REFRACTIVE KERATOPLASTY
SUR713.001

COVERAGE:

NOTE:
Member contracts should be reviewed as the individual contract may have a specific contract exclusion for refractive surgery.

Radial Keratotomy or Photorefractive Keratectomy (PRK) may be eligible for benefits for the treatment of myopia (near-sightedness) for patients who:

• Have a correction of less than 7.0 diopters;

• Have had documentation of less than 0.5 diopter change within the last year; and

• Have documentation of some clinical condition that precludes use of eyeglasses or contact lens.

Keratomileusis, Keratophakia and Epikeratoplasty may be eligible for coverage in the treatment of aphakia in patients who are contact lens intolerant and for whom an intraocular lens implant is contraindicated. When used to correct refractive problems, the procedures are not a covered benefit.

Automated Lamellar Keratoplasty (ALK) and Hexagonal Keratotomy are becoming obsolete as more up to date and accurate methods of refractive surgery are being used and therefore are not a covered benefit.

All other refractive keratoplasty procedures listed under the Description section of the policy are not eligible for benefit as these procedures are considered investigational.

DESCRIPTION:

Refractive Keratoplasty is a generic term which includes all surgical procedures on the cornea to improve vision by changing the refraction.

Procedures include but are not limited to the following:

• Radial Keratotomy (RK) is a surgical correction for mild to moderate myopia (nearsightedness). With the use of a microscope, the physician places microincisions on the surface of the cornea in a pattern much like spokes on a wheel to allow the central cornea to flatten, thus improving the focus of light on the retina in the back of the eye.

• Photorefractive Keratectomy (PRK) uses a computerized laser to correct mild to moderate myopia. The laser delivers bursts of ultraviolet light that vaporize precisely targeted corneal tissue,
thus altering the corneal curvature, and improving the focus of light on the retina in the back of the eye.

- **Keratomileusis** is a surgical procedure in which a slice of the patient's cornea is removed, shaped to the desired curvature on a lathe after freezing and then placed back on the remaining cornea to correct optical error. This surgery has been proposed for myopia and aphakic hyperopia. (Aphakia is the absence of the lens of the eye. Hyperopia is defined as farsightedness).

- **Automated Lamellar Keratoplasty (ALK)** is a surgical procedure used for correction of high myopia and hyperopia. A corneal flap (cap) is raised with a microkeratome leaving a relatively small "hinge". Pachymetry is used to measure the depth of the cut. The interface (boundary of the cut surface of the cornea) is irrigated and the flap is repositioned and dried causing a seal.

- **Laser In-Situ Keratomileusis (LASIK)** is a procedure to correct or reduce moderate to high levels of myopia. In LASIK, the surgeon creates a flap in the cornea using a microkeratome. An excimer laser is used to remove a micro-thin layer of tissue from the exposed corneal surface. The flap is replaced without the need for sutures. This procedure is very similar to ALK for myopia.

- **Keratophakia** is a surgical procedure in which the patient's cornea is removed followed by placement of a slice of donor's cornea which has been shaped to a desired curvature and inserted between layers of the recipient's cornea to change its curvature. The recipient's cornea is reattached. This surgery has been proposed for aphakic hyperopia. (For definitions, see above under keratomileusis).

- **Epikeratophakia (Lamellar Keratoplasty)** is a surgical procedure which involves the removal of the corneal epithelium from the recipient eye and the suturing of a prelathed donor corneal graft onto the surface of the recipient cornea. This surgery has been proposed as a means of correcting adult and pediatric aphakia, keratoconus (a conical protrusion of the cornea, caused by thinning of the stroma, and resulting in major changes in the refractive power of the eye), and myopia.

- **Minimally Invasive Radial Keratotomy (mini RK)** may be used in cases of myopia (near sightedness), to alter the cornea's shape and consequently the refraction by reducing the millimeters of cornea that are incised as compared to Radial Keratotomy listed earlier in policy.

- **Hexagonal Keratotomy** is a form of refractive corneal surgery used to treat naturally occurring hyperopia (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.

RATIONALE:

None

PRICING:
Any pre and post-operative evaluations and/or measurement performed in conjunction with the ineligible procedures are not covered.

DISCLAIMER:

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, takes precedence over Medical Policy and must be considered first in determining coverage. The member’s contract benefits in effect on the date that services are rendered must be used. Any benefits are subject to the payment of premiums for the date on which services are rendered. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

HMO Blue Texas physicians who are contracted/affiliated with a capitated IPA/medical group must contact the IPA/medical group for information regarding HMO claims/reimbursement information and other general polices and procedures.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company*
Southwest Texas HMO, Inc.* d/b/a HMO Blue® Texas
* Independent Licensees of the Blue Cross and Blue Shield Association

Posted Jan. 7, 2003