Medical Policy
Corneal Collagen Cross-linking

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Policy Number: 905
BCBSA Reference Number: 9.03.28

Related Policies
- Implantation of Intrastromal Corneal Ring Segments, #235

Policy
Corneal collagen cross-linking (CXL) is considered INVESTIGATIONAL for all indications.

Prior Authorization Information
Commercial Members: Managed Care (HMO and POS)
This is NOT a covered service.

Commercial Members: PPO, and Indemnity
This is NOT a covered service.

Medicare Members: HMO BlueSM
This is NOT a covered service.

Medicare Members: PPO BlueSM
This is NOT a covered service.

CPT Codes / HCPCS Codes / ICD-9 Codes
The following codes are included below for informational purposes. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

CPT Codes
There is no specific CPT code for this service.
ICD-9 Diagnosis Codes
Investigational for all diagnoses.

Description
CXL is being evaluated primarily for corneal stabilization in patients with progressive corneal thinning such as keratoconus. CXL may also have anti-edematous and antimicrobial properties.

Keratoconus is a bilateral dystrophy that is characterized by progressive ectasia (paracentral steepening and stromal thinning) that impairs visual acuity. The progression of keratoconus is highly variable. Initial treatment often consists of hard contact lenses. Although a variety of keratorefractive procedures has been proposed, these treatments attempt to improve the refractive errors, but are not disease modifying. In contrast, CXL has the potential to slow the progression of disease.

Summary
CXL is a treatment for progressive keratoconus and other forms of corneal ectasia. No CXL devices have received FDA approval for this indication. There is evidence from small RCTs that corneal cross-linking may lead to short-term improvements in visual acuity compared to untreated eyes. However, due to the variable natural history of keratoconus, there is a need for prospective randomized controlled trials with a large number of patients that are followed over many years to determine whether CXL improves longer-term outcomes. Several trials are ongoing, and 2- to 3-year results are expected soon. Longer-term outcomes from large cohorts are also needed to evaluate potential complications of this new treatment approach. Therefore, CXL is considered investigational.

Policy History

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<tr>
<th>Date</th>
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<tbody>
<tr>
<td>7/2014</td>
<td>New references added from BCBSA National medical policy.</td>
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<tr>
<td>5/2013</td>
<td>New references from BCBSA National medical policy.</td>
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<tr>
<td>2/2013</td>
<td>New policy describing ongoing non-coverage</td>
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Information Pertaining to All Blue Cross Blue Shield Medical Policies
Click on any of the following terms to access the relevant information:
Medical Policy Terms of Use
Managed Care Guidelines
Indemnity/PPO Guidelines
Clinical Exception Process
Medical Technology Assessment Guidelines

References


