

## Medical Policy



An independent licensee of the  
Blue Cross Blue Shield Association

### Title: LASIK (laser assisted in situ keratomileusis)

#### Professional

Original Effective Date: August 26, 1998

Revision Date(s): February 15, 2007;

February 5, 2014; May 13, 2015;

June 8, 2016

Current Effective Date: February 15, 2007

#### Institutional

Original Effective Date: December 1, 2007

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February 5, 2014; May 13, 2015;

June 8, 2016

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The BCBSKS Medical Policies contained herein are for informational purposes and apply only to members who have health insurance through BCBSKS or who are covered by a self-insured group plan administered by BCBSKS. Medical Policy for FEP members is subject to FEP medical policy which may differ from BCBSKS Medical Policy.

The medical policies do not constitute medical advice or medical care. Treating health care providers are independent contractors and are neither employees nor agents of Blue Cross and Blue Shield of Kansas and are solely responsible for diagnosis, treatment and medical advice.

If your patient is covered under a different Blue Cross and Blue Shield plan, please refer to the Medical Policies of that plan.

### **DESCRIPTION**

LASIK is an outpatient surgical procedure to treat nearsightedness, farsightedness, and astigmatism. With LASIK, an ophthalmologist uses a microsurgical instrument and a laser to reshape the cornea in the front of the eye. This improves the way the eye focuses light rays onto the retina at the back of the eye.

#### *Laser Assisted in Situ Keratomileusis (LASIK):*

LASIK is a type of laser surgery of the cornea to correct refractive errors, during which a slice of the patient's cornea is removed, shaped to the desired curvature with an excimer laser, and then sewn back to the remaining cornea. In recent years, LASIK surgery has become the procedure of choice for treating moderate to high levels of myopia, with or without astigmatism. In 1995, the first refractive laser systems approved by the U.S. Food and Drug Administration (FDA) were the excimer lasers for use in PRK to treat myopia and, later, to treat astigmatism. Physicians then began using

these lasers for LASIK surgery as well and to treat refractive disorders other than myopia. The laser emits an ultraviolet beam that is able to reshape the cornea. Refractive errors are minimized with the aid of a programmed computer that, using a patient's refraction and corneal topography, controls the laser beam to precisely remove corneal tissue.

The FDA has granted approval to some laser manufacturers of LASIK laser systems, to treat myopia, hyperopia, and astigmatism, and for PRK to treat hyperopia and astigmatism. On July 30, 1998, the Kremer Excimer Laser System® (PhotoMed, Inc., King of Prussia, PA) was granted premarket approval by the FDA for treatment of myopia and astigmatism. However, LASIK is considered not medically necessary for the treatment of myopia between -1.0 and -15.0 diopters (D), with or without astigmatism up to 5.0 D because this can be corrected satisfactorily with eyeglasses or contact lenses. LASIK has not been shown to be effective for the treatment of high myopia greater than -15.0 D, hyperopic astigmatism greater than 5.0 D, and for all other refractive errors.

Residual refractive errors after penetrating keratoplasty are usually responsible for decreased visual acuity despite a clear graft. The mean amount of astigmatism that has been reported after penetrating keratoplasty for keratoconus is usually between 2 and 6 D. Correction with spectacles or contact lenses should be considered initially, followed by the possibility of incisional refractive surgery if the patient is intolerant to either of these alternatives. The primary goal of LASIK after penetrating keratoplasty is to reduce the refractive error (e.g., astigmatism, anisometropia) to levels at which spectacle correction or contact lenses can be tolerated. The uncorrected visual acuity should remain a secondary goal (Wilkinson, et al., 2008).

IntraLASIK, also known as Femto-LASIK or All-Laser LASIK. It is similar to LASIK. IntraLASIK differs from LASIK by the method in which the flap is created. The actual refractive correction by corneal ablation is performed with any excimer laser that is able to perform LASIK. IntraLASIK can be used to surgically create monovision to enhance the ability to see objects both distant and near from those affected by presbyopia.

#### *Laser thermokeratoplasty (LTK) (other than CK):*

LTK utilizes the following methods: superficial treatment of Gassett and Kaufman for keratoconus, holmium, YAG laser thermokeratoplasty, or the hot needle of Fyodorov. Based on review of the literature, all of these methods of thermokeratoplasty have been abandoned in current refractive surgery because the corneal wound-healing response produces postoperative scarring and instability.

#### *Laser Treatment for Refractive Errors*

While use of the laser has minimized the potential adverse events from earlier forms of refractive surgery, not every patient is a candidate for treatment using the excimer laser. Age, high refractive error, ocular and medical disease may prevent a patient from obtaining a predictable refractive outcome. Despite increased efficacy in recent years,

the refractive outcome may not always result in uncorrected vision acuity, or BSCVA of 20/20 or better; and some patients may develop a worsening of vision clarity and acuity, secondary to scarring, glare and halos. Patients may have a postoperative overcorrection, undercorrection and astigmatism that may need an enhancement to correct residual refractive error. Finally, there is a possibility that patients may still require correction with eyeglasses or contact lenses to obtain the best vision acuity and, over time, postoperative refractive-error regression may require additional laser treatment.

## **POLICY**

The procedure will be allowed for the diagnosis of anisometropia, per the following:

- a. The patient should be intolerant to contact lenses and that glasses are not a corrective option.
- b. The anisometropia must be an acquired/induced condition with symptoms.
- c. The spherical difference must be at least 3 diopters or cylindrical difference must be at least 2 diopters.

## **DOCUMENTATION**

At a minimum, the medical record should include symptoms, diagnoses, corneal topography, refractive findings, history that includes prior surgery, motility findings and vertical imbalance.

## **CODING**

**The following codes for treatment and procedures applicable to this policy are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.**

### HCPCS Code

65760 Keratomileusis  
S0800 Laser in situ keratomileusis (LASIK)

### ICD-9 Diagnosis

**These diagnoses are otherwise subject to medical policy as stated above**

367.31 Anisometropia

### ICD-10 Diagnosis (Effective October 1, 2015)

H52.31 Anisometropia

**REVISIONS**

Effective 02-15-2007	<ul style="list-style-type: none"> <li>The policy section item c. was liberalized to reflect the spherical difference must be at least 3 diopters <u>or</u> cylindrical difference must be at least 2 diopters. Previously the policy required both.</li> <li>References were updated.</li> </ul>
02-05-2014	<ul style="list-style-type: none"> <li>Added Medical Policy and Coding Disclaimers</li> <li>Updated Description section.</li> <li>In Coding section: <ul style="list-style-type: none"> <li>Added ICD-10 Coding (<i>Effective October 1, 2014</i>)</li> </ul> </li> <li>Updated Reference section.</li> </ul>
05-13-2015	<ul style="list-style-type: none"> <li>Description updated</li> <li>In Coding section: <ul style="list-style-type: none"> <li>Added CPT: 65760</li> </ul> </li> <li>References updated</li> </ul>
06-08-2016	<ul style="list-style-type: none"> <li>Description section reviewed</li> <li>Policy section reviewed</li> <li>Rationale section reviewed</li> <li>References updated</li> </ul>

**REFERENCES**

- UpToDate, Laser Refractive Surgery. Literature review current through: Apr 2016. This topic last updated: Sep 23, 2014. Accessed May 2016.

**Other References**

- Blue Cross and Blue Shield of Kansas Ophthalmology Liaison Committee: August 1998; August 2001; May 2007; May 2009.
- Blue Cross and Blue Shield of Kansas Otolaryngology Liaison Committee, October 1999.
- Blue Cross and Blue Shield of Kansas Medical Director and Ophthalmology Liaison Committee Chair Consent Ballot, February 15, 2007.
- Blue Cross and Blue Shield of Kansas Medical Advisory Committee: November 1998; November 2001; August 2007; August 2009.