

Corneal Transplants Notification to the Texas Ophthalmological Association

Corneal Transplants – CPT® codes 65710-65756 Medical Policy SUR713.001

Blue Cross and Blue Shield of Texas (BCBSTX) would like to take this opportunity to provide information regarding the Corneal Transplant program.

- BCBSTX will review all corneal transplant requests for BCBSTX members.
- BlueCard members require review by their HomePlan not BCBSTX. Please contact the member's HomePlan for reviews.
- The specific medical criteria for coverage is found on-line in the guidelines for "Refractive and Therapeutic Keratoplasty" [Medical Policy SUR713.001](#).
- The [Corneal Transplant Predetermination Request Form](#) is located on the Blue Cross and Blue Shield Web site at www.bcbstx.com/provider, under Forms.

BCBSTX Health Plan Predetermination/Authorizations Process

- Complete the BCBSTX [Corneal Transplant Predetermination Request Form](#).
- Submit the form with documentation by email or fax. The email address and fax number are:
 - Email: Corneal Transplant/TX/HCSC@HCSC
 - Fax: (972) 437-0315
- When BCBSTX receives the request, we will notify your office.
- Upon completion of the review, you will receive notification by fax, email or letter based on the manner of submission or per your request.
- Predetermination/authorizations do not receive numbers. (If the patient needs a referral number to a specialty physician due to contract requirements, this referral number is not part of the corneal transplant predetermination/authorization procedure.)

Note:

Please address any additional questions such as member benefits, fee schedules, preferred vendors, referrals, etc., with BCBSTX Provider Customer Service at 1-800-451-0287.

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