



TO: Physicians, Advanced Practice Registered Nurses, Physician Assistants

RE: Corneal Collagen Cross-linking: Coverage Guidelines and Prior Authorization Form – Corrected Procedure Codes

The Connecticut Medical Assistance Program (CMAP) added the correct procedure codes to the coverage guidelines for billing for Corneal Collagen Cross-linking (CXL) effective July 1, 2019. No changes have been made to the clinical guidelines; the only change is to the procedure codes used to submit for prior authorization (PA) and to bill for Corneal Collagen Cross-linking (CXL).

CXL Coverage Guidelines

Effective July 1, 2019, the coverage guidelines were implemented, 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 PA requests for CXL.

This PB supersedes PB 2019-30 (Corneal Collagen Cross-linking: New Coverage Guidelines and Prior Authorization Form). Providers should review the updated policy for the changes to the procedure codes.

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.

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 policy is available on the HUSKY Health Web site at: 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. 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.