



PARAMOUNT

ADVANTAGE | ELITE | HMO  
INDIVIDUAL MARKETPLACE |  
PROMEDICA MEDICARE  
PLAN | PPO

# Intraocular Lens Implant

Policy Number: PG0063

Last Review: 04/21/2021

## GUIDELINES

**This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder terms, conditions, exclusions and limitations contract. It does not constitute a contract or guarantee regarding coverage or reimbursement/payment. Self-Insured group specific policy will supersede this general policy when group supplementary plan document or individual plan decision directs otherwise.**

**Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards.**

**This medical policy is solely for guiding medical necessity and explaining correct procedure reporting used to assist in making coverage decisions and administering benefits.**

## SCOPE

Professional

Facility

## DESCRIPTION

Intraocular lens (IOL) implants are lenses used to replace the existing natural lens of the eye and are used to treat aphakia. Aphakia is the absence of the natural lens which may result from extraction of the lens (.e.g., cataract surgery), penetrating trauma, or from congenital conditions. Procedures for which IOLs are commonly implanted include cataract surgery and clear lens extraction for the correction of refractive errors. Posterior chamber IOLs are most commonly used although an iris supported or anterior chamber lens may also be used. Other conditions for which IOLs may be implanted include anisometropia that is uncorrectable with the use of eyeglasses or contacts, subluxation, or a displacement of the lens.

Monofocal IOLs are considered the standard lens for replacement and usually require corrective lenses or eyeglasses after surgery for reading, near vision tasks and correction of astigmatism. However, various types of intraocular lens implants are available and now include presbyopia correcting IOLs (i.e., multifocal and pseudoaccommodating). Presbyopia correcting IOLs are intended to reduce the need for eyeglasses or contact lenses that are commonly needed to provide near, intermediate, and distant vision after a standard monofocal IOL is inserted.

Presbyopia correcting lenses such as multifocal and pseudo accommodative intraocular lenses (IOLs), with or without deluxe features, have been considered an alternative to monofocal lenses, with the intent of reducing one's dependence on eyeglasses, particularly following cataract removal. Evidence in the published, peer-reviewed scientific literature generally supports improved visual acuity in near, intermediate and distant fields; resulting in a decreased need for eyeglasses with the use of these lenses. Long-term safety, efficacy and durability, particularly for the accommodating IOL, have not been demonstrated in the medical literature. Generally, IOLs intended primarily for reducing an individual's dependence on eyeglasses following cataract removal and for other aphakic conditions are not considered medically necessary. Monofocal IOLs are the standard treatment for replacement of the crystalline lens during cataract surgery. Intraocular lens replacement for the treatment of presbyopia (e.g., clear lens extraction) and other refractive correction is considered not medically necessary.

## POLICY

**HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan, Advantage**

**Standard monofocal intraocular lens implants (C1780, V2630, V2631, & V2632) do not require prior authorization.**

**Premium intraocular lens implants (Q1004, Q1005, S0596, V2787, V2788) are non-covered.**

**Members who meet criteria for IOL placement and opt to use premium IOLs are responsible, based upon their benefit, for any cost above the allowable rate for standard monofocal IOLs. The member is responsible for payment of that portion of the hospital or ambulatory surgery center (ASC) charge for the procedure that exceeds the facility's usual charge for cataract extraction and insertion of a standard monofocal IOL following cataract surgery, as well as any fees that exceed the physician's usual charge to perform a cataract extraction with insertion of a standard monofocal IOL.**

## **COVERAGE CRITERIA**

### **HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan, Advantage**

Coverage for services for or related to routine refraction and the surgical treatment of refractive errors is specifically excluded under many benefit plans. Please refer to the applicable benefit plan document to determine benefit availability, and the terms and conditions of coverage.

Paramount covers a standard monofocal intraocular lens (IOL) implant as medically necessary for ANY of the following conditions:

- following cataract extraction, due to the natural crystalline lens of the eye when the natural lens becomes cataractous; or
- trauma to the eye which has damaged the lens; or
- congenital cataract; or
- congenital aphakia; or
- lens subluxation/displacement; or
- anisometropia of 3 diopters or greater, and uncorrectable vision with the use of glasses or contact lenses

Coverage for cataract extraction and cataract extraction with intraocular lens implant is based on services that are reasonable and medically necessary for the treatment of members who have a cataract, and who meet all of the following criteria:

- Decreased ability to carry out activities of daily living including (but not limited to): reading, watching television, driving, or meeting occupational or vocational expectations; and
  - The member has a best corrected visual acuity of 20/50 or worse at distant or near; or additional testing shows one of the following:
    - Consensual light testing decreases visual acuity by two lines, or
    - Glare testing decreases visual acuity by two lines
  - The member has determined that he/she is no longer able to function adequately with the current visual function; and
  - Other eye disease(s) including, but not limited to macular degeneration or diabetic retinopathy, have been ruled out as the primary cause of decreased visual function; and
  - Significant improvement in visual function can be expected as a result of cataract extraction
- Cataract extraction may be covered when an unimpeded view of the fundus is mandatory for proper management of patients with diseases of the posterior segment of the eye(s).
- Cataract extraction may be covered during vitrectomy procedures if it is determined that the lens interferes with the performance of the surgery for far peripheral vitreoretinal dissection and excision of the vitreous base, as in cases of proliferative vitreoretinopathy, complicated retinal detachments, and severe proliferative diabetic retinopathy.
- For members with a best-corrected visual acuity of 20/40 or better, cataract extraction will be considered if all other criteria have been met and there is substantial documentation of the medical necessity of the procedure for that member.

Presbyopia-correcting IOLs (V2788) and astigmatism-correcting IOLs (V2787), which includes New Technology Intraocular lens, are not covered. Paramount does not cover ANY of the following classes of premium intraocular

lens implants for ANY indication, including aphakia, because each is intended to reduce the need for reading glasses and thus considered a convenience item and not medically necessary. In addition, many plans exclude the surgical treatment for the correction of a refractive error; therefore, these lenses and their implantation are not covered under many health benefit plans (this list may not be all-inclusive):

- presbyopia correcting IOL (e.g., Array® Model SA40, ReZoom™, AcrySof® ReStor®, TECNIS® Multifocal IOL, Tecnis Symphony and Tecnis SymphonyToric, TRULIGN, Toric IO, Crystalens Aspheric Optic™)
- astigmatism correcting IOL (e.g., AcrySof IQ Toric IOL (Alcon) and Tecnis Toric Aspheric IOL)
- phakic IOL (e.g., ARTISAN®, STAR Visian ICL™)

Paramount does not cover a clear lens extraction intraocular lens implant (i.e., toric, monofocal IOL, multifocal IOL, extended depth of focus (EDOF) or accommodating IOL, not all-inclusive) for the correction of refractive error because it is considered not medically necessary.

## REPLACEMENT

Paramount covers replacement of a medically necessary intraocular lens implant when anatomical change, inflammatory response or mechanical failure renders a previously implanted intraocular lens ineffective or nonfunctional.

## CODING/BILLING INFORMATION

The inclusion or exclusion of a code in this section does not necessarily indicate coverage. Codes referenced in this clinical policy are for informational purposes only.

Codes that are covered may have selection criteria that must be met.

Payment for supplies may be included in payment for other services rendered.

CPT CODES	
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g., iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amylogenic developmental stage
66983	Extracapsular cataract extraction with insertion of intraocular lens prosthesis (1 stage procedure)
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification)
66985	Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal
66986	Exchange of intraocular lens
66987	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one-stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g., iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with endoscopic cyclophotocoagulation (Effective 1/1/2020)
66988	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one-stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation (Effective 1/1/2020)
HCPCS CODES	
C1780	Lens, intraocular (new technology)
Q1004	New technology intraocular lens category 4 as defined in Federal Register notice
Q1005	New technology intraocular lens category 5 as defined in Federal Register notice
S0596	Phasic intraocular lens for correction of refractive error
V2630	Anterior chamber intraocular lens
V2631	Iris supported intraocular lens
V2632	Posterior chamber intraocular lens

<b>V2787</b>	Astigmatism correcting function of intraocular lens
<b>V2788</b>	Presbyopia correcting function of intraocular lens

Paramount reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to <https://www.paramounthealthcare.com/services/providers/medical-policies/> .

## REVISION HISTORY EXPLANATION

**ORIGINAL EFFECTIVE DATE: 02/01/2006**

Date	Explanation & Changes
<b>03/30/07</b>	<ul style="list-style-type: none"> <li>No change</li> </ul>
<b>03/30/08</b>	<ul style="list-style-type: none"> <li>Updated verbiage</li> </ul>
<b>04/15/09</b>	<ul style="list-style-type: none"> <li>Updated verbiage</li> </ul>
<b>04/27/12</b>	<ul style="list-style-type: none"> <li>No changes</li> </ul>
<b>10/13/15</b>	<ul style="list-style-type: none"> <li>Changed title from Intraocular Lens Implant for Astigmatism or Presbyopia to Intraocular Lens Implant</li> <li>Added codes C1780, Q1004, Q1005, S0596 as non-covered</li> <li>Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee</li> </ul>
<b>04/10/18</b>	<ul style="list-style-type: none"> <li>Members who meet criteria for IOL placement and opt to use premium IOLs are responsible, based upon their benefit, for any cost above the allowable rate for standard confocal IOLs</li> <li>Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee</li> </ul>
<b>12/14/2020</b>	<ul style="list-style-type: none"> <li>Medical policy placed on the new Paramount Medical Policy Format</li> </ul>
<b>04/21/2021</b>	<ul style="list-style-type: none"> <li>Policy reviewed and updated to reflect most current clinical evidence</li> <li>No changes in coverage criteria</li> <li>Added codes 66987 and 66988</li> </ul>

## REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Ohio Department of Medicaid

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

Hayes, Inc.

Industry Standard Review