

n05576

## Intrastromal Corneal Ring Segments (Intacs) for Keratoconus

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### Values

Accountability • Integrity • Service Excellence • Innovation • Collaboration

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#### Abstract Purpose:

This policy provides guidance for the utilization management teams of Network Health Plan/Network Health Insurance Corporation/Network Health Administrative Services, LLC (NHP/NHIC/NHAS) with review of requests for implantation of Intacs for the treatment of Keratoconus.

#### Policy Detail:

*Refer to the appropriate Certificate of Coverage, Evidence of Coverage, Summary Plan Description, Individual and Family Policy or It's Your Choice booklet to determine eligibility and coverage because Employer Group/Plan Sponsor and government contracts may vary. NHP/NHIC/NHAS follows Medicare's National/Local (Wisconsin area) Coverage Determinations for its Medicare Advantage membership.*

#### I. Policy

- A. Description: Keratoconus is a degenerative disorder of the eye in which structural changes within the cornea causes progressive steepening and thinning of the normally round cornea, resulting in a cone-like bulge. Keratoconus can cause progressive deterioration of vision. Intrastromal corneal ring segments (**Intacs**) (also known as **ICRS**, implantable intracorneal ring segments) are thin, clear, semicircular-shaped, plastic segments that are implanted in the cornea of an affected eye through a corneal incision. This procedure is done in an outpatient setting. The implanted inserts do not directly alter the passage of light through the pupil but rather correct vision indirectly by stretching and flattening of the cornea. The main goal of Intacs is to help stop the progression of keratoconus. Intacs can help avoid the need for corneal transplant surgery in some keratoconus patients.

#### II. Medical Indications

- A. Implantation of intrastromal corneal ring segments (Intacs) is considered **medically necessary** in individuals with a diagnosis of keratoconus who meet **all** of the following criteria:
  - 1. Deterioration in vision, such that individual can no longer achieve functional vision with either contact lenses or eyeglasses; **OR**
  - 2. The condition is unstable (progressive and getting worse) as documented by a change in topography. In this situation, even if glasses and contact lenses can improve a patient's vision, neither glasses nor contact lenses will stop the progression of the condition, **AND**
  - 3. 21 years of age or older; **AND**
  - 4. Presence of clear central cornea; **AND**

5. Corneal thickness of 450 microns or greater ( $\geq 0.45$  mm) at the proposed incision site; **AND**
  6. Corneal transplantation is the only remaining option other than Intacs to improve vision.
- B. Coverage**
1. Surgical implantation of intracorneal ring segments is a covered benefit for those with a diagnosis of Keratoconus, if deemed medically necessary, per the criteria listed above.
  2. NHIC follows CMS National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) for application to its Medicare Advantage membership.
- C. Limitations/Exclusions**
1. Implantation of intrastromal corneal ring segments is considered not medically necessary as a treatment of myopia or other refractive errors.
  2. Implantation of intrastromal corneal ring segments is considered experimental and investigational for children because their effectiveness has not been established.
  3. Refer to Non-Covered Vision Care Services and Exclusions under Surgery to correct vision in Coverage documents under the specific Plan.
- D. References**
1. Hayes Technology Review, Intacs for the Treatment of Keratoconus, March 7, 2018.
  2. Vega-Estrada A, Alio JL, Brenner LF, Burguera N. Outcomes of intrastromal corneal ring segments for treatment of keratoconus: five-year follow-up analysis. J Cataract Refract Surg. 2013 Aug; 39(8):1234-40.
  3. Ferrara G, Torquetti L, Ferrara P, Merayo-Llodes J. Intrastromal corneal ring segments: visual outcomes from a large case series. Clinical Experiment Ophthalmol. 2012 Jul;40(5):433-9.
  4. Rabinowitz, YS. Intacs for Keratoconus. Current Opinion in Ophthalmology 2007, 18:279-283

**Definitions:**

None

**Regulatory Citations:**

UM 2

**Related Policies:**

None

**Related Documents:**

None

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