

Corneal Transplants Instructions and Additional Information

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

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

- BCBSTX will review all Corneal Transplant requests for BCBSTX members.
- BlueCard members require review by their Home Plan not BCBSTX. Please contact the member's Home Plan for reviews.
- The medical criteria for coverage are located on-line in [Medical Policy SUR 713.001](#), "Refractive and Therapeutic Keratoplasty".
- The [Corneal Transplant Predetermination Request Form](#) is located on the Blue Cross and Blue Shield Provider Web site at: <http://www.bcbstx.com/provider>, under Forms.

BCBSTX Health Plan Predetermination 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 address: Corneal Transplant/TX/HCSC@HCSC**
 - **FAX number: (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.
- Corneal Transplant Predeterminations do not receive confirmation 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.)*
- The review is for medical necessity only. You are responsible for member benefits and coverage issue.

Note:

Please address any additional questions including member benefits, fee schedules, referrals, or other issues with BCBSTX Provider Customer Service at 1-800-451-0287.

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