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SHP Corneal Cross-Linking

AUTH: SHP Medical 264 v4 (AC)

Link to Codes

MCG Health Ambulatory Care 26th Edition

- · Coverage
- Application to Products
- Authorization Requirements
- Description of Item or Service
- Exceptions and Limitations
- Clinical Indications for Procedure
- Document History
- Coding Information
- References
- Codes

Coverage

Return to top of SHP Corneal Cross-Linking - AC

See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.

Application to Products

Return to top of SHP Corneal Cross-Linking - AC

Policy is applicable to all products.

Authorization Requirements

Return to top of SHP Corneal Cross-Linking - AC

Pre-certification by the Plan is required.

Description of Item or Service

Return to top of SHP Corneal Cross-Linking - AC

Corneal cross-linking is a minimally-invasive procedure to build up the cornea if it has been damaged by keratoconus or other diseases using collagen and ultraviolet A (UVA) light to bond.

Exceptions and Limitations

Return to top of SHP Corneal Cross-Linking - AC

There is insufficient scientific evidence to support the medical necessity of epithelium-off photochemical collagen cross-linkage for uses other than those listed in the clinical indications for procedure section.

Clinical Indications for Procedure

Return to top of SHP Corneal Cross-Linking - AC

- Corneal collagen cross-linkage using riboflavin and ultraviolet A is considered medically necessary for treatment of individuals with 1 or more of the following:
 - · Progressive keratoconus
 - Corneal ectasia after refractive surgery in individuals who have failed conservative treatment (eg. optometric correction, rigid contact lens)

Document History

Return to top of SHP Corneal Cross-Linking - AC

- Revised Dates:
 - 2020: January
 - 2016: February
 - 2015: March
 - 2014: February
 - · 2012: March, April, May
 - 2010: February
 - · 2009: February
 - ∘ 2008: May
 - 2005: October
 - 1998: February, October

- 1994: February
- Reviewed Dates:
 - · 2023: January
 - 2022: January
 - 2021: January
 - 2018: February
 - 2017: December
 - 2015: February
 - 2013: February
 2012: February
 - · 2012. February
 - 2011: February 2007: December
 - 2007: Decemb
 2004: October
 - 2004: October, November
 - 2003. October, November
 2002: October
 - 2002: Ootobel
 2001: November
 - 2000: November
 - 1999: November
 - 1996: February
- Effective Date: June 1992

Coding Information

Return to top of SHP Corneal Cross-Linking - AC

- · CPT/HCPCS codes covered if policy criteria is met:
 - CPT 0402T Collagen cross-linking of cornea, including removal of the corneal epithelium and intraoperative pachymetry, when performed (Report medication separately)
- · CPT/HCPCS codes considered not medically necessary per this Policy:

∘ None

References

Return to top of SHP Corneal Cross-Linking - AC

References used include but are not limited to the following:

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Codes

Return to top of SHP Corneal Cross-Linking - AC

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