

South Carolina  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
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# MEDICAID BULLETIN

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**TO: Ambulatory Surgery Centers, Hospital Providers and Ophthalmologists**

**SUBJECT: Coverage and Reimbursement of Corneal Transplant Tissue**

Effective July 1, 2007, the South Carolina Department of Health and Human Services (SCDHHS) will increase the reimbursement amount for corneal transplant tissue not to exceed \$2,600.00 when a corneal transplant is performed in an Ambulatory Surgical Center (ASC). The adjustment is based on a cost increase by the manufacturer of the tissue. This amount will continue to be paid in addition to payment for the transplant surgical procedure and should be submitted with the HCPCS Level II procedure code V2785 (processing, preserving, and transporting covered tissue). Providers must attach a copy of the invoice reflecting the cost of the tissue along with the claim to avoid delays in payment. Medicaid's coverage policy for procedures performed in an ASC is limited to those described under 42 CFR 416.65 (Covered Surgical Procedures) and as published in either the Physicians, Laboratories and Other Medical Professional Manual or the Clinic Services Manual. The manuals are also available for review on the South Carolina Department of Health and Human Services website at [www.scdhhs.gov](http://www.scdhhs.gov) and click on "Provider Manuals" under the heading "Providers."

If you have any questions regarding this bulletin or any other Medicaid billing or policy questions, please contact your program representative in Hospital Services at (803) 898-2665. Thank you for your continued support and participation in the South Carolina Medicaid program.

/s/

Susan B. Bowling  
Acting Director

SBB/gvb

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