

Policy Name	Clinical Policy – Pterygium Surgery
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Department	Clinical Product & Development
Subcategory	Medical Management
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ACRONYMS or DEFINITIONS	
n/a	

PURPOSE

To provide criteria to support the indication(s) for pterygium excision surgery, with or without graft. Applicable procedure codes are also defined.

POLICY

A. BACKGROUND

A pterygium is a benign, fleshy growth of thickened conjunctiva, usually wedge shaped, encroaching on the cornea that can cause a disturbance of vision and may require surgical removal. Several causes for pterygium have been proposed. Environmental factors such as dry and/or dusty climates as well as exposure to ultraviolet (UV) light may play a role in initial formation. In addition to these factors, recurrent pterygia may form secondary to surgical trauma. They are more often seen nasally than temporally and can be found at other locations besides 3 and 9 o'clock.¹

Double pterygia means two distinct pterygia on the same eye. Larger lesions can grow onto the cornea, become inflamed, red, and uncomfortable.

B. Medically Necessary

¹ Xu, 2024

Pterygium surgery may be medically necessary when:

1. Topical therapy fails to relieve symptoms such as burning, itching, redness, or ocular discomfort;^{2 3} or,
2. The extent of the pterygium encroaches the pupillary axis with associated complaints of visual disturbance⁴; or,
3. There is symptomatic astigmatism greater than 2.5 diopters directly caused by the pterygium;⁵ and,
 - a. the patient has failed a trial of spectacles and/or contact lenses.
 - b. The trial of contact lenses is waived when medically contra-indicated (i.e., history of trabeculectomy or glaucoma filtering devices).
4. Repeat surgery for excision of recurrent pterygium may be medically necessary for the indications defined above.

C. Documentation

Medical necessity must be supported by adequate and complete documentation in the patient's medical record that describes the procedure and the medical rationale for it as in requirements above. All medical record items must be available upon request to initiate or sustain previous payments. For any retrospective review, a full operative report and/or the clinical care plan is needed.

Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, date(s) of service). Services provided/ordered must be authenticated by the physician, in a handwritten or electronic signature. Stamped signatures are not acceptable. The following documents may support the medical necessity for surgery:

1. The specific indication supporting the rationale for surgery; and,
2. The relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures and the prescription for lenses; and,
3. If the pterygium encroaches the pupillary axis with associated complaints of visual disturbance, a clinical photograph of the intended surgical site may be requested.

D. Procedural Detail

CPT Codes

² Frucht-Perry, 1997

³ Fonesca, 2017

⁴ Akbari, 2022

⁵ Lin, 1998

65420	Excision or transposition of pterygium; without graft
65426	Excision or transposition of pterygium; with graft – If billed with CPT code 65779, modifier 59, XE, XP, XS, or XU is required.
65779	Placement of amniotic membrane on the ocular surface; single layer, sutured.
Required Modifiers	
RT	Right Side
LT	Left Side
50	Bilateral procedure
Invalid Modifiers	
24	EM visit during post-op period
25	EM visit same day as minor procedure
57	EM visit same day as major procedure
26	Professional Component
TC	Technical Component

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RELATED POLICIES AND PROCEDURES	
n/a	

DOCUMENT HISTORY		
<i>Approval Date</i>	<i>Revision</i>	<i>Effective Date</i>
06/20/2018	Initial Policy	06/20/2018
07/25/2019	Annual review; minor revisions	08/01/2019
06/03/2020	Annual review; no criteria changes	10/01/2020
04/07/2021	Annual review; no criteria changes	07/01/2021
04/06/2022	Annual review; no criteria changes	05/01/2022
04/12/2023	Add requirement for clinical photograph of the intended surgical site when the pterygium encroaches the pupillary axis.	10/01/2023
04/03/2024	Removed exclusion of patients with previous elective refractive procedure; removed trial duration requirement for trial of spectacles or contact lenses.	07/01/2024

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