

Clinical Policy: Ocular Surface Reconstruction

Reference Number: CP.VP.80

Last Review Date: 08/2025

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

Ocular surface reconstruction is performed to restore a scarred, vascularized or diseased cornea. This policy describes the medical necessity requirements for ocular surface reconstruction.

Policy/Criteria

- I. It is the policy of health plans affiliated with Centene Corporation® (Centene) and Envolve Vision, Inc.® (Envolve) that ocular surface reconstruction is **medically necessary** for any of the following indications:
 - A. Chemical, thermal or radiation burns of the ocular surface;
 - B. Limbal stem cell deficiency;
 - C. Corneal melting;
 - D. Scleral melting;
 - E. Neurotrophic keratitis;
 - F. Failure of standard therapy for severe ophthalmological conditions demonstrated by ocular surface cell damage and/or underlying inflammation, scarring, or ulceration of the underlying stroma;
 - G. Conjunctival defects after treatment with other therapy such as surgery or topical medications have failed;
 - H. Stevens Johnson syndrome.

Background

The management of ocular surface disorders, particularly ocular burns, has been a challenging condition for years for the ophthalmologists. Adult stem cells are present at the human corneo-scleral limbus. These limbal stem cells are responsible for generating a constant and unending supply of corneal epithelial cells throughout life, thus maintaining a stable and uniformly refractive corneal surface. Limbal/conjunctival stem cell allografting for ocular surface reconstruction (65781) is done for corneal defects or damage resulting in a total loss of stem cell function. Corneal tissue relies on stem cells located in the limbal epithelium to regenerate. The graft is taken from a living donor, not the patient. Limbal conjunctival autograft for ocular surface reconstruction (65782) is also done for corneal defects or damage resulting in a total loss of stem cell function. Corneal tissue relies on stem cells located in the limbal epithelium to regenerate. The graft is taken from the patient's other healthy eye to replace the lost stem cell population in the diseased eye. A conjunctival allograft is harvested (68371) from a living donor for transplantation to another recipient to help the process of re-epithelialization in cases of corneal epithelial damage and disease when the normal population of conjunctival/limbal stem cells has been depleted. Clinical considerations include laterality of affliction, severity of limbal damage and concurrent need for other procedures.

Even under favorable circumstances, visual performance is disturbed by ocular surface scarring, vascularization, persistent epithelial defects, and associated dry eye soon after initial injury in most cases of ocular burns. Conventional keratoplasty techniques, keratoprosthesis, or other treatment modalities are often associated with postoperative complications and low success rates in these eyes.

Similar treatment options involve amniotic membrane placement on the ocular surface. *See clinical policy CP.VP.04 Amniotic Membrane Placement on Ocular Surface.* Human amniotic membrane is obtained from cesarean deliveries; the tissue is prepared and cryopreserved under sterile conditions. Use of this tissue induces rapid re-epithelialization of corneal epithelium for a good surface and successful reconstruction.

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2025, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT® Codes	Description
65780	Ocular Surface Reconstruction, amniotic membrane transplantation
65781	Ocular Surface Reconstruction, limbal stem cell allograft
65782	Ocular Surface Reconstruction, limbal conjunctival autograft
68371	Harvesting conjunctival allograft, living donor

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

+ Indicates a code requiring an additional character

ICD-10-CM Code	Description
H16.231	Neurotrophic keratoconjunctivitis, right eye
H16.232	Neurotrophic keratoconjunctivitis, left eye
H16.233	Neurotrophic keratoconjunctivitis, bilateral
H18.11	Bullous keratopathy, right eye
H18.12	Bullous keratopathy, left eye
H18.13	Bullous keratopathy, bilateral
H18.421	Band keratopathy, right eye
H18.422	Band keratopathy, left eye
H18.423	Band keratopathy, bilateral
L51.0	Nonbullous erythema multiforme
L51.1	Stevens-Johnson syndrome
L51.3	Stevens-Johnson syndrome-toxic epidermal necrolysis overlap syndrome
L51.9	Erythema multiforme, unspecified
T26.01XA	Burn of right eyelid and periocular area, initial encounter
T26.01XD	Burn of right eyelid and periocular area, subsequent encounter
T26.01XS	Burn of right eyelid and periocular area, sequela
T26.02XA	Burn of left eyelid and periocular area, initial encounter
T26.02XD	Burn of left eyelid and periocular area, subsequent encounter
T26.02XS	Burn of left eyelid and periocular area, sequela

ICD-10-CM Code	Description
T26.11XA	Burn of cornea and conjunctival sac, right eye, initial encounter
T26.11XD	Burn of cornea and conjunctival sac, right eye, subsequent encounter
T26.11XS	Burn of cornea and conjunctival sac, right eye, sequela
T26.12XA	Burn of cornea and conjunctival sac, left eye, initial encounter
T26.12XD	Burn of cornea and conjunctival sac, left eye, subsequent encounter
T26.12XS	Burn of cornea and conjunctival sac, left eye, sequela
T26.21XA	Burn with resulting rupture and destruction of right eyeball, initial encounter
T26.21XD	Burn with resulting rupture and destruction of right eyeball, subsequent encounter
T26.21XS	Burn with resulting rupture and destruction of right eyeball, sequela
T26.22XA	Burn with resulting rupture and destruction of left eyeball, initial encounter
T26.22XD	Burn with resulting rupture and destruction of left eyeball, subsequent encounter
T26.22XS	Burn with resulting rupture and destruction of left eyeball, sequela
T26.31XA	Burns of other specified part of right eye and adnexa, initial encounter
T26.31XD	Burns of other specified part of right eye and adnexa, subsequent encounter
T26.31XS	Burns of other specified part of right eye and adnexa, sequela
T26.32XA	Burns of other specified part of left eye and adnexa, initial encounter
T26.32XD	Burns of other specified part of left eye and adnexa, subsequent encounter
T26.32XS	Burns of other specified part of left eye and adnexa, sequela
T26.41XA	Burn of right eye and adnexa, part unspecified, initial encounter
T26.41XD	Burn of right eye and adnexa, part unspecified, subsequent encounter
T26.41XS	Burn of right eye and adnexa, part unspecified, sequela
T26.42XA	Burn of left eye and adnexa, part unspecified, initial encounter
T26.42XD	Burn of left eye and adnexa, part unspecified, subsequent encounter
T26.42XS	Burn of left eye and adnexa, part unspecified, sequela
T26.51XA	Corrosion of right eyelid and periocular area, initial encounter
T26.51XD	Corrosion of right eyelid and periocular area, subsequent encounter
T26.51XS	Corrosion of right eyelid and periocular area, sequela
T26.52XA	Corrosion of left eyelid and periocular area, initial encounter
T26.52XD	Corrosion of left eyelid and periocular area, subsequent encounter
T26.52XS	Corrosion of left eyelid and periocular area, sequela
T26.61XA	Corrosion of cornea and conjunctival sac, right eye, initial encounter
T26.61XD	Corrosion of cornea and conjunctival sac, right eye, subsequent encounter
T26.61XS	Corrosion of cornea and conjunctival sac, right eye, sequela
T26.62XA	Corrosion of cornea and conjunctival sac, left eye, initial encounter
T26.62XD	Corrosion of cornea and conjunctival sac, left eye, subsequent encounter
T26.62XS	Corrosion of cornea and conjunctival sac, left eye, sequela
T26.71XA	Corrosion with resulting rupture and destruction of right eyeball, initial encounter
T26.71XD	Corrosion with resulting rupture and destruction of right eyeball, subsequent encounter
T26.71XS	Corrosion with resulting rupture and destruction of right eyeball, sequela
T26.72XA	Corrosion with resulting rupture and destruction of left eyeball, initial encounter
T26.72XD	Corrosion with resulting rupture and destruction of left eyeball, subsequent encounter

ICD-10-CM Code	Description
T26.72XS	Corrosion with resulting rupture and destruction of left eyeball, sequela
T26.81XA	Corrosions of other specified parts of right eye and adnexa, initial encounter
T26.81XD	Corrosions of other specified parts of right eye and adnexa, subsequent encounter
T26.81XS	Corrosions of other specified parts of right eye and adnexa, sequela
T26.82XA	Corrosions of other specified parts of left eye and adnexa, initial encounter
T26.82XD	Corrosions of other specified parts of left eye and adnexa, subsequent encounter
T26.82XS	Corrosions of other specified parts of left eye and adnexa, sequela
T26.91XA	Corrosion of right eye and adnexa, part unspecified, initial encounter
T26.91XD	Corrosion of right eye and adnexa, part unspecified, subsequent encounter
T26.91XS	Corrosion of right eye and adnexa, part unspecified, sequela
T26.92XA	Corrosion of left eye and adnexa, part unspecified, initial encounter
T26.92XD	Corrosion of left eye and adnexa, part unspecified, subsequent encounter
T26.92XS	Corrosion of left eye and adnexa, part unspecified, sequela

Reviews, Revisions, and Approvals	Date	Approval Date
Annual Review	12/2019	12/2019
Converted to new template	08/2020	10/2020
Annual Review	12/2020	12/2020
Annual Review	12/2021	01/2022
Annual Review	11/2022	12/2022
Annual Review	11/2023	12/2023
Annual Review	11/2024	12/2024
Annual Review	08/2025	10/2025

References

1. Ö Özdemir. Limbal autograft and allograft transplantations in patients with corneal burns. *Eye* volume 18, pages 241–248(2004).
2. Le Q, Chauhan T, Yung M, Tseng CH, Deng SX. Outcomes of Limbal Stem Cell Transplant: A Meta-analysis [published online ahead of print, 2020 Apr 23]. *JAMA Ophthalmol*. 2020;138(6):1-11.
3. Sangwan VS, Jain R, Basu S, Bagadi AB, Sureka S, Mariappan I, MacNeil S. Transforming ocular surface stem cell research into successful clinical practice. *Indian J Ophthalmol* 2014;62:29-40.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is

operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <https://www.cms.gov> for additional information.

©2025 Centene Corporation. All rights reserved. All materials are exclusively owned by Centene Corporation and are protected by United States copyright law and international copyright law. No part of this publication may be reproduced, copied, modified, distributed, displayed, stored in a retrieval

system, transmitted in any form or by any means, or otherwise published without the prior written permission of Centene Corporation. You may not alter or remove any trademark, copyright or other notice contained herein. Centene® and Centene Corporation® are registered trademarks exclusively owned by Centene Corporation.

©2025 Envolve, Inc. All rights reserved. All materials are exclusively owned by Envolve and are protected by United States copyright law and international copyright law. No part of this publication may be reproduced, copied, modified, distributed, displayed, stored in a retrieval system, transmitted in any form or by any means, or otherwise published without the prior written permission of Envolve. You may not alter or remove any trademark, copyright or other notice contained herein.