GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

SCOPE
X Professional
_ Facility

DESCRIPTION
Refractive surgery involves surgery performed to reshape the cornea of the eye (refractive keratoplasty) or the way the eye focuses light internally. The main types of refractive errors are myopia (nearsightedness), hyperopia (farsightedness) and astigmatism (distortion). Refractive keratoplasty includes all surgical procedures on the cornea to improve vision by changing the shape, and thus the refractive index, of the corneal surface.

Astigmatic keratotomy (AK) (arcuate incision, corneal wedge resection) is a refractive surgical procedure similar to RK that is used to reduce astigmatism. Instead of radial incisions, a curvilinear pattern is used to smooth the areas of the cornea that are too steeply curved. In some instances, surgeons have combined RK with AK in patients with myopia with astigmatism. Variations of astigmatic keratotomy include the Ruiz Procedure and the Troutman Wedge Resection. Astigmatic keratotomy may be indicated for the correction of surgically induced astigmatism following medically indicated cataract removal or corneal transplant surgery. Astigmatic keratotomy has not been proven for treatment of other refractive errors.

Epikeratoplasty (or Epikeratophakia) involves placement of a precarved donor corneal lens on the surface of a patient’s eye. Epikeratophakia may be considered for the treatment of childhood aphakia because contact lenses are difficult for children to use, and intraocular lens implants may result in long-term complications in children. This procedure may be used on scarred corneas and corneas affected with endothelial dystrophy. Epikeratophakia may also be considered acceptable in cases of adult aphakia when the secondary implantation of an intraocular lens might affect outcome (e.g., history of uveitis, significant corneal endothelial disease, and gross corneal irregularity after trauma).

Phototherapeutic keratectomy (PTK) should not be confused with photorefractive keratectomy (PRK). Although technically they are the same procedure, PTK is used for the correction of particular corneal diseases. PRK involves use of the excimer laser for correction of refractive errors in persons with otherwise non-diseased corneas.

Laser-assisted in-situ keratomileusis (LASIK), keratoplasty in which the excimer laser and microkeratome are combined for vision correction; the microkeratome is used to shave a thin slice and create a hinged flap in the cornea, the flap is reflected back, the exposed cornea is reshaped by the laser, and the flap is replaced, without sutures, to heal back into position.

Photorefractive Keratectomy (PRK) uses a computerized laser to reshape the central cornea to a flattened shape for people who are myopic and a more curved surface for people who are hyperopic. Photo-refractive Keratectomy techniques may also be used to correct astigmatism (Photoastigmatic keratectomy or PRK-A). The excimer laser is well-suited for cornea reshaping, because the removal of just tiny amounts of tissue can produce the results needed to correct refractive errors. The excimer laser produces a beam of ultraviolet light in pulses that last only a few billionths of a second. Each pulse removes a microscopic amount of tissue by evaporating it,
producing very little heat, and usually leaving underlying tissue almost untouched. Overall, the surgery takes approximately 10-20 minutes; however, the use of the laser beams lasts only 15-40 seconds.

**Conductive Keratoplasty (CK)** is a refractive surgery procedure for hyperopia and astigmatism that uses a probe to apply high frequency radio waves into the corneal tissue, causing shrinkage. This controlled shrinkage will reshape the cornea to accommodate refractive error.

**Laser Thermal Keratoplasty (LTK)** uses a noncontact laser (Holmium laser) that is used to shrink the peripheral area of the cornea. This makes the shape of the cornea steeper and corrects mild to moderate cases of farsightedness. The laser works when moisture in the cornea absorbs energy from the laser pulses, causing corneal tissue to heat up and shrink. The application of energy is accomplished without physically contacting the cornea with instrumentation or other apparatus.

**Radial Keratotomy (RK)** is a surgical procedure for nearsightedness. Using a high powered microscope, the physician places micro-incisions (usually 8 or fewer) on the surface of the cornea in a pattern much like the spokes of a wheel. The incisions are very precise in terms of depth, length, and arrangement. The micro-incisions allow the central cornea to flatten, thus reducing the convexity of the cornea, which produces an improvement in vision.

**Automated Lamellar Keratoplasty (ALK)** can correct farsightedness. For the treatment of moderate far-sightedness, the cornea is opened across the top to form a type of "cap", using an automated instrument. When the "cap" is positioned back into its original location on the top of the eye, microscopic scar tissue is formed, causing the "cap" to bulge out. This corrects the overly flattened cornea that is associated with farsightedness. Almost like Velcro, the cornea and the cap adhere to each other, eliminating the need for sutures. Normally one eye is treated at a time, with about 3-4 weeks allowed between each eye surgery. To ease any discomfort, the eye is anesthetized with special drops, and the patient is given a mild sedative to remain relaxed and unaware throughout the procedure.

**Hexagonal Keratotomy** is a form of refractive corneal surgery used to treat naturally occurring far-sightedness and presbyopia (loss of accommodation in the eyes in advancing age) following radial keratotomy. A hexagonal pattern of intersecting incisions in the cornea is used in performing this procedure.

**Keratophakia** is a procedure in which the patient’s cornea is removed followed by placement of a frozen, shaped donor cornea beneath the recipient’s cornea, which is then reattached. The technique has been proposed for aphakic hyperopia.

**Laser-assisted sub-epithelial keratomileusis (LASEK)** is the detachment of the epithelium with the use of an alcohol solution that softens the epithelium and allows it to be rolled back into a flap. The flap of epithelium is then repositioned over the cornea following excimer ablations. LASEK is a recent modification of PRK that attempts to preserve the epithelium.

**Minimally Invasive Radial Keratotomy (mini-RK)** is intended in cases of nearsightedness to alter the cornea’s shape and consequently the refraction by reducing the millimeters of cornea that are incised.

Refractive surgery is performed with the single intent of replacing the use of contact lenses or glasses/spectacles. Medical research has shown that the vision achieved through contact lenses or glasses can provide more accurate corrections of refractive errors than any of the refractive surgery procedures. Although the efficacy of refractive surgery is improving, the accuracy and precision of the refractive corrections achieved is substantially less than that which can be achieved with glasses. In addition, many in the medical community consider such procedures cosmetic surgery.

**POLICY**

*Advantage*
Procedure codes 65765, 65772 & 65775 do not require prior authorization.
Procedure codes 65760, 65767, 65771, S0800, S0810, & S0812 are non-covered.
HMO, PPO, Individual Marketplace, & Elite/ProMedica Medicare Plan

Procedure codes 65767, 65772, & 65775, S0800, S0810, & S0812 do not require prior authorization.
Procedure codes 65760, 65765, & 65771 are non-covered.

COVERAGE CRITERIA

Advantage
Keratophakia
While there is insufficient evidence in the published medical literature to demonstrate the safety, efficacy and long-term outcomes of Keratophakia (65765), The Ohio Department of Medicaid requires this procedure be covered for medical necessity. Keratophakia is considered medically necessary for Advantage members with monocular aphakia who are unable to tolerate a contact lens and are unfavorable candidates for secondary intraocular lens insertion.

Corneal Relaxing/Corneal Wedge Resection
Paramount covers correction of surgically-induced astigmatism 3.00 diopters (D) or greater with a corneal relaxing incision (65772) or corneal wedge resection (65775) (i.e. astigmatic keratotomy [AK]), post-cataract or post-corneal transplant surgery as medically necessary in an individual who is intolerant of glasses or contact lenses.

Paramount does not cover a corneal relaxing incision (65772) or corneal wedge resection (65775) (i.e. astigmatic keratotomy [AK]) for any other indication because they are considered not medically necessary.

Non-covered
65760, 65767, 65771, S0800, S0810, & S0812

HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan

Coverage for services for or related to routine refraction and the surgical treatment of refractive errors is specifically excluded under many benefit plans. Please refer to the applicable benefit plan document to determine benefit availability, and the terms and conditions of coverage.

If coverage is available for services for or related to routine refraction and the surgical treatment of refractive errors, the following conditions of coverage apply.

Corneal Relaxing/Corneal Wedge Resection
Paramount covers correction of surgically-induced astigmatism 3.00 diopters (D) or greater with a corneal relaxing incision (65772) or corneal wedge resection (65775) (i.e. astigmatic keratotomy [AK]), post-cataract or post-corneal transplant surgery as medically necessary in an individual who is intolerant of glasses or contact lenses.

Paramount does not cover a corneal relaxing incision (65772) or corneal wedge resection (65775) (i.e. astigmatic keratotomy [AK]) for any other indication because they are considered not medically necessary.

Epikeratoplasty
Paramount covers epikeratoplasty (65767) as medically necessary for EITHER of the following indications:
- acquired or congenital aphakia
- aphakia following cataract surgery in patients unable to receive intraocular lens

Paramount does not cover epikeratoplasty (65767) for any other indication because it is considered experimental, investigational or unproven.

Phototherapeutic Keratectomy (PTK)
Paramount covers phototherapeutic keratectomy (PTK) (66999, S0812) as medically necessary for ANY of the following indications:
- superficial corneal dystrophy (including granular, lattice and Reis-Bückler’s dystrophy)
- epithelial membrane dystrophy
• irregular corneal surfaces due to Salzmann’s nodular degeneration or keratoconus nodule
• corneal scars and opacities, including post-traumatic, postinfectious, postsurgical and secondary to pathology
• recurrent corneal erosions when more conservative measures (e.g., lubricants, hypertonic saline, patching, bandage contact lenses, gentle debridement of severely aberrant epithelium) have failed to halt the erosions

Paramount does not cover phototherapeutic keratectomy (PTK) (66999, S0812) for any other indication because it is considered not medically necessary.

Laser In Situ Keratomileusis (LASIK) & Photorefractive Keratectomy (PRK)
Paramount covers correction of surgically-induced astigmatism and/or anisometropia 3.00 diopters (D) or greater with laser in situ keratomileusis (LASIK) (S0800), or photorefractive keratectomy (PRK) (S0810), as medically necessary in an individual who has documented inadequate functional vision with glasses and/or contact lenses.

Paramount does not cover laser in situ keratomileusis (LASIK) (S0800), or photorefractive keratectomy (PRK) (S0810) for any other indication because they are considered not medically necessary.

Non-covered
Paramount does not cover ANY of the following refractive procedures because they are considered not medically necessary (this list may not be all-inclusive):
• Conductive Keratoplasty (65771)
• Laser Thermal Keratoplasty (LTK) (66999)
• Radial Keratotomy (RK) (65771)

Paramount does not cover ANY of the following refractive procedures because they are considered experimental, investigational or unproven (this list may not be all-inclusive):
• Automated Lamellar Keratoplasty (ALK) (65760)
• Hexagonal Keratotomy (66999)
• Keratophakia (65765)
• Laser-assisted sub-epithelial keratomileusis (LASEK) (66999)
• Minimally-Invasive Radial Keratotomy (mini-RK) (66999)

CODING/BILLING INFORMATION
The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

<table>
<thead>
<tr>
<th>CPT CODES</th>
<th>Description</th>
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<tr>
<td>65760 Keratomileus</td>
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<td>65765 Keratophakia</td>
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<td>65767 Epikeratoplasty</td>
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<td>65771 Radial keratotomy (RK)</td>
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<tr>
<td>65772 Corneal relaxing incision for correction of surgically induced astigmatism</td>
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<td>65775 Corneal wedge resection for correction of surgically induced astigmatism</td>
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<td>66999 Unlisted procedure, anterior segment of eye</td>
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<tr>
<th>HCPCS CODES</th>
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<tr>
<td>S0800</td>
<td>Laser in-situ keratomileusis (Lasik)</td>
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<tr>
<td>S0810</td>
<td>Photorefractive keratectomy (PRK)</td>
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<td>S0812</td>
<td>Phototherapeutic keratectomy (PTK)</td>
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REVISION HISTORY EXPLANATION
ORIGINAL EFFECTIVE DATE: 02/15/2010

07/01/11: No changes


01/10/17: Code 65765 is now covered without prior authorization for Advantage only per ODM guidelines. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

12/18/2020: Medical policy placed on the new Paramount Medical Policy Format

REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid
American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Industry Standard Review
Hayes, Inc.