GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

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 pseudoaccommodative 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

**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.

**HMO, PPO, Individual Marketplace, Elite, 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
• trauma to the eye which has damaged the lens
• congenital cataract
• congenital aphakia
• lens subluxation/displacement
• anisometropia of 3 diopters or greater, and uncorrectable vision with the use of glasses or contact lenses

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 ZM900, Crystallens™ Model AT-45, Crystallens HD™, Crystallens Aspheric Optic™)
• astigmatism correcting IOL (e.g., Toric IOLs)
• phakic IOL (e.g., ARTISAN®, STAR Visian ICL™)

Paramount does not cover a clear lens extraction intraocular lens implant (i.e., monofocal IOL, multifocal IOL, or accommodating IOL) 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 appearance of a code in this section does not necessarily indicate coverage. 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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>66982</td>
<td>Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage</td>
</tr>
<tr>
<td>66983</td>
<td>Intracapsular cataract extraction with insertion of intraocular lens prosthesis (1 stage procedure)</td>
</tr>
<tr>
<td>66984</td>
<td>Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification)</td>
</tr>
<tr>
<td>66985</td>
<td>Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal</td>
</tr>
<tr>
<td>66986</td>
<td>Exchange of intraocular lens</td>
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</tbody>
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HCPCS CODES

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>C1780</td>
<td>Lens, intraocular (new technology)</td>
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<tr>
<td>Q1004</td>
<td>New technology intraocular lens category 4 as defined in Federal Register notice</td>
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<tr>
<td>Q1005</td>
<td>New technology intraocular lens category 5 as defined in Federal Register notice</td>
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<tr>
<td>S0596</td>
<td>Phakic intraocular lens for correction of refractive error</td>
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<tr>
<td>V2630</td>
<td>Anterior chamber intraocular lens</td>
</tr>
<tr>
<td>V2631</td>
<td>Iris supported intraocular lens</td>
</tr>
<tr>
<td>V2632</td>
<td>Posterior chamber intraocular lens</td>
</tr>
<tr>
<td>V2787</td>
<td>Astigmatism correcting function of intraocular lens</td>
</tr>
<tr>
<td>V2788</td>
<td>Presbyopia correcting function of intraocular lens</td>
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</tbody>
</table>

REVISION HISTORY EXPLANATION

03/30/07: No change
03/30/08: Updated verbiage
04/15/09: Updated verbiage
04/27/12: No changes
10/13/15: Changed title from Intraocular Lens Implant for Astigmatism or Presbyopia to Intraocular Lens Implant. Added codes C1780, Q1004, Q1005, S0596 as non-covered. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

04/10/18: 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. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

REFERENCES/RESOURCES
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid [http://jfs.ohio.gov/](http://jfs.ohio.gov/)
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Industry Standard Review
Hayes, Inc.