PROVIDER POLICIES & PROCEDURES

CORNEAL CROSS-LINKING (CXL) PROCEDURE

The primary purpose of this policy is to assist providers enrolled in the Connecticut Medical Assistance Program (CMAP) with the information needed to support a medical necessity determination for the corneal cross-linking (CXL) procedure. By clarifying the information needed for prior authorization of services, HUSKY Health hopes to facilitate timely review of requests so that individuals obtain the medically necessary care they need as quickly as possible.

Corneal cross-linking (CXL) is a minimally invasive procedure used to treat progressive keratoconus and corneal ectasia by applying vitamin B2 riboflavin solution drops and controlled ultraviolet light to the cornea. The combination of the riboflavin solution and UV light stimulates new collagen bonds, resulting in a stronger, more rigid corneal structure, and as a result, slows or arrests the progression of disease.

In the epithelium off (epi-off) method the central corneal epithelium is removed prior to administering riboflavin and UV light.

In the epithelium on (epi-on), or transepithelial method, the central corneal epithelium is left intact.

Note:
For coverage of other corneal surgical procedures, HUSKY Health will use the:

- HUSKY Health medical policy Corneal Surgical Procedures
- InterQual® criteria (transplantation of donor corneal tissue)

CLINICAL GUIDELINE

Coverage guidelines for corneal remodeling procedures are made in accordance with the CT Department of Social Services (DSS) definition of Medical Necessity. The following criteria are guidelines *only*. Coverage determinations are based on an assessment of the individual and their unique clinical needs. If the guidelines conflict with the definition of Medical Necessity, the definition of Medical Necessity shall prevail. The guidelines are as follows:

Corneal Cross-linking (CPT Code 66999)
Photochemical corneal cross-linking (CXL) may be considered medically necessary when the following are met:

A. The individual has a confirmed diagnosis of:
    1. Progressive and/or unstable Keratoconus; **or**
    2. Corneal ectasia following refractive surgery; **and**
B. The individual does not have any of the following contraindications:
    1. A prior herpetic ocular infection; **or**

2. A history of corneal disease or injury (i.e., chemical injury, delayed epithelial healing); **and**

C. Epithelium off (epi-off):
   1. The individual age is ≥14 years when epi-off is performed; **and**
   2. The provider attests that the cornea will be increased to at least 400 microns during the procedure; **OR**

D. Epithelium on (epi-on):
   1. The individual age is ≥ 13 when epi-on is performed; **and**
   2. The provider attests that the cornea will be increased to at least 325 microns during the procedure.

Requests for the use of CXL in all other situations including but not limited to treatment of infectious keratitis and in combination with other procedures (e.g., intrastromal corneal ring segments, PRK or phakic intra-ocular lens implantation) will be reviewed on a case-by-case basis.

EPSDT Special Provision
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is a federal Medicaid requirement that requires the Connecticut Medical Assistance Program (CMAP) to cover services, products, or procedures for Medicaid enrollees under 21 years of age where the service or good is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition identified through a screening examination. The applicable definition of medical necessity is set forth in Conn. Gen. Stat. Section 17b-259b (2011) [ref. CMAP Provider Bulletin PB 2011-36].

PROCEDURE

Prior authorization of the corneal cross-linking (CXL) procedure is required. Requests for coverage will be reviewed in accordance with the processes in place for reviewing requests for surgical procedures. Coverage determinations will be based upon a review of requested and/or submitted case-specific information.

The following information is needed to review requests for the corneal cross-linking procedure:

A. Fully completed Corneal Cross-linking (CXL) Procedure Prior Authorization Request Form; and
B. Documentation from the requesting provider supporting the medical necessity; and
C. Other information as requested by CHNCT.

EFFECTIVE DATE

This Policy is effective for prior authorization requests for the corneal cross-linking (CXL) procedure for individuals covered under the HUSKY Health Program beginning August 01, 2026.

LIMITATIONS

N/A

CODES:

Codes Reviewed Using Policy

Code	Definition
66999	Unlisted procedure, anterior segment of eye

DEFINITIONS

1. **HUSKY A**: Connecticut children and their parents or a relative caregiver; and pregnant women may qualify for HUSKY A (also known as Medicaid). Income limits apply.
2. **HUSKY B**: Uninsured children under the age of 19 in higher income households may be eligible for HUSKY B (also known as the Children's Health Insurance Program) depending on their family income level. Family cost-sharing may apply.
3. **HUSKY C**: Connecticut residents who are age 65 or older or residents who are ages 18-64 and who are blind, or have another disability, may qualify for Medicaid coverage under HUSKY C (this includes Medicaid for Employees with Disabilities (MED-Connect), if working). Income and asset limits apply.
4. **HUSKY D**: Connecticut residents who are ages 19-64 without dependent children and who: (1) do not qualify for HUSKY A; (2) do not receive Medicare; and (3) are not pregnant, may qualify for HUSKY D (also known as Medicaid for the Lowest-Income populations).
5. **HUSKY Health Program**: The HUSKY A, HUSKY B, HUSKY C, HUSKY D and HUSKY Limited Benefit programs, collectively.
6. **HUSKY Limited Benefit Program or HUSKY, LBP**: Connecticut's implementation of limited health insurance coverage under Medicaid for individuals with tuberculosis or for family planning purposes and such coverage is substantially less than the full Medicaid coverage.
7. **Medically Necessary or Medical Necessity**: (as defined in Connecticut General Statutes § 17b-259b) Those health services required to prevent, identify, diagnose, treat, rehabilitate or ameliorate an individual's medical condition, including mental illness, or its effects, in order to attain or maintain the individual's achievable health and independent functioning provided such services are: (1) Consistent with generally-accepted standards of medical practice that are defined as standards that are based on (A) credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, (B)recommendations of a physician-specialty society, (C) the views of physicians practicing in relevant clinical areas, and (D) any other relevant factors; (2) clinically appropriate in terms of type, frequency, timing, site, extent and duration and considered effective for the individual's illness, injury or disease; (3) not primarily for the convenience of the individual, the individual's health care provider or other health care providers; (4) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the individual's illness, injury or disease; and (5) based on an assessment of the individual and his or her medical condition.
8. **Prior Authorization**: A process for approving covered services prior to the delivery of the service or initiation of the plan of care based on a determination by CHNCT as to whether the requested service is medically necessary.

ADDITIONAL RESOURCES AND REFERENCES:

- American Academy of Ophthalmology. Corneal Cross-Linking. Available at: https://www.aao.org/eye-health/treatments/corneal-cross-linking-2.
- American Academy of Ophthalmology. What is Keratoconus? Available at: https://www.aao.org/eye-health/diseases/what-is-keratoconus.
- American Academy of Ophthalmology. Corneal Ectasia Preferred Practice Pattern®. Available at: https://www.aao.org/education/preferred-practice-pattern/corneal-ectasia-ppp-2023.
- American Society of Cataracts and Refractory Surgery. Corneal crosslinking: Current protocols and clinical approach. Available at: https://ascrs.org>files>clinical-committee-reports.

- Avedro Inc. Photorexa® Viscous and Photorexa® Prescribing Label. Available at: http://www.accessdata.fda.gov/drugsatfda_docs/label/2016/203324s000lbl.pdf.
- Center for Drug Evaluation and Research: FDA. Summary Review: Application Number 203324Orig2s000. Available at: http://www.accessdata.fda.gov/drugsatfda_docs/nda/2016/203324Orig2s000SumR.pdf.
- Enders C, Vogel D, Dreyhaupt J, et al. Corneal cross-linking in patients with keratoconus: up to 13 years of follow-up. *Graefes Arch Clin Exp Ophthalmol*. 2023;261(4):1037-1043. doi:10.1007/s00417-022-05844-x.
- Hersh PS, Stulting RD, Muller D, et al. United States Multicenter Clinical Trial of Corneal Collagen Crosslinking for Keratoconus Treatment. Opthalmology 2017; 124:1259.
- Knutsson KA, Genovese PN, Paganoni G, Ambrosio O, Ferrari G, Zennato A, Caccia M, Cataldo M, Rama P. Safety and Efficacy of Corneal Cross-Linking in Patients Affected by Keratoconus: Long-Term Results. *Medical Sciences*. 2023; 11(2):43. https://doi.org/10.3390/medsci11020043.
- National Institute for Health and Care Excellence (NICE). Photochemical corneal collagen cross-linkage using riboflavin and ultraviolet A for keratoconus: A Systematic Review. 2013. Available at: https://www.nice.org.uk/guidance/ipg466/evidence/photochemical-corneal-collagen-crosslinkage-using-riboflavin-and-ultraviolet-a-for-keratoconus-systematic-review-pdf-366211981.
- National Library of Medicine, StatPearls 2023, Collagen Cross Linking for Keratoconus. Vishal Vohra, Sahib Tuteja, Bharat Gurnani, and Harshika Chawla.
- Sarma P, Kaur H, Hafezi F et al. Short- and long-term safety and efficacy of corneal collagen cross-linking in progressive keratoconus: A systematic review and meta-analysis of randomized controlled trials. Taiwan J Opthalmol 2022; 13(2): 191-202.
- Wayman LL. Keratoconus. In: *UpToDate*. Jacobs DS, Li H (Eds.). Wolters Kluwer. Updated May 2024.

PUBLICATION HISTORY

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