service (CMS) authorized payment policies for the procedure to be performed in both facility and non-facility setting. So can this procedure be also performed by an optometrist? The answer of course is, it depends. Most state boards of optometry within the U.S. have deemed this procedure to be well within the optometric scope of practice as it is virtually identical to inserting a bandage contact lens. In fact, a recent consideration by CMS of the use of amniotic membranes for ocular surface disease which appeared in the PFS 2013 Final Rule as appears Federal Register /Vol. 77, No. 221 /Thursday, Nov. 15, 2012 /Rules and Regulations 68339-68341 from which I quote: “In addition, our medical advisors indicated that the procedure described by CPT code 65778 is not significantly different than placing a bandage contact lens on the surface of the eye to cover a corneal epithelial defect. CPT code 65778 describes the simple placement of a special type of bandage (a self-retaining amniotic membrane device) on the surface of the eye, which would most commonly be used in the HOPD to cover the surface of the eye after a procedure that results in a corneal epithelial defect.”

http://69.175.53.6/register/2012/Nov/15/2012-26902.pdf

Currently, in nearly 85 percent of the states, OD's are getting paid for this “surgical” procedure by CMS and other commercial carriers. Please keep in mind that for CMS, there is generally not a billable code for the materials since this is a minor surgical procedure and follows the rationale similar to punctal plugs, meaning that the reimbursement for the materials are included in the reimbursement for the procedure. Other commercial carriers may have policies that allow for reimbursement of the procedure and the materials. And, most importantly – since it is considered to be a minor surgical procedure, all other rules of surgical protocol must be adhered to such as not billing the office visit on the same day as the procedure because by definition, the procedure itself incorporates the office visit as well.

Dr. Rumpakis is a 1984 graduate of Pacific University College of Optometry. He is currently president and chief executive officer of Practice Resource Management, Inc. Recently named the Chief Medical Coding Editor for Review of Optometry, he has been extensively published on the topics of third-party coding and billing, practice management, team building and maximizing effectiveness and profitability, including the textbook “Business Aspects of Optometry.” Dr. Rumpakis is a popular lecturer both nationally and internationally. He currently serves on the AOA’s Optometry’s Meeting® Exhibits Committee and was the primary architect of the AOA Advantage program.

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