



# Corneal Transplant Predetermination Request

Please attach supporting documentation to facilitate your request. This documentation should include history and physical, office notes, letter of medical necessity, and any additional documentation to support procedure(s).

Email to Corneal Transplant/TX/HCSC@HCSC or FAX (972) 437-0315

### Member / Patient Data:

|   |  |  |
|---|--|--|
| <b>Identification Number</b><br><i>(Include the three-digit prefix)</i> |  | <b>Group #</b>   |
| <b>Member's Name</b>  |  |  |
| <b>Patient's Name</b>   |  | <b>Anticipated Date of Service:</b>                            |
| <b>Procedure Codes</b><br><i>(List primary first)</i>                   |  | <b>Right      Left      Both</b><br><i>(please circle one)</i> |
| <b>Diagnosis Codes</b><br><i>(List primary first)</i>                   |  |  |

Corneal Transplants, CPT® codes 65710-65757, may be considered medically necessary for a significant visual impairment due to the following diagnoses. Please check the patient's diagnosis/diagnoses below.

- Bullous Keratoplasty; or
- Chemical burns to the eye; or
- Fuch's dystrophy; or Keratoconus; or
- Severe corneal ulcers caused by bacterial, fungal, parasitic or viral eye infections; or
- Severe traumatic injuries that pierce or cut the cornea; or
- Severe corneal edema or scarring; or
- Failure or rejection of previous corneal transplant; or
- Descemetocoele
- Other \_\_\_\_\_

Procedures primarily to compensate for refractive errors of the eye are considered not medically necessary. Therefore, these procedures are not eligible for coverage under the medical benefits. Please refer to **Medical Policy SUR713.001** on-line for additional information.

**Note:** Corneal Transplant Predeterminations do not receive confirmation numbers. *(If the patient needs a referral number to a specialty physician due to contract requirements, that referral number is not part of the corneal Transplant predetermination/authorization procedure.)*

|   |  |  |
|---|--|--|
| <b>National Provider Identifier (NPI) Number(s)</b> |  | <b>Today's Date:</b>                         |
| <b>Physician/Professional Provider Name</b>         |  |  |
| <b>Address</b>                                      |  |  |
| <b>Contact Person</b>                               |  | <b>Phone # (    )</b><br><b>Fax # (    )</b> |