

Policy Name	Clinical Policy – Refractive Surgery
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Department	Clinical Strategy
Subcategory	Medical Management
Original Approval Date	12/13/2018
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Company Entities Supported (Select All that Apply) <input checked="" type="checkbox"/> Superior Vision Benefit Management <input checked="" type="checkbox"/> Superior Vision Services <input checked="" type="checkbox"/> Superior Vision of New Jersey, Inc. <input checked="" type="checkbox"/> Block Vision of Texas, Inc. d/b/a Superior Vision of Texas <input checked="" type="checkbox"/> Davis Vision (Collectively referred to as 'Versant Health' or 'the Company')

PURPOSE

To provide the clinical criteria to support the indication(s) for refractive surgery and to render medical necessity determinations. Applicable codes are also defined.

ACRONYMS	
AK	Astigmatic Keratotomy, via limbal or corneal relaxing incisions
ALK	Automated lamellar keratoplasty
CLE	Clear lens exchange
ICRS	intrastromal corneal ring segment
LASEK	Laser epithelial keratomileusis
LASIK	Laser eye surgery
LTK	Laser thermokeratoplasty
PRK	Photorefractive keratectomy
RK	Radial Keratotomy
SCOCA	Surgical correction of corneal astigmatism
SMILE	Small Incision Lenticule Extraction

POLICY

A. BACKGROUND

Under normal circumstances, parallel rays of light are refracted by the ocular surfaces, principally the cornea, and focused as a single point on the central aspect of the retina called the fovea. When that focal point occurs at a location other than the fovea that is an error of refraction. When that focal point is in front of the fovea it results in a myopic refractive error. When that focal point is behind the fovea it results in hyperopic refractive error. When the focus does not resolve to a point (the Greek word for “point” is stigma), the resultant refractive error is referred to as astigmatism (without a point).

The management of refractive errors is principally done with spectacles and contact lenses. When symptomatic refractive errors occur because of surgery or trauma, refractive surgery may be required. Multiple surgical procedures exist to correct symptomatic refractive error.

The procedures of refractive surgery continue to be refined as newer technologies replace older procedures with improved outcomes and safety profiles.¹ Laser assisted in situ Keratomileusis (LASIK), Photorefractive keratectomy (PRK) and small incision lenticular extraction (SMILE) are currently widely used technologies for corneal laser based cornea refractive surgery and have supplanted the use of Keratomileusis, Keratophakia, Epikeratoplasty, Epikeratophakia, Radial Keratotomy. Additional refractive options include corneal relaxing incisions for the correction of astigmatism.

B. Medically Necessary

1. Surgically Induced Astigmatism

65772	Corneal relaxing incision for correction of surgically induced astigmatism
65775	Corneal wedge resection for correction of surgically induced astigmatism
66999	66999 Small Incision Lenticule Extraction (SMILE); use unlisted procedure, anterior segment of eye.
S0800	Laser in situ keratomileusis (LASIK) for correction of surgically induced astigmatism
S0810	Photorefractive keratectomy (PRK), Photo astigmatic Keratectomy (PARK)

Refractive surgery may be medically necessary for the correction of symptomatic astigmatism resulting from surgery or trauma when:

- a. The astigmatism is greater than 2.5 diopters; and,
- b. The preceding surgical procedure was not a clear lens refractive exchange or cataract surgery with premium intraocular implant; and,

¹ The American Academy of Ophthalmology Preferred Practice Pattern-Refractive Errors and Refractive Surgery.

- c. The patient has failed a three-month trial of spectacles and/or contact lenses; or,
- d. The patient is intolerant of contacts and glasses and is unable to complete a 3-month trial; or,
- e. The patient has refractive amblyopia and is intolerant of glasses or contacts.

2. Epikeratoplasty

65767	Epikeratoplasty
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Epikeratoplasty may be medically necessary for

- a. Congenital aphakia; or,
- b. Acquired aphakia in patients where intraocular implant is a substantial risk and contact lens wear is not possible or practical; or,
- c. The patient is intolerant of contacts and glasses and is unable to complete a 3 month trial.
- d. The patient has refractive amblyopia and cannot tolerate glasses or contacts.

3. Symptomatic anisometropia after surgery or trauma

66985	Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal
S0800	Laser in situ keratomileusis (LASIK)
S0810	Photorefractive keratectomy (PRK), Photo astigmatic Keratectomy (PARK)

These procedures may be medically necessary to correct symptomatic refractive errors induced from prior surgery or trauma when the following criteria are met:

- a. Anisometropia greater than 3.0 diopters; or,
- b. Symptomatic aniseikonia that cannot be resolved by other means; or,
- c. The resultant refractive error has been stable for three months from the initial post-operative determination and not expected to resolve without surgical intervention; or,
- d. The patient has refractive amblyopia and cannot tolerate glasses or contacts.

C. Not Medically Necessary

Refractive surgery may not be medically necessary when the prior surgery was a clear lens refractive exchange, involved a premium intraocular lens implant, or other related refractive procedure.

D. Documentation

Medical necessity must be supported by adequate and complete documentation in the patient's medical record that describes the procedure and the medical rationale as in the requirements above. All medical record items must be available upon request to initiate or sustain previous payments. For any retrospective review, a full operative report and/or the clinical care plan is needed.

Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, date(s) of service). Services provided or ordered must be authenticated by the physician in a handwritten or electronic signature. Stamped signatures are not acceptable.

All of the following documentation is required to support the medical necessity of refractive surgery.

1. A signed statement of medical necessity is required. This statement must document the specific indication appropriate to the patient and be accompanied by the supporting medical record.
2. The statement must include the relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures and the prescription for lenses.

E. Procedural Detail

CPT/HCPCS Codes	
65767	Epikeratoplasty
65771	Radial keratotomy
65772	Corneal relaxing incision for correction of surgically induced astigmatism. See Policy 1320.00 Correction of Surgically Induced Astigmatism
65775	Corneal wedge resection for correction of surgically induced astigmatism
65785	Implantation of intrastromal corneal ring segments. (See Policy 1328.00 Keratoconus and Related corneal Ectasias.)
66985	Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal
66999	Small incision Lenticule Extraction; use unlisted procedure, anterior segment of eye
S0800	Laser in situ keratomileusis (LASIK)
S0810	Photorefractive keratectomy (PRK)

Required Modifiers	
RT	Right Side
LT	Left Side
50	Bilateral

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RELATED POLICIES AND PROCEDURES	
1306	Refractive Amblyopia
1311	Adult Strabismus Surgery
1328	Keratoconus and Related Corneal Ectasias

DOCUMENT HISTORY		
<i>Approval Date</i>	<i>Revision</i>	<i>Effective Date</i>
12/13/2018	Initial policy	12/13/2018
07/25/2019	Addition of criteria for three month stability	08/01/2019
06/03/2020	Combine with 1320 Surgically Induced Astigmatism (retired)	09/01/2020
04/07/2021	Criteria for corneal thickness (65785 intrastromal rings) is reduced from 450 to 400 microns.	09/01/2021
04/06/2022	Annual review; no criteria changes.	07/01/2022
10/12/2022	Administrative removal of code 66999; no additional review or criteria change.	01/01/2023
04/12/2023	Adds inclusion criteria of intolerance to glasses or contacts; adds new indication of refractive amblyopia; deletes INTACS section as duplicative of 1328 Keratoconus policy.	10/01/2023
04/03/2024	Annual review; no criteria changes.	06/01/2024
04/09/2025	Annual review; no criteria changes.	07/01/2025

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