



**TO: Physicians, Advanced Practice Registered Nurses, Physician Assistants, Residents**

**RE: Corneal Collagen Cross-linking: New Coverage Guidelines and Prior Authorization Form**

The purpose of this provider bulletin is to notify enrolled Connecticut Medical Assistance Program (CMAP) providers of new coverage guidelines for Corneal Collagen Cross-linking (CXL).

CXL is a procedure used to treat progressive keratoconus and corneal ectasia. Ultraviolet (UV) light is combined with riboflavin eye drops to create new collagen crosslinks in the cornea, strengthening and stabilizing the cornea and delaying the progression of deformation associated with keratoconus. The viscous riboflavin solution is applied to the eye topically before and during UV irradiation.

### **CXL Coverage Guidelines**

Effective July 1, 2019, new coverage guidelines will be used, in conjunction with the Department of Social Services' (DSS) definition of medical necessity (see section 17b-259b of the Connecticut General Statutes), to render determinations on prior authorization (PA) requests for CXL.

**NOTE: The Criteria are used as guidelines only.** Should the criteria ever conflict with the DSS definition of medical necessity, the definition of medical necessity shall prevail.

The new policy is available on the HUSKY Health Web site at: [www.ct.gov/husky](http://www.ct.gov/husky). To access the policy, click on *For Providers* followed by *Policies, Procedures and Guidelines* under the *Medical Management* menu item.

### **Prior Authorization (PA) Submission Process**

All CMAP enrolled providers are required to submit requests for CXL using the newly created **Corneal Collagen Cross-linking Prior Authorization Request Form**. The form must be filled out and signed by the ordering physician.

The form is available on the HUSKY Health Web site at: [www.ct.gov/husky](http://www.ct.gov/husky). To access the form, click on *For Providers*, then *Prior Authorization Forms and Manuals* under the *Prior Authorization* menu item.

In addition to the PA request form, providers must submit clinical information supporting the medical necessity of the requested procedure. PA requests lacking sufficient clinical information to support the decision-making process will be pended until all the requested information is received by Community Health Network of Connecticut (CHNCT). It is the responsibility of the provider initiating the PA submission to respond to requests for additional information in a timely manner. PA requests that pend for twenty (20) business days without receipt of all requested documentation are subject to denial.

For questions regarding the PA process, please contact CHNCT at 1-800-440-5071, between the hours of 8:00 a.m. to 6:00 p.m.