



## Corneal Cross Linking for Treatment of Keratoconus

Last Revision/Review Date: July 17, 2019

P&P # C.5.28

### Policy

The Medical Management Department reviews referral requests for authorization of corneal cross linking for treatment of keratoconus.

This Medical Policy does not constitute medical advice. When deciding coverage, the enrollee's specific plan document must be referenced. The terms of an enrollee's plan document (Certificate of Coverage (COC) or Summary Plan Description (SPD)) may differ from this Medical Policy. In the event of a conflict, the enrollee's specific benefit plan document supersedes this Medical Policy. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements, and the plan benefit coverage prior to use of this Medical Policy. Other Policies and Coverage Determination Guidelines may apply. Quartz reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

### Procedure

#### **A. Documentation Required:**

In order to facilitate the authorization process referral requests must include **ALL** the following:

1. Documentation of progressive keratoconus as defined under Criteria for Medical Necessity; **AND**
2. Patient is 14 years of age or older
3. Documentation of 2 consecutive topography results (color images which include measurements), refractions and best corrected visual acuity demonstrating progression of keratoconus.

#### **B. Criteria for Medical Necessity:**

Treatment with epithelium-off photochemical collagen corneal crosslinking is considered medically necessary if **ALL** of the following criteria are met:

1. Patient is aged 14 years or older, **AND**
2. There is an established diagnosis of keratoconus based upon clinical findings and topography, **AND**
3. Presence of **PROGRESSIVE** keratoconus documented by changes over no greater than an 18-month time period as evidenced by **AT LEAST ONE** of the following:
  - a. Thinning of the cone apex more than 10 microns; **OR**
  - b. Greater than or equal to 1.00 Diopter increase in the steepest keratometry measurement; **OR**
  - c. Greater than or equal to 1.00 Diopter increase in manifest cylinder; **OR**
  - d. Greater than or equal to 0.5 Diopter increase in manifest refraction spherical equivalent (MRSE).

**C. Indications Considered Experimental/Investigational** (*Not an all-inclusive list*):

1. Transepithelial cross-linking – “epithelium on” cross-linking.
2. Photochemical cross-linking when done in combination with other procedures.
3. All additional categories of corneal ectasia.
4. Partial epithelium-off corneal cross-linking.
5. Corneal thickness < 400 microns
6. Prior herpetic viral infection of the eye
7. Concurrent infection
8. Severe corneal scarring or opacification
9. History of poor epithelial wound healing
10. Severe ocular surface disease
11. Autoimmune disorders
12. Pellucid marginal degeneration
13. Wound ectasia (post-penetrating keratoplasty)
14. Keratoglobus

**D. Exclusions:**

1. Post-refractive surgery ectasia

**CPT/HCPCS Codes:**

0402T	Collagen cross-linking of cornea (including removal of the corneal epithelium and intraoperative pachymetry when performed)
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**References:**

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