



**BlueCross BlueShield  
of Illinois**

# Blue Cross and Blue Shield of Illinois Provider Manual

## HMO Scope of Benefits Section

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company,  
an Independent Licensee of the Blue Cross and Blue Shield Association

# Refractive Keratoplasty

## Benefit

Refractive Keratoplasty is a generic term encompassing a variety of surgical procedures performed on the cornea to improve vision by changing the refractive capability of the eye.

## Interpretation

Radial Keratotomy (RK) or Photorefractive Keratectomy (PRK) may be medically indicated for members with myopia (nearsightedness), who have all of the following:

- Correction of less than 7.0 diopters for RK or 12.0 diopters for PRK
- Less than 0.5 diopter change within the last year
- Some clinical condition that precludes the use of eyeglasses and contact lenses

Keratomilusis, keratophakia, or epikeratoplasty may be medically indicated for members:

- Who are aphakic and
- Who cannot have an intraocular lens implant and
- Who are intolerant to contact lenses

These procedures are not in benefit for correction of refractive problems.

Members may have additional benefits or discounts for related procedures (including LASIK) under their Vision Coverage.

<b>Paid by</b>	Professional Charges	<b>IPA</b>
	Inpatient and/or Outpatient Surgical Facility Charges	<b>HMO</b>