

Premier Health Insuring Corporation

POLICY AND PROCEDURE MANUAL

Policy Number: MP.009.PC
Last Review Date: 11/12/2015
Effective Date: 01/01/2016
Renewal Date: 01/01/2017

MP.009.PC - Presbyopia Correcting Intraocular Lenses (PIOLs) and Astigmatism Correcting Intraocular Lenses (ACIOLs)

This policy applies to the following line(s) of business:

- ✓ Premier Health Insuring Corporation MA – DSNP

Premier Health Insuring Corporation 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 ACIOLs or PIOLs, [client] 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. [client] 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 ACIOLs (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.

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

- Crystallens™ by Eyeonics, Inc.



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- 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	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.
66983	Intracapsular cataract extraction with insertion of intraocular lens prosthesis (one stage procedure).
66984	Extracapsular cataract extraction with insertion of intraocular lens prosthesis (one stage procedure) manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification).
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 ACIOL additional costs are not covered:	
HCPCS covered at cost of regular IOL:	
V2787	Astigmatism - correcting function of intraocular lens
V2788	Presbyopia - correcting function of intraocular lens. (PIOLs)

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<http://one.aao.org/summary-benchmark-detail/cataract-in-adult-eye-summary-benchmark--october-2>
2. Ang RE, Martinez GA, Cruz EM, et al. Prospective evaluation of visual outcomes with three presbyopia-correcting intraocular lenses following cataract surgery. Clin Ophthalmol. 2013;7:1811-1823. doi: 10.2147/OPHTH.S49848. Epub 2013 Sep 17. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3788698/>
3. Center for Medicare and Medicaid Services (CMS). Medicare Learning Network (MLN) Matters, MM#5527-Revised. Transmittal CR#1228CP. Instructions for Implementing the CMS Ruling CMS-1536-R; Astigmatism-Correcting Intraocular Lens (A-C IOLs). Revised: 04/10/2008. Updated: 08/27/2012.
<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM5527.pdf>
4. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD) No L35091 – Cataract Extraction (including Complex Cataract Surgery). (Contractor: Novitas Solutions, Inc.) Revision Effective Date: 10/01/2015. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=35091&ContrlId=321&ver=6&ContrVer=1&Date=&DocID=L35091&bc=iAAAAAaGAAAAAAA%3d%3d&>
5. Centers for Medicare and Medicaid Services (CMS). Medicare Learning Network (MLN) Matters No. MM6630-Revised. : Transmittal R5460TN: Ambulatory Surgical Center Payment Indicator (ASCPI) File Error; and Reiteration of Centers for Medicare and Medicaid Services (CMS) Policy Regarding Beneficiary Liability for V2787 and V2788. Effective Date: 01/01/2009. Updated: 08/07/2012.
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6630.pdf>
6. Centers for Medicare and Medicaid Services (CMS). Medicare Learning Network-Provider Inquiry Assistance (Related to MLN Matters Article # MM5527-Revised): Instructions for Implementing the Centers of Medicare & Medicaid Services (CMS) Ruling 1536-R; Astigmatism-Correcting Intraocular Lens (A-C IOLs), Posted April 30, 2007. <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/JA5527.pdf>
7. Centers for Medicare and Medicaid Services (CMS). Medicare Learning Network (MLN) Matters No. MM3927: Transmittal # 636: Implementation of the Centers for Medicare & Medicaid Services (CMS) Ruling 05-01 Regarding Presbyopia-Correcting Intraocular Lenses (IOLs) for Medicare Beneficiaries. Implemented September 6, 2005.
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Transmittals-

[Items/CMS043699.html?DLPage=1&DLFilter=IOLs&DLSort=4&DLSortDir=descending](http://www.cms.gov/medicare-coverage-database/details/ncd-items/CMS043699.html?DLPage=1&DLFilter=IOLs&DLSort=4&DLSortDir=descending)

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Disclaimer:

Premier Health Insuring Corporation medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence

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the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of Premier Health Insuring Corporation 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.

Premier Health Insuring Corporation 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.

These policies are the proprietary information of Evolent Health. Any sale, copying, or dissemination of said policies is prohibited.