

Intraocular Lens Implant

Date of Origin: 04/2008

Last Review Date: 10/23/2024

Effective Date: 11/01/2024

Dates Reviewed: 04/2009, 02/2011, 02/2012, 12/2012, 11/2013, 11/2014, 11/2016, 10/2017, 10/2018, 10/2019, 10/2020, 10/2021, 09/2022, 10/2023, 10/2024

Developed By: Medical Necessity Criteria Committee

I. Description

Aphakia is the absence of lens in the eye. It may occur congenitally or from trauma but is mostly caused by the extraction of a cataract. The lens is generally replaced after cataract surgery with an intraocular lens (IOL) implantation. Intraocular lenses (of any type) are designed to replace the defective (e.g., traumatized, cataracts, or other disease) human crystalline lens. The IOL is usually inserted during the same surgery as the natural lens is removed. At times, the IOL may be inserted later in a secondary, separate operation.

There are several types of intraocular lenses that are currently used:

Conventional Intraocular Lens (IOL)

A conventional intraocular lens (IOL) is a small, lightweight clear disk that replaces the eye's natural lens. The use of conventional IOL causes presbyopia. Presbyopia is when the eye cannot focus clearly on objects at varying distances (near and far).

Presbyopia Correcting and Accommodative Intraocular Lens (IOL)

Presbyopia-correcting intraocular lens (P-IOL), otherwise known as an accommodative intraocular lens (A-IOL), can provide the same results in correcting presbyopia as a conventional IOL used with eyeglasses or contact lenses.

Astigmatism Correcting Intraocular Lens (A-C IOL)

An astigmatism-correcting intraocular lens (A-C IOL) can provide the same results in correcting astigmatism as a conventional IOL used with eyeglasses or contact lenses.

II. Criteria: CWQI HCS-0043

- A. Moda Health will cover a conventional IOL to plan limitations following cataract surgery
- B. Moda Health does NOT cover presbyopia correcting IOLs (V2788) and astigmatism correcting IOLs (V2787) or any other IOL that alters the refractive character of the eye. Surgery to alter the refractive character of the eye is typically not a covered benefit. Check specific plan benefits.

III. Information Submitted with the Prior Authorization Request:

1. Medical records including planned surgery

IV. CPT or HCPC codes covered:

Codes	Description
V2630	Anterior chamber intraocular lens
V2631	Iris supported intraocular lens
V2632	Posterior chamber intraocular lens
V2797	Vision supply, accessory, and/or service component of another HCPCS vision code

V. CPT or HCPC codes NOT covered:

Codes	Description
V2787	Astigmatism correcting function of intraocular lens
V2788	Presbyopia correcting function of intraocular lens

VI. Annual Review History

Review Date	Revisions	Effective Date
12/2012	Annual Review: Added table with review date, revisions, and effective date.	01/01/2013
11/13	Annual Review: No changes	11/27/2013
12/2014	Annual Review: No changes	12/3/2014
11/2016	Annual Review: Added ICD-10, HCPC codes	11/30/2016
10/2017	Annual Review: No change	10/25/2017
10/2018	Annual Review	10/25/2018
10/2019	Annual Review: No changes	11/01/2019
10/2020	Annual Review: No changes	11/02/2020
10/2021	Annual Review: Removed 'cost alternative' wording	11/1/2021
09/2022	Annual Review: No changes	10/1/2022
10/2023	Annual Review: No changes	11/1/2023
10/2024	Annual Review: No changes	11/1/2024

VII. References

1. Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) for intraocular lenses (IOLs) (80.12). Accessed October 2023 at: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ncd103c1_Part1.pdf

2. Menapace R, Findl O, Kriechbaum K, et al. Accommodating intraocular lenses: a critical review of present and future concepts. Graefes Arch Clin Exp Ophthalmol. 2007 Apr;245(4):473-89.
3. Mendicute J, Irigoyen C, Aramberri J, et al. Foldable toric lens for astigmatism correction in cataract patients. J Cataract Refract Surg. 2008 Apr;34(4):601-7.
4. Tonekaboni K, Whitsett AJ. The IOL horizon: accommodative intraocular lenses. Optometry. 2005 Mar;76(3):185-90.
5. American Academy of Ophthalmology. Cataract in the adult eye. Preferred practice pattern. ©2006. American Academy of Ophthalmology®. Accessed July 21, 2009. Available at URL address: <http://www.aao.org/aao/education/library/ppp/upload/Cataract-in-the-Adult-Eye.pdf>
6. Physician Advisors

Appendix 1 – Applicable Diagnosis Codes:

Codes	Description
H25.011 - H26.9	Cataract
Q12.0	Congenital cataract
Q13.3	Congenital corneal opacity

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD):

Jurisdiction(s): 5, 8	NCD/LCD Document (s):
	CMS National Coverage Determination (NCD) for intraocular lens (IOLs) (80.12)
	https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=239&ncdver=1&DocID=80.12&kq=true&bc=gAAAABAAAAAAAA%3d%3d&

NCD/LCD Document (s):

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC