**QUESTION:** What is ProKera®?

**ANSWER:** ProKera® is a corneal-epithelial insert consisting of an ophthalmic conformer that incorporates amniotic membrane; it is inserted between the eyeball and the eyelid. It is made by clipping a piece of AmnioGraft® between two rings made of a clear, flexible, thermoplastic material slightly thicker than an average contact lens. It currently comes in 1 size (16mm). It is designed to be self-retaining and to promote wound healing. The FDA approval notes that it may remain in place up to 30 days. However, most defects in which ProKera is used will see the membrane naturally dissolve in 5-10 days, at which point the ring set can be removed, or earlier if the condition is improved.

---

**QUESTION:** What are the indications for ProKera?

**ANSWER:** It is used to maintain space in the orbital cavity between the eyeball and the eyelid, and to prevent closure or adhesion. It is also for use to facilitate healing in which the ocular surface cells have been damaged, or the underlying stroma is inflamed or scarred. Some conditions for which it may be used include:

- Band keratopathy
- Bullous keratopathy
- Chemical burns of the ocular surface
- Corneal epithelial defects
- Corneal ulcer
- High risk corneal transplants
- In conjunction with superficial keratectomy
- Keratitis (bacterial or viral)
- Pterygium
- Stevens-Johnson Syndrome

---

**QUESTION:** Does Medicare cover placement of a ProKera ring?

**ANSWER:** Yes, when medically necessary.

---

**QUESTION:** What CPT code describes administration of ProKera?

**ANSWER:** In 2011, CPT was amended with a new procedure code that perfectly describes application of a ProKera ring:

- 65778 Placement of amniotic membrane on the ocular surface for wound-healing; self-retaining

The term "self-retaining" means that suture, glue or a bandage contact lens are not needed to achieve ocular surface retention.

---

**QUESTION:** What is the Medicare allowed amount for 65778?

**ANSWER:** Payment rates vary by type of provider and site of service. In 2012, the Medicare allowed amounts are:

- Physician (in-office) $1,352
- Physician (in-facility) $73
- ASC Facility Fee ---
- HOPD Facility Fee $1,164

The large site-of-service difference between physician reimbursement in-office and in-facility is due to the inclusion of ProKera in the facility payment.

These amounts are adjusted in each locality by local wage indices.

Other payers set their own fee schedules, which may differ considerably from Medicare rates.

---

September 18, 2012

The reader is strongly encouraged to review official instructions promulgated by Medicare and other payers; this document is not an official source nor is it a complete guide on all matters pertaining to reimbursement. The reader is also reminded that this information can and does change over time, and may be incorrect at any time following publication.

© 2012 Corcoran Consulting Group. All rights reserved. No part of this publication may be reproduced or distributed in any form or by any means, or stored in a retrieval system, without the written permission of the publisher.

Provided Courtesy of BioTissue

(888) 296-8858   www.BioTissue.com

Corcoran Consulting Group  (800) 399-6565   www.corcoranccg.com

S:\Monographs_FAQ\Drafts\FAQ_Bio-Tissue ProKera_091812.docx

SM-021 Rev A 10/16/12
REIMBURSEMENT FOR PROKERA®

6

**QUESTION:** Does Medicare pay for the supply of ProKera separately?

**ANSWER:** No. HCPCS code V2790, *Amniotic membrane for surgical reconstruction per procedure*, is no longer eligible for discrete Medicare payment in any setting. Reimbursement for the supply is included with payment for the procedure. Other payers do not necessarily follow CMS’ approach.

---

7

**QUESTION:** How am I reimbursed for using ProKera during the postoperative period of another procedure?

**ANSWER:** It depends on why and where you administer ProKera. If ProKera is applied in an operating room, usually of an ASC or HOPD, to cope with a problem related to the prior procedure, use 65778-78 on your claim.

If the use of ProKera is preplanned as part of a staged treatment, *e.g.*, high risk corneal transplant, use 65778-58 on your claim.

If it is applied during an eye exam in a lane or minor treatment room to deal with a complication of a prior surgery, your earlier payment for the prior procedure includes postoperative care, including ProKera.

If it is applied for a reason unrelated to the prior surgery, in any setting, use 65778-79.

---

September 18, 2012

The reader is strongly encouraged to review official instructions promulgated by Medicare and other payers; this document is *not an official source* nor is it a complete guide on all matters pertaining to reimbursement. The reader is also reminded that this information can and does change over time, and may be incorrect at any time following publication.

© 2012 Corcoran Consulting Group. All rights reserved. No part of this publication may be reproduced or distributed in any form or by any means, or stored in a retrieval system, without the written permission of the publisher.

Corcoran Consulting Group (800) 399-6565 www.corcoranccg.com


S:\Monographs_FAQs\DraftFAQ_Bio-Tissue ProKera_091812.docx

SM-021 Rev A 10/16/12