Overview
The purpose of this document is to describe the guidelines AllWays Health Partners utilizes to determine medical appropriateness for corneal collagen cross-linking. The treating specialist must request prior authorization for the procedure.

Coverage Guidelines
AllWays Health Partners covers corneal collagen cross-linking for the treatment of progressive corneal thinning caused by progressive keratoconus or corneal ectasia following refractive surgery. AllWays Health Partners will only authorize the epithelium-off corneal collagen cross-linking protocol, as it is currently the only corneal collagen cross-linking approved by the Food and Drug Administration (FDA).

AllWays Health Partners covers medically necessary corneal collagen cross-linking treatment in the following instances:

1. For members with **progressive keratoconus** who have failed to respond to spectacle correction/rigid contact lens.

   **OR**

2. For members with a diagnosis of **corneal ectasia following refractive surgery**. Documentation must be supported by **all** of the following:
   a. Consistent axial topography pattern, including relative inferior steepening with inferior-superior difference of at least 1.5 diopters
   b. Corrected distance visual acuity worse than 20/20
   c. Corneal thickness of at least 300 micrometers at the thinnest area

Exclusions
AllWays Health Partners does not provide coverage for corneal collagen cross-linking for conditions that do not meet the criteria noted above.

Definitions
**Corneal Collagen Cross-linking**: A procedure used that uses riboflavin drops, ultraviolet light, and a photosensitizer to strengthen bonds in the cornea. Ultraviolet (UV) light is combined with riboflavin eye drops to create new collagen crosslinks in the cornea, strengthening and stabilizing the cornea. The
viscous riboflavin solution is applied to the eye topically before and during UV irradiation using the KXL System.

**Ectasia:** A serious long-term complication of laser in situ keratomileusis (LASIK) surgery and photorefractive keratectomy. It is similar to keratoconus but occurs postoperatively and primarily affects older populations.

**Keratoconus:** A bilateral dystrophy characterized by progressive ectasia (paracentral steepening and stromal thinning) that impairs visual acuity. While frequently diagnosed at a young age, the progression of keratoconus is variable.

### CPT/HCPCS Codes

<table>
<thead>
<tr>
<th>Authorized CPT/HCPCS Codes</th>
<th>Code Description</th>
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<tbody>
<tr>
<td>0402T</td>
<td>Collagen cross-linking of cornea (including removal of the corneal epithelium and intraoperative pachymetry when performed)</td>
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<tr>
<td>J2787</td>
<td>Riboflavin 5'-phosphate, ophthalmic solution, up to 3 mL</td>
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**Effective**


October 2018: Effective date.

**References**


Tian, Mingxia MS a; Ma, Ping MD b; Zhou, Weiyan MD b; Feng, Jie MS a; Mu, Guoying MD. Outcomes of corneal crosslinking for central and paracentral keratoconus. *Medicine.* March 2017 96:10(e6247)