

Eye surgery - refractive

These services may or may not be covered by your HealthPartners plan. Please see your plan documents for your specific 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

Phototherapeutic keratectomy (PTK) requires prior authorization.

Laser-in-situ keratomileusis (LASIK) and photorefractive keratectomy (PRK) require prior authorization.

Intrastromal Corneal Ring Segments (ICRS or INTACS) require prior authorization.

Corneal collagen crosslinking requires prior authorization.

Intraocular lens (IOL) implant after cataract surgery does not require prior authorization. IOL implant for any other indication requires prior authorization.

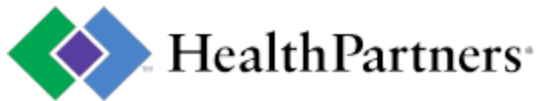
Coverage

Services related to routine correction of refractive errors (procedures used in otherwise healthy eyes to replace eyeglasses or contact lenses) are not a covered benefit under most plans. The following services are generally covered per the indications listed below and per your plan documents for treatment of specific corneal conditions:

- Phototherapeutic keratectomy (PTK)
- Laser-in-situ keratomileusis (LASIK) and photorefractive keratectomy (PRK)
- Intrastromal Corneal Ring Segments (ICRS or INTACS)
- Corneal collagen crosslinking
- Standard monofocal, non-accommodating intraocular lenses (IOL) as part of routine cataract surgery or as a secondary implant in a patient with aphakia.

Indications that are covered

1. **Phototherapeutic keratectomy (PTK)** is a covered service when used for the treatment of one of the following:
 - A. Corneal scars; **or**,
 - B. Degeneration and dystrophies involving the superficial layer of the cornea; **or**,
 - C. Anterior basement membrane dystrophy, also known as epithelial basement membrane dystrophy (EBMD) resulting in decreased vision and/or recurrent corneal erosions; **or**,
 - D. Recurrent epithelial erosion when standard therapeutic regimens (i.e., lubrication ointment, stromal puncture and scraping the epithelium) have not resolved the problem.
2. **Laser-in-situ keratomileusis (LASIK)** and **photorefractive keratectomy (PRK)** are covered services only when used for the treatment of one 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 **and** the member is contact lens intolerant; **or**,
 - B. Astigmatism: **only** when the condition follows 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 **and** the member is contact lens intolerant.
3. **Intrastromal Corneal Ring Segments (ICRS or INTACS)** are covered services only when used for the treatment of keratoconus when **all** of the following criteria are met:
 - A. The patient is 21 years of age or older
 - B. There is documentation of progressive deterioration in vision, such that the patient can no longer achieve adequate functional vision with contact lenses or spectacles
 - C. Corneal transplantation is the only alternative to improve their functional vision
 - D. There is documentation that the patient has a clear cornea with a corneal thickness of 450 microns or greater at the proposed incision site.
4. **Conventional, full epithelium-off, corneal collagen crosslinking (C-CXL, CXL)** using riboflavin (vitamin B2) drops and ultraviolet (UV-A) irradiation is covered when **all** of the following criteria are met:
 - A. The member is 14-65 years of age
 - B. Clinical evaluation indicates either corneal ectasia following refractive surgery or progressive keratoconus



- C. Documentation indicates progressive deterioration in vision which has not responded to standard conservative treatments (e.g. spectacles, contact lenses, ICRS or INTACS).
5. **Standard monofocal, non-accommodating intraocular lenses (IOL)** are covered as part of routine cataract surgery or as a secondary implant in a patient with aphakia.

Indications that are not covered

1. Laser-in-situ keratomileusis (LASIK) and photorefractive keratectomy (PRK) are not considered medically necessary for any indication other than those described above.
2. Implantable lenses or intrastromal corneal ring segments (ICRS or INTACS) are not considered medically necessary for treatment of any indication other than keratoconus as described above.
3. Conventional epithelium-off corneal collagen crosslinking is considered investigational for any other indication other than those described above.
4. All other corneal crosslinking procedures (e.g. partial epithelium-off, epithelium-on, trans-epithelial, or CXL – plus) other than conventional, full epithelium-off corneal crosslinking are considered investigational.
5. Accommodating intraocular lenses (AIOL) that are multifocal or correct presbyopia are not considered medically necessary. These are considered above standard as their intent is to reduce the need for eyeglasses.
6. Intraocular lens replacement surgery (also known as refractive lens exchange or clear lens extraction) for correction of myopia, hyperopia or presbyopia is not considered medically necessary. Intraocular lens implant is considered medically necessary only for the indications noted as covered in criterion # 5 above.

Definitions

Accommodating or multifocal intraocular lenses (AIOL) are enhanced IOL's which provide near, intermediate and distance vision without spectacles and may also correct astigmatism

Anisometropia is the condition in which the two eyes have different refractive power, so there is unequal focus between the two eyes. Each eye can be nearsighted, farsighted, or a combination of both

Aphakia is the absence of the lens of the eye, due to surgical removal, a perforating wound or ulcer, or congenital anomaly

Astigmatism is an imperfection in the curvature of the cornea — the clear, round dome covering the eye's iris and pupil — or in the shape of the eye's lens

Corneal collagen cross-linking (C-CXL, CXL) is a procedure that is intended to increase the biomechanical strength of collagen fibrils of the cornea in order to avoid the progression of keratoconus and subsequently the need for corneal transplantation. The minimally invasive procedure involves applying liquid riboflavin eye drops to the surface of the eye, followed by a controlled application of ultraviolet light. This is believed to strengthen and increase the biomechanical stiffness of the corneal tissue, thereby flattening the steepened cornea into a more normal shape so that vision improves.

CXL Plus is a combined procedure aimed at improving both the progression of keratoconus and refractive changes in vision by using CXL combined with either ICRS, LASIK, or PRK.

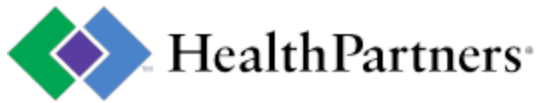
Corneal ectasia is a noninflammatory condition with the defining characteristics of progressive corneal steepening and thinning. Corneal ectasias are associated with decreased uncorrected visual acuity (UCVA), an increase in ocular aberrations, and often a loss of best-corrected distance visual acuity (BCVA).

Hyperopia is farsightedness

Intraocular lenses (IOL) are single vision medical devices that are routinely implanted inside the eye to replace the eye's natural lens when it is removed during cataract surgery.

Intraocular lens replacement surgery (also known as refractive lens exchange or clear lens extraction) is the removal of a non-cataractous natural lens of the eye with or without intraocular lens placement as a refractive procedure.

Intrastromal Corneal Ring Segments (also known as ICRS, corneal insert, or KeraVision INTACS) are implanted transparent corneal crescents used for the treatment of keratoconus or to correct mild myopia in otherwise healthy eyes to replace wearing eyeglasses or contact lenses.



Keratoconus is a slow, progressive eye disease in which the normally round, dome shaped cornea (the clear outer front portion of the eye) thins and begins to bulge into a cone-like shape. This cone shape is irregular, bending light as it enters the eye and thus distorting vision

Myopia is nearsightedness

Phototherapeutic keratectomy (PTK), Laser-in-situ keratomileusis (LASIK), and photorefractive keratectomy (PRK) are eye surgeries to correct certain refractive disorders, such as myopia, in which a surface layer of the cornea is reshaped with a laser

Photrexa refers to the FDA-approved system which utilizes Photrex Viscous (riboflavin 5-phosphate in 20% solution) or Photrex (riboflavin 5-phosphate ophthalmic solution) in combination with a specific UV-A light system known as the KXL system to perform epithelial-off corneal collagen cross-linking. This is the only FDA-approved system for use in epithelial-off corneal cross-linking for the treatment of progressive keratoconus and corneal ectasia following refractive surgery. Use of the FDA-approved system is preferred.

Presbyopia describes the loss of near vision that normally occurs with aging.

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

Refractive eye surgery is any eye surgery used to improve the refractive state of the eye and decrease or eliminate dependency on glasses or contact lenses. This can include various methods of surgical remodeling of the cornea or cataract surgery. A refractive error exists when the light is not bending properly when it passes through the cornea and retina of the eye, thus causing deficiencies in vision.

Codes

If available, codes for a procedure, device or diagnosis are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. The list may not be all inclusive.

Codes	Description
65760	Keraomileusis
65771	Radial keratotomy
65785	Implantation of intrastromal corneal ring segments
S0800	Laser in situ keratomileusis (LASIK)
S0810	Photorefractive keratectomy (PRK)
S0812	Phototherapeutic keratectomy (PTK)
0402T	Collagen cross-linking of cornea (including removal of the corneal epithelium and intraoperative pachymetry when performed)
J2787	Riboflavin 5'-phosphate, ophthalmic solution, up to 3 mL
J3490	Unclassified drug, when used to report riboflavin ophthalmic solution

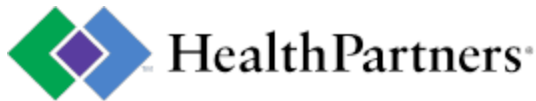
The following codes are considered not medically necessary:

Codes	Description
S0596	Phakic intraocular lens for correction of refractive error
V2787	Astigmatism correcting function of intraocular lens
V2788	Presbyopia correcting function of intraocular lens

The following IOLs are covered only when associated with cataract surgery:

Codes	Description
C1780	Lens, intraocular (new technology)
Q1004	New technology intraocular lens category 4 as defined in Federal Register notice
Q1005	New technology intraocular lens category 5 as defined in Federal Register notice
V2630	Anterior chamber intraocular lens
V2631	Iris supported intraocular lens
V2632	Posterior chamber intraocular lens

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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.

Approved Medical Director Committee 01/01/2000; Revised 8/25/04, 12/14/06, 3/13/08, 3/15/11, 12/21/11, 9/29/15, 1/23/19, 4/9/19; Annual Review 12/14/06, 8/1/07, 3/13/08, 9/9/09, 5/17/10, 3/2011, 12/2011, 12/2012, 12/2013, 12/2014, 9/2015, 11/2015, 9/2016, 2/2017, 2/2018, 2/2019, 2/2020, 2/2021, 2/2022, 2/2023, 02/2024

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