

Intrastromal Corneal Ring Segments

State(s):

☒ Idaho ☒ Montana ☒ Oregon ☒ Washington ☐ Other:

LOB(s):

☒ Commercial ☒ Medicare ☒ Medicaid

Enterprise Policy

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determination are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

Intrastromal corneal ring segments (e.g., Intacs™) are removable corneal inserts designed to reshape the anterior surface of the cornea. The rings consist of two plastic arc-shaped segments which are surgically implanted into the perimeter of the cornea. The procedure is done in an outpatient setting under local anesthesia.

If approved, coverage of intrastromal corneal ring segments for keratoconus will be covered under the medical plan benefit, not the vision endorsement.

Criteria

Commercial

Prior authorization is required.

PacificSource may consider intrastromal corneal ring segments to be medically necessary when **ALL** of the following criteria is met:

1. Diagnosis of Keratoconus;
2. The patient has experienced a progressive deterioration in their vision such that they can no longer achieve adequate functional vision on a daily basis with their contact lenses or spectacles;
3. The patient is age 21 or older;
4. The patient has clear central corneas;
5. The corneal thickness at the proposed incision site is 450 microns or greater; **and**
6. The patient's only remaining option to improve their functional vision is corneal transplantation.

Medicaid

PacificSource Community Solutions follows Guideline Note 168 of the OHP Prioritized List of Health Services for coverage of Intrastromal Corneal Ring Segments.

Medicare

PacificSource Medicare follows CMS guidelines and criteria. In the absence of CMS criteria, evidence-based criteria, and internal policy guidelines, requests are reviewed on an individual basis for determination of coverage and medical necessity.

Experimental/Investigational/Unproven

PacificSource considers the implantation of intrastromal corneal ring segments to be experimental, investigational and/or unproven for all other indications.

Coding Information

The following list of codes are for informational purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

65785 Implantation of intrastromal corneal ring segments

CPT® codes, descriptions and materials are copyrighted by the American Medical Association (AMA).

References

Hayes Medical Technology Directory. *Intacs for the Treatment of Keratoconus*. Winifred S. Hayes, Inc., March 7, 2018, Annual review 5/26/2020

Park, S. E., Tseng, M., & Lee, J. K. (2019). Effectiveness of intracorneal ring segments for keratoconus. *Current opinion in ophthalmology*, 30(4), 220–228.
<https://doi.org/10.1097/ICU.0000000000000582>

Sakellaris, D., Balidis, M., Gorou, O., Szentmary, N., Alexoudis, A., Grieshaber, M. C., Sagri, D., Scholl, H., & Gatzoufas, Z. (2019). Intracorneal Ring Segment Implantation in the Management of Keratoconus: An Evidence-Based Approach. *Ophthalmology and therapy*, 8(Suppl 1), 5–14.
<https://doi.org/10.1007/s40123-019-00211-2>

Appendix

Policy Number:

Effective: 7/1/2020

Next review: 6/1/2023

Policy type: Enterprise

Author(s):

Depts: Health Services

Applicable regulation(s):

Commercial Ops: 6/2022

Government Ops: 6/2022