PHILIPPINE CORNEA SOCIETY, INC.
Formerly Cornea Club of the Philippines

Unit 815, 8th Floor, Medical Plaza Makati Condominium
Amorsolo corner Dela Rosa Streets, Legaspi Village, Makati City
Tel (+632) 813-5324
Email: philcorneasociety@gmail.com

3 March 2025

Position Statement of the Philippine Cornea Society, Inc. on the Use of the Ocular Surface Reconstruction Case Rate for Pterygium Surgeries

1. Definition of Ocular Surface Reconstruction in the Context of Pterygium Surgery

The ocular surface includes, at the very least, the surface of the cornea and the surface of the bulbar and tarsal conjunctiva, extending to the lid margin[1,2]. Other reference works consider the ocular surface to consist of the cornea, conjunctiva, lacrimal glands, and other ocular adnexae [3]. Because the ocular surface encompasses several structures, several conditions may be considered ocular surface diseases (OSD), such as dry eye, meibomian gland dysfunction, filamentary keratitis, and superior limbic keratoconjunctivitis[1,4]. Pterygium, which falls under the spectrum of OSD, is a fibroproliferative proliferation of tissue affecting the conjunctiva[5]. This condition rarely causes severe ocular disease. On the other hand, examples of severe OSD include ocular surface damage due to chemical injury, keratoconjunctivitis sicca, ocular cicatricial pemphigoid, Stevens-Johnson syndrome, and ocular chronic graft-versus-host disease[6,7]. These cases of severe OSD are often associated with structural abnormalities such as limbal stem cell deficiency, diffuse membrane proliferation, symblepharon formation, forniceal shortening, ocular surface keratinization, and corneal scarring[8].

The term "ocular surface reconstruction (OSR)" typically refers to surgical procedures aimed at restoring or rebuilding the ocular surface to restore normal or near-normal anatomy, particularly when there has been significant damage to ocular surface. OSR employs the use of reconstructive surgical techniques, such as, but not limited to, excision of fibrotic tissue and membrane, release of symblepharon, limbal stem cell transplantation, or amniotic membrane transplantation. In the context of pterygium surgery, which involves the excision of a pterygium, the recommended technique to close the resulting conjunctival defect is with the use a conjunctival autograft, harvested from the patient's own bulbar conjunctiva. We also acknowledge that amniotic membrane transplantation may be used instead, in specific conditions that does not permit harvesting the patient's own conjunctiva.

PHILIPPINE ACADEMY 1945 OF OPHTHALMOLOGY

PHILIPPINE CORNEA SOCIETY, INC.
Formerly the Cornea Club of the Philippines

Unit 815, 8th Floor, Medical Plaza Makati Condominium
Amorsolo corner Dela Rosa Streets, Legaspi Village, Makati City
Tel (+632) 813-5324
Email: philcorneasociety@gmail.com

In this regard, the **PCSI does not formally recognize OSR as an acceptable surgical technique for pterygium excision even with the use of amniotic membrane**. While the use of amniotic membrane grafting serves an important role in improving surgical outcomes, it does not equate to an ocular surface reconstruction procedure, which is typically reserved for more extensive corneal or conjunctival reconstructions.

2. Position on PhilHealth Claims for Ocular Surface Reconstruction

When a primary pterygium is excised, the exposed sclera may be covered by primary closure of the conjunctiva, conjunctival transposition and closure, conjunctival or conjunctival-limbal autografting, or amniotic membrane transplantation[9]. For severe OSD with structural abnormalities, a number of surgical procedures can be done to reconstruct the ocular surface. These procedures include conjunctival flap surgery, amniotic membrane transplantation, conjunctival limbal autograft (CLAU) surgery, conjunctival limbal allograft (CLAL) surgery, keratolimbal autograft (KLAL) surgery, salivary gland transplantation, and mucous membrane grafting.[8] In severe OSD, amniotic membrane can be used to cover the cornea and limbus in cases of epithelial defect (e.g., neurotrophic keratopathy) or after corneal surgery (e.g., corneal transplantation). In lid revision, orbital linings, and symblepharolysis, amniotic membrane can be used as an alternative to conjunctiva or mucosal membrane if they are not available. Amniotic membrane transplantation can also be performed in conjunction with conjunctival limbal epithelial transplantation (CLET), simple limbal epithelial transplantation (SLET), cultivated oral mucosal epithelial transplantation (COMET), and simple oral mucosal epithelial transplantation (SOMET)[5]. Amniotic membrane transplantation is thus used in both pterygium excision, as a measure to reduce the rate of pterygium recurrence[9], and in severe OSD with structural abnormalities, as a procedure to reconstruct the ocular surface, either alone or in combination with other procedures mentioned above.

The use of amniotic membrane transplantation after simple excision of a primary pterygium to cover the exposed sclera, cannot be considered as ocular surface reconstruction. The PHIC has assigned the Relative Value Scale (RVS) Codes 65780 for “ocular surface reconstruction; amniotic membrane transplantation”, 65781 for “ocular surface reconstruction; limbal stem cell allograft (eg, cadaveric or living donor)”, and 65782 for “ocular surface reconstruction; limbal conjunctival autograft (includes obtaining graft)”. The PCSI interprets the descriptions of these three procedures to mean “ocular surface reconstruction **by** amniotic membrane transplantation”, “ocular surface reconstruction **by** limbal stem cell allograft”, and “ocular surface reconstruction **by** limbal conjunctival autograft”, respectively.

PHILIPPINE CORNEA SOCIETY, INC.
Formerly the Cornea Club of the Philippines

Unit 815, 8th Floor, Medical Plaza Makati Condominium
Amorsolo corner Dela Rosa Streets, Legaspi Village, Makati City
Tel (+632) 813-5324
Email: philcorneasociety@gmail.com

Therefore, the PCSI is of the opinion that amniotic membrane transplantation after excision of primary pterygium does not qualify as "ocular surface reconstruction; amniotic membrane transplantation" (RVS Code 65780). This description can apply to amniotic membrane transplantation only if it is used to reconstruct the ocular surface in severe ocular surface disease with structural abnormalities. For a case of simple primary pterygium, a claim of "ocular surface reconstruction; amniotic membrane transplantation" would create a mismatch between diagnosis and treatment.

Mary Ellen Sy, MD
President

Raymond Nelson Regalado, MD
Vice President

Sharlene Noguera, MD
Secretary

Johann Michael Reyes, MD
Treasurer

Ivo John Dualan, MD
Immediate Past President

PHILIPPINE ACADEMY 1945 OF OPHTHALMOLOGY

PHILIPPINE CORNEA SOCIETY, INC.
Formerly the Cornea Club of the Philippines

Unit 815, 8th Floor, Medical Plaza Makati Condominium
Amorsolo corner Dela Rosa Streets, Legaspi Village, Makati City
Tel (+632) 813-5324
Email: philcorneasociety@gmail.com

References:

1. Bron, Anthony J. 2015. The Definition and Classification of Dry Eye Disease. Chapter 1 of *Dry Eye: A Practical Approach*, ed. Colin Chan, 1-19. Essentials in Ophthalmology, ed. Arun D. Singh. Berlin: Springer-Verlag Berlin Heidelberg.
2. Dartt, Darlene A. 2011. Formation and Function of the Tear Film. Chapter 15 of *Adler's Physiology of the Eye*, 11th ed., ed. Leonard A. Levin, Siv F. E. Nilsson, James Ver Hoeve, and Samuel M. Wu, 350-362. Edinburgh: Elsevier Inc.
3. Nishida Teruo, Saika Shizuya, and Morishige Naoyuki. 2022. Cornea and Sclera: Anatomy and Physiology. Chapter 1 of *Cornea*, 5th ed., ed. Mark J. Mannis and Edward J. Holland, *Vol 1: Fundamentals, Diagnosis, and Management*, 1-22. London: Elsevier Inc.
4. Wildes, Michael T. and Richard S. Davidson. 2022. Filamentary Keratitis. Chapter 86 in *Cornea*, 5th ed., ed. Mark J. Mannis and Edward J. Holland, *Vol 1: Fundamentals, Diagnosis, and Management*, 938-941. London: Elsevier Inc.
5. McGhee, Charles N. J., Alexandra Z. Crawford, and Dipika V. Patel. 2022. Chemical and Thermal Injuries of the Eye. Chapter 95 of *Cornea*, 5th ed., ed. Mark J. Mannis and Edward J. Holland, *Vol 1: Fundamentals, Diagnosis, and Management*, 1012-1023. London: Elsevier Inc.
6. Ang, Andrea Y. 2022. Conjunctivochalasis. Chapter 50 of *Cornea*, 5th ed., ed. Mark J. Mannis and Edward J. Holland, *Vol 1: Fundamentals, Diagnosis, and Management*, 471-477. London: Elsevier Inc.
7. Jacobs, Deborah S., Boris Severinsky, and Danielle M. Robertson. 2022. Contact Lens Applications in Corneal Disease. Chapter 98 of *Cornea*, 5th ed., ed. Mark J. Mannis and Edward J. Holland, *Vol 1: Fundamentals, Diagnosis, and Management*, 1054-1066. London: Elsevier Inc.
8. Lent-Schochet, Daniella, Asim Dhungana, Inae Jang Kim, Hassan Shah, and Asim V. Farooq. Medical and surgical approach to ocular surface reconstruction. *Annals of Eye Science*. 2024 March 30; 9(1): 1-17. https://dx.doi.org/10.21037/aes-23-33.
9. Tan, Donald T. H. and Hon Shing Ong. 2022. Management of Primary Pterygium. Chapter 144 of *Cornea*, 5th ed., ed. Mark J. Mannis and Edward J. Holland, *Vol 2: Surgery of the Cornea and Conjunctiva*, 1467-1479. London: Elsevier Inc.

PHILIPPINE ACADEMY 1945 OF OPHTHALMOLOGY