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OptiGraft® CAIRS

Reimbursement Guide for CAIRS Keratoplasty

Product Overview

OptiGraft® CAIRS (Corneal Allogenic Intrastromal Ring Segments) are sterile, laser-prepared allogenic ring segments used in keratoplasty procedures for patients with keratoconus or other corneal ectasia.

Clarification of terms: CAIRS Keratoplasty or Cornea Tissue Addition Keratoplasty (CTAK) refer to the same surgical procedure. Corneal Allogenic Intrastromal Ring Segments (CAIRS) refers to the corneal tissue implant.

Billing Codes

The following codes are commonly used when submitting claims for the **CAIRS Keratoplasty** procedures, covering both the surgical and tissue (CAIRS) implant.

Code	Description
CPT 65710 — Anterior Lamellar Keratoplasty (ALK)	Used to report the surgical procedure for CAIRS Keratoplasty involving partial-thickness corneal transplant performed by the ophthalmic surgeon.
HCPCS V2785 — Processing, Preservation, and Transport of Corneal Tissue	Used to report the cost of corneal tissue and related services, including procurement, preparation, preservation, and transportation of OptiGraft® CAIRS tissue.

Reimbursement Overview

Reimbursement for Anterior Lamellar Keratoplasty (CAIRS Keratoplasty) varies by facility type and payor. Confirm all coverage details prior to surgery to ensure appropriate payment for both the surgical procedure and the OptiGraft® CAIRS tissue.

Medicare Reimbursement for Facilities

- **Hospital Outpatient Department (HOPD):** Reimbursed under the Ambulatory Payment Classification (APC)
- **Ambulatory Surgery Center (ASC):** Covered under the ASC payment system, with separate reimbursement for corneal tissue using HCPCS V2785.
- **Office-Based Surgery (OBS):** Facility fees are typically not covered under Medicare for office-based procedures. Most payors, including Medicare, cover the procedure and tissue. Payor-specific approval may be required before performing CAIRS Keratoplasty in an office setting.

Commercial Payors

Coverage and reimbursement policies vary by payor and plan. Prior authorization is often required for both the procedure and corneal tissue. Some payors bundle corneal tissue reimbursement into the overall procedure payment rather than paying separately.

Always verify coverage and active benefits with the payor in advance to reduce claim denials and ensure accurate cost estimates.

Additional Billing Considerations – Laser Click Fees

- Use of a femtosecond or excimer laser may generate a laser click fee.
- Medicare generally does not reimburse separately for laser usage; these costs are included in the procedure payment.
- Commercial payors may have variable policies, and verification of coverage is required before billing. Separate payment may be considered only when medical necessity is documented and approved by the payor.

Common Questions and Answers

Q: Is OptiGraft® CAIRS reimbursed by Medicare?

A: Yes. When medically necessary, Medicare covers OptiGraft® CAIRS tissue under HCPCS V2785, billed separately from the surgical CPT code. Coverage and payment may vary by facility type.

Q: Do commercial payors cover OptiGraft® CAIRS?

A: Coverage varies by payor and plan. Many require prior authorization, and some may bundle corneal tissue reimbursement into the overall procedure payment.

Q: Can facilities bill separately for laser click fees?

A: Generally, no. Separate reimbursement is not typically allowed under Medicare. However, some commercial payors may consider separate payment if medical necessity and payor policy criteria are met.

Disclaimer

Coding and reimbursement information is provided for educational purposes only. Providers are responsible for verifying coverage, medical necessity, and billing practices with individual payors.

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