Medical Policy:
Intrastromal Corneal Ring Segments (Commercial)

**POLICY NUMBER** | **LAST REVIEW DATE** | **APPROVED BY**
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MG.MM.ME.65b | 09/11/2020 | MPC (Medical Policy Committee)

**IMPORTANT NOTE ABOUT THIS MEDICAL POLICY:**
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**Definitions**

| **Keratoconus (KC)** | Keratoconus (KC) is a noninflammatory condition in which the cornea undergoes progressive thinning, resulting in a conical shape that can result in significant visual impairment. The condition may appear in the late teens and early twenties and may progress for decades before slowing or stabilizing and can be asymmetric. The condition can be associated with a family history of keratoconus, as well as with frequent eye rubbing, or conditions including retinitis pigments, Down syndrome, Ehlers-Danlos syndrome. If a layer of the cornea, the Descemets membrane, is disrupted, corneal edema can occur known as hydrops, which can lead to corneal scarring that further disrupts the visual acuity. |

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Guideline
Insertion of intrastromal corneal ring segments (ICRS) for Keratoconus (e.g., Intacs®) is considered medically necessary for members who:

- Have 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.
- Are ≥ 21 years of age
- Have clear a central cornea
- Have a corneal thickness of ≥ 450 micron at the proposed incision site
- Have corneal transplantation as the only remaining option to improve functional vision

Limitations/Exclusions
- Intracorneal ring segment implantation is contraindicated in true pellucid marginal degeneration.
- Intrastromal corneal ring segments are not considered medically necessary when adequate vision correction is achieved through use of glasses or contact lenses.
- Requests for post LASIK keratectasia, a complication of laser in situ keratomileusis (LASIK), will be reviewed on a case-by-case basis.

Applicable Coding
To access the codes, please download the policy to your computer, and click on the paperclip icon within the policy.

| Applicable CPT and Diagnosis Codes |

References


Specialty matched clinical peer review.


**Revision history**

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<tr>
<th>DATE</th>
<th>REVISION</th>
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<tbody>
<tr>
<td>09/2020</td>
<td>• Added that Intracorneal ring segment implantation is contraindicated in true pellucid marginal degeneration</td>
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| 10/2019 | • Connecticare has adopted the clinical criteria of its parent corporation, EmblemHealth  
          • Reformatted and reorganized policy, transferred content to new template |