

MedStar Health, Inc.

POLICY AND PROCEDURE MANUAL

Policy Number: MP.009.MH
Last Review Date: 02/04/2016
Effective Date: 03/01/2016
Renewal Date: 02/01/2017

MP.009.MH – Presbyopia Correcting Intraocular Lenses (PIOLs) and Astigmatism Correcting Intraocular Lenses (ACIOLs)

This policy applies to the following lines of business:

- ✓ MedStar Employee (Select)
- ✓ MedStar MA – DSNP – CSNP
- ✓ MedStar CareFirst PPO

MedStar Health considers Presbyopia Correcting Intraocular Lenses (PIOLs) and Astigmatism Correcting Intraocular Lenses (ACIOLs) medically necessary for the following indications:

1. Conventional IOLs during cataract surgery. If the member requests A-CIOLs or PIOLs, MedStar Health will pay the portion of the lens cost equal to the cost of IOLs. The additional costs of the specialty lenses will be the responsibility of the member. MedStar Health will pay for insertion of the lenses.
2. The physician charges (for office procedures) will also be paid as the same level as the conventional IOLs.

Limitations

The additional cost of the PIOLs or A-CIOLs (where it exceeds the cost of IOLs) is not covered and the member assumes responsibility for the additional expenses.

Background Cataracts cloud the natural lens of the eye, leading to vision loss, and are a result of normal aging. There are approximately 3 million surgeries for cataract removal and replacement with an artificial intraocular lens (IOL) annually in the United States.

Presbyopia-correcting IOLs (PIOLs) provide near, intermediate, and distance vision without the need for eyeglasses and contact lenses following cataract surgery. Similarly, ACIOL provide correction and/or compensate for the imperfect curvature of the cornea (astigmatism).

The Centers for Medicare and Medicaid Services (CMS) announced the intent to provide beneficiaries with the choice to receive PIOLs when they have cataract surgery. In addition, in January 2007, CMS ruled that members with astigmatism can receive ACIOLs during cataract surgery.

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The following non-inclusive list of manufacturers are recognized by CMS as resources for PIOLs:

- Cyrstalens™ by Eyeonics, Inc.
- AcrySof RESTOR™ by Alcon, Inc.
- ReZoom™ by Advanced Medical Optics Inc.

ACIOLs:

- Acrysof® Toric IOL (models SN60TS, SN60T4 and SN60T5) manufactured by Alcon Labs, Inc.
- Silicon 2P Toric IOL (models AA4203TF and AA4203TL) manufactured by STARR Surgical

Codes:

CPT Codes	
Code	Description
66982	<i>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.</i>
66983	<i>Intracapsular cataract extraction with insertion of intraocular lens prosthesis (1 stage procedure).</i>
66984	<i>Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure) manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification).</i>
HCPCS codes covered if selection criteria are met (If Appropriate):	
V2630	Anterior chamber intraocular lens
V2631	Iris supported intraocular lens
V2632	Posterior chamber intraocular lens
Applicable Coding for PIOL and A-CIOL additional costs are not covered:	
HCPCS covered at cost of regular IOL:	
V2787	Astigmatism - correcting function of intraocular lens

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V2788	Presbyopia - correcting function of intraocular lens. (PIOLs)
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Disclaimer:

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MedStar Health medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of MedStar Health and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

MedStar Health reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

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