

## Corneal Cross-Linking

Also known as	<p><b>Important:</b> Below are EXAMPLES of available procedures. This does NOT mean they are covered. Review the member’s plan and applicable coverage policies. Some procedures are investigative and NOT COVERED.</p> <ol style="list-style-type: none"><li>1. Accelerated CXL (epi-off)</li><li>2. Conventional CXL (epi-off)</li><li>3. Corneal collagen cross-linking</li><li>4. CXL (corneal cross-linking)</li><li>5. Partial epithelium-removal CXL (epi-on)</li><li>6. Transepithelial CXL (epi-on)</li></ol>				
Description	<p>Keratoconus is an eye condition in which the normally round dome-shaped cornea progressively thins causing a cone-like bulge to develop. This results in visual impairment.</p> <p>Corneal cross-linking is an outpatient procedure that combines the use of ultraviolet A light and riboflavin (Vitamin B2) eye drops to create new collagen crosslinks in the cornea. This strengthens and stabilizes the cornea thereby delaying the progression of keratoconus.</p>				
See also	<p>Similar, related, or easily confused documents.</p> <ul style="list-style-type: none"><li>• <a href="#">Collagen Cross Links Tests as Markers of Bone Turnover</a> - Collagen cross links are biochemicals that can be used to indicate either removal of bone from the body or new bone formation.</li><li>• <a href="#">Corneal Transplant</a> - Cornea from a healthy donor eye is transplanted to a recipient.</li><li>• <a href="#">Eyewear - Non-Refractive Lenses</a> - Eyeglasses and contact lenses prescribed for the non-refractive (non-vision correction) reasons.</li><li>• <a href="#">INTACS Inserts for Keratoconus</a> - Two clear plastic segments implanted in the perimeter of the cornea to provide an alternative to refractive surgery, or for use in patients with keratoconus.</li><li>• <a href="#">Keratoprosthesis for Corneal Opacity (Kpro)</a> - An artificial cornea intended to restore vision to patients with severe corneal disease where corneal transplantation has repeatedly failed or is not an option.</li></ul>				
Table of Contents	<p>The following topics are included in this document:</p> <ul style="list-style-type: none"><li>• <a href="#">Commercial</a></li><li>• <a href="#">Government Programs</a></li><li>• <a href="#">Individual and Family Business (IFB)</a></li><li>• <a href="#">MHPS</a></li></ul>				
Document history	<p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>2.10.23</td><td>Refreshed due to age.</td></tr></table>	Date	Description	2.10.23	Refreshed due to age.
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# Commercial

Introduction	This section applies to all Commercial members.				
Benefits	<p>A Coverage Policy, <i>Corneal Cross-Linking</i>, is on <a href="#">medica.com</a>.</p> <ul style="list-style-type: none"><li>• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none"><li>– <b>Important:</b> Check policy for limits or exclusions.</li></ul></li><li>• If eligible, quote surgical benefits. Include physician, hospital, and anesthesia benefits.</li><li>• <b>Clinic POS:</b> Also quote office visit benefits when done in the clinic.</li><li>• For investigative indications, not covered.</li></ul>				
Document history	<p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>2.10.23</td><td>Refreshed due to age.</td></tr></table>	Date	Description	2.10.23	Refreshed due to age.
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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.
AccessAbility (SNBC),  Minnesota Senior Care Plus (MSC+)	<p><a href="#">Medicaid only groups</a>:</p> <ul style="list-style-type: none"><li>• Refer to <a href="#">Medicaid</a> below.</li></ul> <p><a href="#">Medicare eligible groups</a>:</p> <ul style="list-style-type: none"><li>• Only certain conditions and procedures are eligible for coverage.<ul style="list-style-type: none"><li>– <b>Eligible conditions</b>: Only covered for the treatment of Keratoconus and Corneal Ectasia.</li><li>– <b>Eligible procedures</b>: Only Conventional CXL and Accelerated CXL are eligible for coverage.</li></ul></li><li>• If eligible, quote outpatient surgery or inpatient hospital benefits.</li><li>• If not eligible, not covered.</li><li>• Medicare is the primary payer.</li><li>• Follows Medicare guidelines.</li><li>• If no Medicare eligibility, Medicaid applies. Refer to <a href="#">Medicaid</a> below.</li></ul>
AccessAbility Enhanced (SNBC SNP),  DUAL (MSHO)	<p>A Coverage Policy, <i>Corneal Cross-Linking</i>, is on <a href="#">medica.com</a>.</p> <ul style="list-style-type: none"><li>• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none"><li>– <b>Important</b>: Check policy for limits or exclusions.</li></ul></li><li>• If eligible, quote outpatient surgery or inpatient hospital benefits.</li><li>• For investigative indications, not covered.</li><li>• Medica is the only payer.</li></ul>
Advantage	<p>A Coverage Policy, <i>Corneal Cross-Linking</i>, is on <a href="#">medica.com</a>.</p> <ul style="list-style-type: none"><li>• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none"><li>– <b>Important</b>: Check policy for limits or exclusions.</li></ul></li><li>• If eligible, quote outpatient surgery or inpatient hospital benefits.</li><li>• For investigative indications, not covered.</li><li>• Medica is the only payer.</li></ul>
Advantage PartnerCare (I-SNP)	<p>A Coverage Policy, <i>Corneal Cross-Linking</i>, is on <a href="#">medica.com</a>.</p> <ul style="list-style-type: none"><li>• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none"><li>– <b>Important</b>: Check policy for limits or exclusions.</li></ul></li><li>• If eligible, quote outpatient surgery or inpatient hospital benefits.</li><li>• For investigative indications, not covered.</li><li>• Medica is the only payer.</li></ul>
Medicaid (SPP)	<p>A Coverage Policy, <i>Corneal Cross-Linking</i>, is on <a href="#">medica.com</a>.</p> <ul style="list-style-type: none"><li>• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none"><li>– <b>Important</b>: Check policy for limits or exclusions.</li></ul></li><li>• If eligible, quote surgical benefits. Include physician, hospital, and anesthesia benefits.</li><li>• For investigative indications, not covered.</li></ul>
Prime	<p>Only certain conditions and procedures are eligible for coverage.</p> <ul style="list-style-type: none"><li>• <b>Eligible conditions</b>: Only covered for the treatment of Keratoconus and Corneal Ectasia.</li><li>• <b>Eligible procedures</b>: Only Conventional CXL and Accelerated CXL are eligible for coverage.</li><li>• If eligible, quote outpatient surgery or inpatient hospital benefits.</li><li>• If not eligible, not covered.</li><li>• <b>Reminder</b>: Members can use non-Medica Service Area providers. Refer to <a href="#">Out-of-MSA Benefits</a>.</li></ul>
Select,	Only certain conditions and procedures are eligible for coverage.
Signature	<ul style="list-style-type: none"><li>• <b>Eligible conditions</b>: Only covered for the treatment of Keratoconus and Corneal Ectasia.</li><li>• <b>Eligible procedures</b>: Only Conventional CXL and Accelerated CXL are eligible for coverage.</li><li>• If eligible, quote outpatient surgery or inpatient hospital benefits.</li><li>• If not eligible, not covered.</li><li>• Medicare supplement. Medicare is the primary payer.</li><li>• Follows Medicare guidelines.</li></ul>

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Government Programs, Continued

Document history

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## Individual and Family Business (IFB)

Introduction	This section applies to all Individual and Family Business (IFB) members.				
Benefits	<p>A Coverage Policy, <i>Corneal Cross-Linking</i>, is on <a href="#">medica.com</a>.</p> <ul style="list-style-type: none"><li>• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none"><li>– <b>Important:</b> Check policy for limits or exclusions.</li></ul></li><li>• If eligible, quote surgical benefits. Include physician, hospital, and anesthesia benefits.</li><li>• <b>Clinic POS:</b> Also quote office visit benefits when done in the clinic.</li><li>• For investigative indications, not covered.</li></ul>				
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# Medica Health Plan Solutions (MHPS)

Introduction

This section applies to all Medica Health Plan Solutions (MHPS) members.

Mayo Medical Plan

A Coverage Policy, *Corneal Cross-Linking*, is on [medica.com](#).

Covered indications are listed under *Coverage Policy*.

– Important: Check policy for limits or exclusions.

If eligible, quote surgical benefits. Include physician, hospital, and anesthesia benefits.

Clinic POS: Also quote office visit benefits when done in the clinic.

For investigative indications, not covered.

All others

A Coverage Policy, *Corneal Cross-Linking*, is on [medica.com](#).

Covered indications are listed under *Coverage Policy*.

– Important: Check policy for limits or exclusions.

If eligible, quote surgical benefits. Include physician, hospital, and anesthesia benefits.

Clinic POS: Also quote office visit benefits when done in the clinic.

For investigative indications, not covered.

Document history

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Applicability

The applicability is outlined below.

Business Segments		
<div><div><input checked="" type="checkbox"/> All</div><div><input type="checkbox"/> COM - (All)</div><div><input type="checkbox"/> GOVT - (All)</div><div><input type="checkbox"/> IFB</div><div><input type="checkbox"/> MHPS</div><div><input type="checkbox"/> PSC</div></div>		
Specific Clients/Products		
<div><div><input checked="" type="checkbox"/> All</div><div><input type="checkbox"/> Other:</div></div>		
Platform or System		
<div><div><input type="checkbox"/> All</div><div><input checked="" type="checkbox"/> N/A</div><div><input type="checkbox"/> Other:</div></div>		
Departments		
<div><div><input checked="" type="checkbox"/> Call Center</div><div><input type="checkbox"/> Multiple:</div><div><input type="checkbox"/> Other:</div></div>		
Approved By	Document Owner	Date
A-Z Review Team	KN Technical Writers	2.10.23