LOUISIANA BLUE

Corneal Collagen Cross-linking

Policy # 00325
Original Effective Date: 12/21/2011
Current Effective Date: 05/01/2026

Applies to all products administered or underwritten by Blue Cross and Blue Shield of Louisiana and its subsidiary, HMO Louisiana, Inc. (collectively referred to as the "Company"), unless otherwise provided in the applicable contract. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

Investigational or experimental services are not covered. This includes any drug, device, procedure, or service provided under the investigational arm of a clinical trial or clinical study. These services are excluded from coverage under benefits.

Note: Implantation of Intrastromal Corneal Ring Segments is addressed separately in medical policy 00164.

When Services May Be Eligible for Coverage

Coverage for eligible medical treatments or procedures, drugs, devices or biological products may be provided only if:

- *Benefits are available in the member's contract/certificate, and*
- *Medical necessity criteria and guidelines are met.*

Based on review of available data, the Company may consider corneal collagen cross-linking (CXL) using riboflavin and ultraviolet A (UVA) as a treatment of progressive keratoconus to be **eligible for coverage.**** (See Policy Guidelines)

Patient Selection Criteria

Coverage eligibility will be considered for corneal collagen cross-linking (CXL) as a treatment for progressive keratoconus when **ALL** of the following criteria are met:

- Diagnosis of keratoconus based on keratometry and corneal mapping; **AND**
- **ANY** of the following changes have occurred within 24 months:
  - Increase of greater than or equal to 1.00 diopters (D) or more in the steepest keratometry measurement (Kmax or steepest K); **OR**
  - Increase of greater than or equal to 1.00 D or more in manifest cylinder; **OR**
  - Increase of greater than or equal to 0.50 D or more in manifest refraction spherical equivalent (MRSE); **AND**
- Age greater than or equal to 13 years; **AND**
- Corneal thickness greater than or equal to 325 microns; **AND**
- No history of previous corneal cross-linking treatment in the eye to be treated or other corneal surgery, no corneal or systemic disease that would interfere with healing after the procedure such as chemical injury, active infection or delayed epithelial healing in the past; **AND**
- No hypersensitivity to benzalkonium chloride or any other ingredients in the products; **AND**
- Individual is not aphakic or pseudophakic without a UV-blocking intraocular lens.

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Note: The correction of refractive errors of the eye, including but not limited to radial keratotomy and laser surgery, are excluded from coverage under medical benefits on majority of member contracts. In addition, treatment of complications of non-covered services are also excluded from coverage. If it is determined that corneal ectasia was a complication of refractive surgery, request for corneal collagen cross-linking will be denied as not a covered benefit.

When Services Are Considered Investigational

Coverage is not available for investigational medical treatments or procedures, drugs, devices or biological products.

Based on review of available data, the Company considers corneal collagen cross-linking (CXL) using riboflavin and ultraviolet A (UVA) for all other indications to be **investigational.***

Policy Guidelines

The American Academy of Ophthalmology has not set forth definitive criteria defining progressive keratoconus, but has suggested that signs of progression include changes in refraction, visual acuity and corneal shape (https://eyewiki.aao.org/Corneal_Collagen_Cross-Linking). In the trials leading to U.S. Food and Drug Administration (FDA) approval of corneal collagen cross-linking, progressive keratoconus was defined as one or more of the following:

- An increase of 1 diopter (D) in the steepest keratometry value
- An increase of 1 D in regular astigmatism evaluated by subjective manifest refraction
- A myopic shift (decrease in the spherical equivalent) of 0.50 D on subjective manifest refraction
- A decrease greater than or equal to 0.1 mm in the back optical zone radius in rigid contact lens wearers where other information was not available

Background/Overview

Treatment of Keratoconus

The initial treatment for keratoconus often consists of hard contact lenses. A variety of keratorefractive procedures have also been attempted, broadly divided into subtractive and additive techniques. Subtractive techniques include photorefractive keratectomy or laser in situ keratomileuses, although generally, results of these techniques have been poor. Implantation of intrastromal corneal ring segments is an additive technique in which the implants are intended to reinforce the cornea, prevent further deterioration, and potentially obviate the need for penetrating keratoplasty. Penetrating keratoplasty (ie, corneal grafting) is the last line of treatment. About 20% of patients with keratoconus will require corneal transplantation. All of these treatments attempt to improve the refractive errors but are not disease-modifying.

None of the currently available treatment options for keratoconus halt the progression of the disease, and corneal transplantation is the only option available when functional vision can no longer be achieved.

Corneal collagen cross-linking has the potential to slow the progression of the disease. It is performed with the photosensitizer riboflavin (vitamin B2) and ultraviolet A irradiation. There are 2 protocols for corneal collagen cross-linking:

1. Epithelium-off corneal collagen cross-linking (also known as "epi-off"): In this method, about 8 mm of the central corneal epithelium is removed under topical anesthesia to allow better diffusion of the photosensitizer riboflavin into the stroma. Following de-epithelialization, a solution with riboflavin is applied to the cornea (every 1-3 minutes for 30 minutes) until the stroma is completely penetrated. The cornea is then irradiated for 30 minutes with ultraviolet A 370 nm, a maximal wavelength for absorption by riboflavin, while the riboflavin continues to be applied. The interaction of riboflavin and ultraviolet A causes the formation of reactive oxygen species, leading to additional covalent bonds (cross-linking) between collagen molecules, resulting in stiffening of the cornea. Theoretically, by using a homogeneous light source and absorption by riboflavin, the structures beyond a 400-mm thick stroma (endothelium, anterior chamber, iris, lens, retina) are not exposed to an ultraviolet dose that is above the cytotoxic threshold.
2. Epithelium-on corneal collagen cross-linking (also known as "epi-on" or transepithelial): In this method, the corneal epithelial surface is left intact (or may be partially disrupted) and a longer riboflavin loading time is needed. Riboflavin 5'-phosphate sodium (Vitamin B2) is the precursor of two coenzymes, flavin adenine dinucleotide and flavin mononucleotide, which catalyze oxidation/reduction reactions involved in a number of metabolic pathways. Under the conditions used for corneal collagen cross-linking, riboflavin 5'-phosphate functions as a photoenhancer and generates singlet oxygen which is responsible for the cross-linking.

Historically, the only corneal collagen cross-linking treatment approved by the U.S. Food and Drug Administration (FDA) was the epithelium-off method. In 2025, the first epithelium-on corneal collagen cross-linking treatment was approved (riboflavin 5'-phosphate ophthalmic solution, 0.177% and 0.239%; Epioxa™‡). Epoxia is anticipated to enter the market during quarter 1 of 2026. Corneal collagen cross-linking is being evaluated primarily for corneal stabilization in patients with progressive corneal thinning, such as keratoconus. Corneal collagen cross-linking may also have anti-edematous and antimicrobial properties.

FDA or Other Governmental Regulatory Approval

U.S. Food and Drug Administration (FDA)

In 2016, riboflavin 5' -phosphate in 20% dextran ophthalmic solution (Photrexa Viscous ™‡; Avedro) and riboflavin 5' -phosphate ophthalmic solution (Photrexa ™‡; Avedro) were approved by the FDA for use with the KXL System for epithelium-off corneal collagen cross-linking treatment of

progressive keratoconus and post-refractive surgery corneal ectasia. In 2019 Glaukos and Avedro announced a definitive agreement for Glaukos to acquire Avedro. In December 2025, Glaukos announced that Photrexa Viscous®‡ (riboflavin 5′-phosphate in 20% dextran ophthalmic solution) 0.146% for topical ophthalmic use, and Photrexa (riboflavin 5′-phosphate ophthalmic solution) 0.146% for topical ophthalmic use, for use with the KXL®‡ System will be discontinued from the market effective January 31, 2026. Per announcement, Photrexa will remain temporarily available for patients who have exhausted all other options for coverage of Epioxa or cannot access Epioxa due to geographic constraints.

In 2025, the U.S. Food and Drug Administration (FDA) approved new drug application (NDA) for Epioxa™‡ HD 0.239% (riboflavin 5'-phosphate ophthalmic solution; Glaukos) and Epioxa™‡ 0.177% (riboflavin 5'-phosphate ophthalmic solution; Glaukos) ("Epioxa"). Epioxa was approved for oxygen-enriched epithelium-on corneal collagen cross-linking for the treatment of keratoconus in adults and pediatric patients aged 13 years and older, in conjunction with the O2n™‡ System and the Boost Goggles®‡. This is the first FDA approved treatment for keratoconus (KC) that does not require the removal of the epithelium. Glaukos is to commence initial commercial launch activities for Epioxa in Q1 2026. Epioxa can be acquired directly from Glaukos or from Orsini, the single-source specialty pharmacy at launch within a limited distribution network. Epioxa HD and Epioxa are co-packaged in an Epithelium-on Cross-linking Kit (NDC 25357-024-01) containing:

- One single-dose glass syringe containing 2 mL of Epioxa HD 0.239% packaged foil pouch
- One single-dose glass syringe containing 2 mL of Epioxa 0.177% packaged in a foil pouch
- One System Treatment Activation Card.

Rationale/Source

This medical policy was developed through consideration of peer-reviewed medical literature generally recognized by the relevant medical community, U.S. Food and Drug Administration approval status, nationally accepted standards of medical practice and accepted standards of medical practice in this community, technology evaluation centers, reference to regulations, other plan medical policies, and accredited national guidelines.

Description

Corneal collagen cross-linking is a photochemical procedure approved by the U.S. Food and Drug Administration (FDA) for the treatment of progressive keratoconus. Keratoconus is a dystrophy of the cornea characterized by progressive deformation (steepening) of the cornea. This condition can lead to functional loss of vision and need for corneal transplantation.

Summary of Evidence

For individuals who have progressive keratoconus who receive epithelium-off corneal collagen cross-linking using riboflavin and ultraviolet A, the evidence includes randomized controlled trials (RCTs), systematic reviews, and nonrandomized studies. Relevant outcomes are change in disease status,

functional outcomes, and treatment-related morbidity. Based on RCT evidence used to inform FDA approval, corneal collagen cross-linking was associated with significant improvements in corneal curvature score and corrected distance visual acuity and non-significant improvement in uncorrected distance visual acuity compared with sham treatment after 1 year of follow-up. Long-term RCT follow-up is needed. Several non-randomized studies measured visual acuity and found significant and lasting improvements in corrected visual acuity and other measures with corneal collagen cross-linking. The adverse events associated with corneal collagen cross-linking include corneal opacity (haze), corneal epithelial defects, and other ocular findings. Most adverse events resolved in the first month but continued in a few (1% to 6%) patients for 6 to 12 months. The evidence is sufficient to determine that the technology results in an improvement in the net health outcome.

The approval of Epioxa for epithelium-on corneal collagen cross-linking in patients with keratoconus was based on 2 sham-controlled RCTs (total N=592 eyes) that are summarized in the prescribing information but remain unpublished. Two RCTs showed a significant difference between corneal cross-linking and sham treatment in maximum corneal curvature, but visual acuity results are lacking. Both trials were prospective, randomized, parallel-group, sham procedure/vehicle-controlled trials (Study 1 [NCT03442751] and Study 2 [NCT05759559]), conducted to evaluate the safety and efficacy of epithelium-on corneal collagen cross-linking (CXL) using riboflavin 5'-phosphate ophthalmic solutions with UV-A irradiation and supplemental oxygen in patients with keratoconus.

In both trials, eligible eyes were randomized to receive CXL treatment or sham procedure/vehicle control in a 2:1 treatment allocation at the baseline visit. Aphakic patients and pseudophakic patients without a UV-blocking intraocular lens were excluded. Both eyes of a patient could be enrolled in the trial; however, one eye was treated first, and the second eye was treated between 1 week and 3 months after the first eye. Eyes were evaluated at 1 day, 3 days, 1 week, and 1, 3, 6, and 12 months post-treatment. Male and female patients were between 12 and 55 years of age with topographic and clinical evidence of KC. Key exclusion criteria included history of delayed epithelial healing in the eye to be treated, current condition that may interfere with or prolong epithelial healing, and history of any previous CXL procedure in eye to be treated.

In Study 1, eyes randomized to sham procedure/vehicle control were permitted to receive CXL treatment after month 6 and were followed an additional 6 months. The primary efficacy endpoint was at month 6 post-treatment and the secondary efficacy endpoint was at month 12 post-treatment. In Study 2, the primary efficacy endpoint was at month 12 post-treatment and the secondary efficacy endpoint was at month 6 post-treatment.

In Study 1, a total of 280 eyes of 201 patients were randomized into the trial, of which 279 eyes were treated: 189 eyes received CXL treatment and 90 eyes initially received sham procedure/vehicle control. A statistically significant treatment effect was demonstrated based on the difference in change from baseline in maximum corneal curvature (Kmax) between the CXL treatment group and sham procedure/vehicle control group; at month 6 treatment difference was -1.0 (95% CI [-1.5,-0.4],

p<0.01) and at month 12 treatment difference was -1.1 (95% CI [-1.6,-0.6], p<0.01). In a subgroup analysis of patients in this trial at month 6, younger patients (< 29 years) experienced a treatment effect of -2.0 D, as a combination of improvement in the CXL treatment arm (-0.7 D) and deterioration in the sham procedure/vehicle control arm (1.3 D). Older patients (≥ 29 years) did not experience improvement at month 6 in either arm.

In Study 2, a total of 312 eyes of 208 patients were randomized into the trial, of which 312 eyes were treated: 200 eyes received CXL treatment and 112 eyes received sham procedure/vehicle control. A statistically significant treatment effect was demonstrated at month 12, based on the difference in change from baseline in Kmax between the CXL treatment group and sham procedure/vehicle control group; treatment difference -1.0 (95% CI [-1.3, -0.6], p<0.01). In a subgroup analysis of patients in this trial at month 12, younger patients (< 30 years) experienced a treatment effect of -1.1 D, as a combination of improvement in the CXL treatment arm (-0.5 D) and deterioration in the sham procedure/vehicle control arm (0.5 D). Older patients (≥ 30 years) in the CXL treatment arm experienced comparable improvement (-0.6 D) as younger patients (-0.5 D); however, in the sham procedure/vehicle control arm, older patients (-0.0 D) did not deteriorate as much as younger patients (0.5 D). The most commonly reported adverse reaction in CXL-treated eyes was conjunctival hyperaemia (31%). Other adverse reactions occurring in 5% to 25% of CXL-treated eyes included: corneal opacity (haze), photophobia, punctate keratitis, eye pain, eye irritation, increased lacrimation, corneal epithelium defect, eyelid oedema, corneal striae, visual acuity reduced, dry eye, and anterior chamber flare.

Experience with epithelium-on CXL is limited and visual acuity results are lacking. It is unclear if long-term efficacy is equal to that of traditional CXL. The efficacy of repeat CXL procedures in the event of progression is unknown, as is the efficacy of traditional CXL in the event of failure or progression after an initial treatment with epithelium-on CXL.

Supplemental Information

Practice Guidelines and Position Statements

Guidelines or position statements will be considered for inclusion in 'Supplemental Information' if they were issued by, or jointly by, a US professional society, an international society with US representation, or National Institute for Health and Care Excellence (NICE). Priority will be given to guidelines that are informed by a systematic review, include strength of evidence ratings, and include a description of management of conflict of interest.

National Institute for Health and Care Excellence

In 2013, the NICE issued guidance on corneal collagen cross-linking using riboflavin and ultraviolet A, updating its guidance based on a 2009 systematic review of primarily low-quality evidence; review authors declared no financial conflicts of interest. The 2013 guidance stratified recommendations for corneal collagen cross-linking as follows:

"Most of the published evidence on photochemical corneal collagen cross-linkage using riboflavin and ultraviolet A (UVA) for keratoconus and relates to the technique known as 'epithelium-off corneal collagen cross-linking'. 'Epithelium-on (transepithelial) corneal collagen cross-linking' is a more recent technique and less evidence is available on its safety and efficacy. Either procedure (epithelium-off or epithelium-on corneal collagen cross-linking) can be combined with other interventions, and the evidence base for these combination procedures (known as 'corneal collagen cross-linking plus') is also limited. Therefore, different recommendations apply to the variants of this procedure, as follows.

1.1 Current evidence on the safety and efficacy of epithelium-off corneal collagen cross-linking for keratoconus is adequate in quality and quantity. Therefore, this procedure can be used provided that normal arrangements are in place for clinical governance, consent and audit.
1.2 Current evidence on the safety and efficacy of epithelium-on (transepithelial) corneal collagen cross-linking, and the combination (corneal collagen cross-linking plus) procedures for keratoconus is inadequate in quantity and quality. Therefore, these procedures should only be used with special arrangements for clinical governance, consent and audit or research."

U.S. Preventive Services Task Force Recommendations
Not applicable.

Medicare National Coverage
There is no national coverage determination. In the absence of a national coverage determination, coverage decisions are left to the discretion of local Medicare carriers.

Ongoing and Unpublished Clinical Trials
Some currently ongoing and unpublished trials that might influence this review are listed in Table 1.

Table 1. Summary of Key Trials

NCT No.	Trial Name	Planned Enrollment	Completion Date
Ongoing			
NCT07135167	Compassionate Use Study of Epi-ON Corneal Collagen Crosslinking Performed Using UVA Exposure on Eyes With Ectatic Corneal Diseases for Subjects With Down Syndrome	225	Feb 2026
NCT01112072	Randomized Study of Safety and Efficacy of Corneal Collagen	160	Dec 2025

NCT No.	Trial Name	Planned Enrollment	Completion Date
	Crosslinking and Intacs for Treatment of Keratoconus and Corneal Ectasia		
NCT03319082[a]	A Phase IV Observational Registry to Assess the Durability of Effect of Corneal Collagen Cross-linking With Photrexa Viscous, Photrexa, and the KXL System in Patients With Corneal Ectasia Following Refractive Surgery	200	Feb 2026
NCT01604135	Collagen Crosslinking for Keratoconus - a Randomized Controlled Clinical Trial	36	April 2025
NCT03760432	Clinical Trial of Laser Custom Corneal Collagen Cross-Linking in Keratoconus	100	Dec 2027
NCT00560651	German Corneal Cross-Linking Registry	7500	Nov 2027
Unknown			
NCT01708538[a]	Phase III Study of Corneal Collagen Cross-linking Using Two Different Techniques	30	Oct 2024
Unpublished			
NCT04213885	Safety and Effectiveness of the PXL Platinum 330 System for Corneal Collagen Cross-Linking in Eyes With Corneal Thinning Position	12	Aug 2024
NCT03531047	A Prospective, Controlled Study of Refractive Corneal Cross-linking for Progressive Keratoconus	53	Nov 2021

NCT: national clinical trial.
a Denotes industry-sponsored or cosponsored trial.
b Terminated to initiate FDA and IND-cleared study protocol.

References

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Policy History

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12/08/2011	Medical Policy Committee review
12/21/2011	Medical Policy Implementation Committee approval. New policy.
12/06/2012	Medical Policy Committee review
12/19/2012	Medical Policy Implementation Committee approval. No change to coverage.
11/07/2013	Medical Policy Committee review

11/20/2013	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
11/06/2014	Medical Policy Committee review
11/21/2014	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
08/03/2015	Coding update: ICD10 Diagnosis code section added; ICD9 Procedure code section removed.
10/29/2015	Medical Policy Committee review
11/16/2015	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
11/03/2016	Medical Policy Committee review
11/16/2016	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
01/01/2017	Coding update: Removing ICD-9 Diagnosis Codes
11/02/2017	Medical Policy Committee review
11/15/2017	Medical Policy Implementation Committee approval. Coverage changed from investigational to eligible for coverage. Added that corneal collagen cross-linking using riboflavin and ultraviolet A may be considered eligible for coverage as a treatment of progressive keratoconus and corneal ectasia after refractive surgery, Added that corneal collagen cross-linking using riboflavin and ultraviolet A is considered investigational for all other indications. Added Policy Guidelines section.
11/08/2018	Medical Policy Committee review
11/21/2018	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
01/01/2019	Coding update
11/07/2019	Medical Policy Committee review
11/13/2019	Medical Policy Implementation Committee approval. Coverage changes “or corneal ectasia after refractive surgery” removed from coverage statement and note added for clarity stating “The correction of refractive errors of the eye, including but not limited to radial keratotomy and laser surgery, are excluded from coverage under medical benefits on majority of member contracts. In addition, treatment of complications of non-covered services are also excluded from coverage. If it is determined that corneal ectasia was a complications of refractive surgery, request for corneal collagen cross-linking will be denied as not a covered benefit.”
05/07/2020	Medical Policy Committee review
05/13/2020	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
05/06/2021	Medical Policy Committee review
05/12/2021	Medical Policy Implementation Committee approval. Removed “in patients who have failed conservative treatment (e.g., spectacle correction, rigid contact lens)”

	from the eligible for coverage statement for corneal collagen cross-linking (CXL) using riboflavin and ultraviolet A (UVA) as a treatment of progressive keratoconus. Added a reference to Policy Guidelines in the eligible for coverage statement.
05/05/2022	Medical Policy Committee review
05/11/2022	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
05/04/2023	Medical Policy Committee review
05/10/2023	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
05/02/2024	Medical Policy Committee review
05/08/2024	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
05/01/2025	Medical Policy Committee review
05/13/2025	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
02/05/2026	Medical Policy Committee review
02/11/2026	Medical Policy Implementation Committee approval. When Services Are Eligible for Coverage section removed. Revised the coverage statement for corneal cross-linking (CXL) as a treatment of progressive keratoconus by using riboflavin and ultraviolet A (UVA). The corresponding coverage criteria was revised.

Next Scheduled Review Date: 2/2027

Coding

The five character codes included in the Louisiana Blue Medical Policy Coverage Guidelines are obtained from Current Procedural Terminology (CPT®)‡, copyright 2025 by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures performed by physician.

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Codes used to identify services associated with this policy may include (but may not be limited to) the following:

Code Type	Code
CPT	0402T, 66999
HCPCS	J2787 Add code effective 03/01/2026: J3490
ICD-10 Diagnosis	All Related Diagnoses

*Investigational – A medical treatment, procedure, drug, device, or biological product is Investigational if the effectiveness has not been clearly tested and it has not been incorporated into standard medical practice. Any determination we make that a medical treatment, procedure, drug, device, or biological product is Investigational will be based on a consideration of the following:

A. Whether the medical treatment, procedure, drug, device, or biological product can be lawfully marketed without approval of the U.S. Food and Drug Administration (FDA) and whether such approval has been granted at the time the medical treatment, procedure, drug, device, or biological product is sought to be furnished; or
B. Whether the medical treatment, procedure, drug, device, or biological product requires further studies or clinical trials to determine its maximum tolerated dose, toxicity, safety, effectiveness, or effectiveness as compared with the standard means of treatment or diagnosis, must improve health outcomes, according to the consensus of opinion among experts as shown by reliable evidence, including:
    1. Consultation with technology evaluation center(s);
    2. Credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community; or
    3. Reference to federal regulations.

**Medically Necessary (or "Medical Necessity") - Health care services, treatment, procedures, equipment, drugs, devices, items or supplies that a Provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

A. In accordance with nationally accepted standards of medical practice;
B. Clinically appropriate, in terms of type, frequency, extent, level of care, site and duration, and considered effective for the patient's illness, injury or disease; and
C. Not primarily for the personal comfort or convenience of the patient, physician or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

For these purposes, "nationally accepted standards of medical practice" means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, Physician Specialty Society recommendations and the views of Physicians practicing in relevant clinical areas and any other relevant factors.

‡ Indicated trademarks are the registered trademarks of their respective owners.

NOTICE: If the Patient's health insurance contract contains language that differs from the BCBSLA Medical Policy definition noted above, the definition in the health insurance contract will be relied upon for specific coverage determinations.

NOTICE: Medical Policies are scientific based opinions, provided solely for coverage and informational purposes. Medical Policies should not be construed to suggest that the Company recommends, advocates, requires, encourages, or discourages any particular treatment, procedure, or service, or any particular course of treatment, procedure, or service.

NOTICE: Federal and State law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage.

NOTICE: If an authorization for an ongoing course of treatment has been provided to a member and the member changes from one health plan to another health plan (e.g., a member moves from carrier A to Louisiana Blue), Louisiana Blue may honor the previous health plan's authorization for the same service under the same type of in-network benefit for a 90-day transition period. Documentation of the authorization for the ongoing course of treatment from the previous health plan must be provided to us by the member or their provider and the services provided for the course of treatment must otherwise be a covered service under the Louisiana Blue health plan. This provision does not apply to medications covered under the plan's pharmacy benefit.