

Eye Surgery - Refractive

These services may or may not be covered by all HealthPartners plans. Please see your plan documents for your own coverage information. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage.

Administrative Process

The following two eye surgery procedures require prior approval to be considered for coverage as described below:

1. **LASIK**
2. **Implantable lenses** (such as Intrastromal Corneal Ring Segments (ICRS) or other similar new technology)

Other eye surgeries described in this policy do not require prior approval.

Coverage

As stated in your member contract, refractive eye surgery is not covered when used in otherwise healthy eyes to replace eyeglasses or contact lenses. It may be covered to treat particular corneal diseases per the Indications listed below.

Indications that are covered

1. **Phototherapeutic keratectomy** is a covered service when used for the treatment of the following:
 - a. Corneal scars
 - b. Degeneration and dystrophies involving the superficial layer of the cornea
 - c. Anterior basement dystrophy
 - d. Recurrent epithelial erosion if standard therapeutic regimens (i.e. lubrication ointment, stromal puncture and scraping the epithelium) have not resolved the problem
2. **Laser-in-situ keratomileusis (LASIK)** is a covered service only when used for the treatment of the following:
 - a. Anisometropia: **ONLY** when the condition follows conventional cataract surgery, anterior segment glaucoma surgery, or corneal transplant which has resulted in a significant diopter difference of three (3) making eyeglasses ineffective; the patient must also be contact lens intolerant.
 - b. Astigmatism: following conventional cataract surgery, anterior segment glaucoma surgery or corneal transplant, which has resulted in a diopter difference of two (2) that is not treatable by eyeglasses. The patient must also be contact lens intolerant.
3. **Intrastromal Corneal Ring Segments (ICRS or KeraVision Intacs)** for the treatment of keratoconus may be considered for coverage on a case by case basis.
4. **Standard non-accommodating intraocular lenses (IOL)** implanted as part of routine cataract surgery are covered. Please refer to the Intraocular Lens (IOL) Implant after Cataract Surgery policy for details about IOL coverage.

Indications that are not covered

1. Implantable lenses for treatment of refractive errors or conditions not listed above. These implants include Intrastromal Corneal Ring Segments (ICRS), KeraVision Intacs, or other similar new technology.
2. Laser-in-situ keratomileusis (LASIK), except as indicated above.
3. Photorefractive keratectomy (PRK).
4. Phototherapeutic keratectomy (PTK), except as indicated above.
5. Radial keratotomy (RK).
6. Please refer to the Intraocular Lens (IOL) Implant after Cataract Surgery policy for details about IOLs that are not covered.

Definitions

Refractive eye surgery is surgery to the eyes to improve vision (e.g. myopia, hyperopia, astigmatism, and presbyopia). Listed below are types of refractive procedures. These procedures can be done for cosmetic or medical reasons.

Intraocular lens (IOL) are routinely implanted after cataract surgery.

Accommodating or multifocal intraocular lenses (AIOL) are enhanced IOL which provide near, intermediate and distance vision without spectacles.

Intrastromal Corneal Ring Segments (ICRS or KeraVision Intacs) are implanted transparent corneal crescents used to correct mild myopia in otherwise healthy eyes to replace wearing eyeglasses or contact lenses.

Laser-in-situ keratomileusis (LASIK) is a laser procedure to correct low to high myopia, with or without astigmatism and low to moderate hyperopia in otherwise healthy eyes to replace wearing eyeglasses or contact lenses.

Phototherapeutic keratectomy (PTK) is an excimer laser procedure to treat corneal conditions usually associated with disease or injury.

Photorefractive keratectomy (PRK) is an excimer laser procedure to correct mild to moderate myopia (nearsightedness) in otherwise healthy eyes to replace wearing eye glasses or contact lenses

NOTE: PTK should not be confused with PRK. Although technically the same procedure, PTK is used for the correction of particular corneal diseases, whereas PRK involves use of the excimer laser for correction of refractive error (e.g., myopia, hyperopia (farsightedness), astigmatism and presbyopia (inability to see objects close up after the age of 40 in otherwise normal eye).

Radial keratotomy (RK) is a corneal incision procedure to correct mild or moderate myopia in otherwise healthy eyes to replace wearing eyeglasses or contact lenses.

Codes (list may not be all inclusive)

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65771 - Radial keratotomy
0099T - Implantation of intrastromal corneal ring segments
S0800 - Laser in situ keratomileusis (LASIK)
S0810 - Photorefractive keratectomy (PRK)
S0812 - Phototherapeutic keratectomy (PTK)

Products

This information is for most, but not all, HealthPartners plans. Please read your plan documents to see if your plan has limits or will not cover some items. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage. These coverage criteria may not apply to Medicare Products if Medicare requires different coverage. For more information regarding Medicare coverage criteria or for a copy of a Medicare coverage policy, contact Member Services at 952-883-7979 or 1-800-233-9645.

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