OVERVIEW
Intrastromal corneal ring segments (ICRS) are composed of microthin soft plastic inserts of variable thickness that are placed in the periphery of the cornea. Intrastromal corneal ring segments have been investigated as a means of improving vision in diseases such as keratoconus and pellucid marginal degeneration, and for astigmatism following penetrating keratoplasty.

MEDICAL CRITERIA
BlueCHiP for Medicare and Commercial Products
Implantation of intrastromal corneal ring segments may be considered medically necessary for the treatment of keratoconus in patients 21 years of age or older who meet the following criteria:
- The patient has experienced a progressive deterioration in their vision, such that they can no longer achieve adequate functional vision with contact lenses or spectacles; AND
- Corneal transplantation is the only alternative to improve their functional vision; AND
- The patient has a clear central cornea with a corneal thickness of 450 microns or greater at the proposed incision site.

PRIOR AUTHORIZATION
BlueCHiP for Medicare and Commercial Products
Prior authorization is required for BlueCHiP for Medicare and recommended for Commercial products and is obtained via the online tool for participating providers for the treatment of keratoconus. See the Related Policies section.

POLICY STATEMENT
BlueCHiP for Medicare and Commercial Products
Implantation of intrastromal corneal ring segments may be considered medically necessary for the treatment of keratoconus when the medical criteria above have been met.

Implantation of intrastromal corneal ring segments is not covered and is a contract exclusion as a treatment of myopia.

BlueCHiP for Medicare
Implantation of intrastromal corneal ring segments is not covered for all other conditions as the evidence is insufficient to determine the effects of the technology on health outcomes.

Commercial Products
Implantation of intrastromal corneal ring segments is considered not medically necessary for all other conditions as the evidence is insufficient to determine the effects of the technology on health outcomes.

COVERAGE
Benefits may vary between groups/contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for applicable surgery and not medically necessary/not covered benefits/coverage.
BACKGROUND

VISION DISORDERS
Keratoconus is a progressive bilateral dystrophy characterized by paracentral steepening and stromal thinning that impairs visual acuity.

Pellucid marginal degeneration is a noninflammatory progressive degenerative disease, typically characterized by bilateral peripheral thinning (ectasia) of the inferior cornea. Deterioration of functional vision results from the irregular astigmatism induced by asymmetric distortion of the cornea, and visual acuity typically cannot be restored by using spherocylindrical lenses.

Treatment
Initial treatment for keratoconus often consists of hard contact lenses. A penetrating keratoplasty (ie, corneal grafting) was traditionally considered the next line of treatment in patients who developed intolerance to contact lenses. While visual acuity is typically improved with penetrating keratoplasty, perioperative complications are an associated risk; long-term topical steroid use is required; and endothelial cell loss occurs over time, which is a particular concern in younger patients. As an alternative, a variety of keratorefractive procedures have been attempted, broadly divided into subtractive and additive techniques. Subtractive techniques include photorefractive keratectomy or laser in situ keratomileusis (LASIK), although, generally, results of these techniques have been poor. In deep anterior lamellar keratoplasty, pathologic corneal stromal tissue is selectively removed to the level of the Descemet membrane, followed by transplantation of a donor graft. Implantation of intrastromal corneal ring segments (ICRS) represents an additive technique, in which the implants are intended to reinforce the cornea, prevent further deterioration, and potentially obviate the need for penetrating keratoplasty.

Rigid gas permeable contact lenses may be used to treat pellucid marginal degeneration. ICRS, crescentic lamellar keratoplasty, penetrating keratoplasty, and corneal wedge excision have also been proposed as treatments.

ICRS correct myopia by flattening the center of the cornea and represent an alternative to LASIK and other refractive surgeries. A proposed advantage of ICRS is that their insertion does not affect the central cornea and, thus, their effect is not related to the healing process in the cornea. No corneal tissue is removed, and the implants may be removed or replaced. However, mild myopia is effectively treated with spectacles or contact lenses.

Intrastromal Corneal Ring Segments
ICRS are composed of microthin soft plastic inserts of variable thickness that are placed in the periphery of the cornea. They are inserted through an incision made in the cornea, into which channels have been created by rotating a lamellar dissector or by using a femtosecond laser. One or 2 segments are implanted in each channel, and various implants with a range of thicknesses are available for different degrees of correction. They affect refraction in the eye by physically changing the shape of the cornea (flattening the front of the eye), thereby correcting the irregular corneal shape and restoring a degree of functional vision. If required, the implants can be removed or replaced at a later date.

Intacs®, an intrastromal corneal ring, was approved by the U.S. Food and Drug Administration (FDA) for 2 indications. In 1999, Intacs® (KeraVision, now Addition Technology) was approved by FDA through the premarket approval process for the following labeled indication: “The KeraVision Intacs are intended for the reduction or elimination of mild myopia (-1.00 to -3.00 diopters spherical equivalent at the spectacle plane) in patients:
- Who are 21 years of age or older;
- With documented stability of refraction as demonstrated by a change of less than or equal to 0.50 diopter for at least 12 months prior to the preoperative examination; and
In 2004, Intacs® received additional approval by FDA through the humanitarian device exemption process for the following indication:

“This device is indicated for the reduction or elimination of myopia and astigmatism in patients with keratoconus, who are no longer able to achieve adequate vision with their contact lenses or spectacles, so that their functional vision may be restored and the need for a corneal transplant procedure may potentially be deferred. The specific set of keratoconic patients proposed to be treated with Intacs prescription inserts are those patients:

- 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;
- Who are 21 years of age or older;
- Who have clear central corneas;
- Who have a corneal thickness of 450 microns or greater at the proposed incision site; AND
- Who have corneal transplantation as the only remaining option to improve their functional vision.”

For individuals who have pellucid marginal degeneration who receive ICRS, most case series reports have assessed devices not available in the United States. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have astigmatism after penetrating keratoplasty who receive ICRS, the evidence includes a few case series. Two case series, used devices not available in the United States. The evidence is insufficient to determine the effects of the technology on health outcomes.

CODING
BlueCHiP for Medicare and Commercial Products
The following CPT code is considered medically necessary when the medical criteria above are met:
65785  Implantation of intrastromal corneal ring segments

RELATED POLICIES
Preauthorization via Web-Based Tool for Procedures

PUBLISHED
Provider Update, June 2020
Provider Update, January 2020
Provider Update, November/December 2018
Provider Update, December 2017
Provider Update, September 2016
Provider Update, January 2016

REFERENCES
This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.