



NHS MEDICAL POLICY

Intrastromal Corneal Ring Implant for Keratoconus Procedure 2019-002

Keratoconus is a progressive bilateral dystrophy of the corneas that results in paracentral steepening and stromal thinning, impairing visual acuity. Intrastromal corneal ring segments are micro-thin, soft plastic inserts of variable thickness that are placed in the periphery of the cornea to reinforce it and prevent further deterioration.

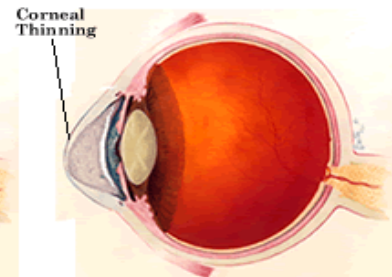
Intrastromal Corneal Ring Implant for Keratoconus may be indicated when ALL the following are present:

1	The member is 21 years of age or older and has a diagnosis of keratoconus.
2	An ophthalmologic examination documents that adequate functional vision can no longer be achieved with spectacles or contact lenses.
3	An ophthalmologic examination documents clear central cornea(s) in the eye(s) to be implanted.
4	An ophthalmologic examination with pachymetry documents that corneal thickness is 450 microns or greater at the proposed incision site(s) (the corneal periphery).
5	The provider documents that corneal transplantation is the only remaining option to improve functional vision.



Normal Cornea

Source: National Eye Institute



Keratoconus

Source: NEI/Elia Spinello, MPH, EdD

SOURCES

1. Boxer-Wachler, B., N. Chandra, B. Chou, T. Korn, R. Nepomuceno, and J. Christie, "INTACS® for Keratoconus," Ophthalmology, Volume 110, Number 5, May 2003, pp. 1031-1040. A retrospective, non-randomized comparative trial of 74 eyes of 50 patients.
2. Colin J, Cochener B, Savary G, et al. Correcting keratoconus with intracorneal rings. J Cataract Refract Surg. 2000;26(8):1117-1122. A prospective, non-comparative case series of 10 patients.
3. FDA letter of approval dated July 26, 2004
4. Siganos, C., G.D. Kymionis. N. Kartakis, M.A. Theodorakis, N. Astyrakakis, and I.G. Pallikaris. "Management of Keratoconus with INTACS®," American Journal of Ophthalmology, Volume 135, Number 1, January 2003, pp. 64-70. A randomized clinical trial of 33 eyes of 26 patients.

CODE REFERENCE (This may not be a comprehensive list of codes to apply to this policy.)

65785

0099T: Head and Neck Procedure

L8699: Ocular implant

L8699: Prosthetic implant

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
09/10/2020	Annual review and approval by UM Committee
09/10/2021	Annual review and approval by UM Committee
09/19/2022	Annual review and approval by UM Committee
08/23/2023	Annual review and approval by UM/QM Committee
08/23/2024	Annual review and approval by UM/QM Committee
06/27/2025	Annual review and approval by UM/QM Committee
06/25/2026	Annual review and approval by UM/QM Committee