

Intraocular Lenses (IOLs) (NCD 80.12)

Policy Number	80.12	Approved By	UnitedHealthcare Medicare Reimbursement Policy Committee	Current Approval Date	05/14/2014
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IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy. This information is intended to serve only as a general resource regarding UnitedHealthcare's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee's benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to services reported using the Health Insurance Claim Form CMS-1500 or its electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its

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electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians, and other health care professionals.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated. CPT codes and descriptions are copyright 2010 American Medical Association (or such other date of publication of CPT). All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS restrictions apply to Government use. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Current Dental Terminology (CDT), including procedure codes, nomenclature, descriptors, and other data contained therein, is copyright by the American Dental Association, 2002, 2004. All rights reserved. CDT is a registered trademark of the American Dental Association. Applicable FARS/DFARS apply.

Summary

Overview

An intraocular lens, or pseudophakos, is an artificial lens which may be implanted to replace the natural lens after cataract surgery.

Reimbursement Guidelines

Intraocular lens implantation services, as well as the lens itself, may be covered if reasonable and necessary for the individual. Implantation services may include hospital, surgical, and other medical services, including pre-implantation ultrasound (A-scan) eye measurement of one or both eyes.

CPT/HCPCS Codes

Code	Description
C1780	Lens, intraocular (new technology)
C1840	Lens, intraocular (telescopic) (See Ocular Telescope RP # OCT09262012RP: Effective 07/01/2012)
V2630	Anterior chamber intraocular lens
V2631	Iris supported intraocular lens
V2632	Posterior chamber intraocular lens
V2787	Astigmatism correcting function of intraocular lens (Not covered by Medicare)
V2788	Presbyopia correcting function of intraocular lens (Not covered by Medicare)
0308T	Insertion of ocular telescope prosthesis including removal of crystalline lens (See Ocular Telescope RP # OCT09262012RP: Effective 07/01/2012) (Effective on or after July 1, 2012)
Q1004	New technology, intraocular lens, category 4 as defined in Federal Register notice (Not covered by Medicare)
Q1005	New technology, intraocular lens, category 5 as defined in Federal Register notice (Not covered by Medicare)

References Included (but not limited to):

CMS NCD

NCD 80.12 Intraocular Lenses (IOLs)

CMS LCD(s)

Numerous LCDs

CMS Article

One Article

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CMS Benefit Policy Manual

Chapter 6; § 10 Medical and Other Health Services Furnished to Inpatients of Participating Hospitals

Chapter 14; § 10 Coverage of Medical Devices

Chapter 15; § 30.4 Optometrist's Services, § 120 Prosthetic Devices, § 260.2 Ambulatory Surgical Center Services

CMS Claims Processing Manual

Chapter 4; § 240.3 Implantable Prosthetic Devices

Chapter 14; § 40-40.3 Payment for Ambulatory Surgery; § 40.9 Payment and Coding for Presbyopia Correcting IOLs (P-C IOLs) and Astigmatism Correcting IOLs (A-C IOLs)

Chapter 20; § 10.1.2 Prosthetic Devices – Coverage Definition, § 10.1.3 Prosthetics and Orthotics (Leg, Arm, Back, and Neck Braces, Trusses, and Artificial Legs, Arms, and Eyes) - Coverage Definition, § 30.4 Other Prosthetic and Orthotic Devices

Chapter 32; § 120 Presbyopia-Correcting (P-C IOLS) and Astigmatism-Correcting Intraocular Lenses (A-C IOLs) (General Policy Information)

CMS Transmittals

Transmittal 2837, Change Request 8523, Dated 12/13/2013 (Change to the Reasonable Charge Update for 2014 for Splints, Casts and Certain Intraocular Lenses)

Transmittal 2861, Change Request 8565, Dated 1/24/2014 (2014 Durable Medical Equipment Prosthetics, Orthotics, and Supplies Healthcare Common Procedure Coding System (HCPCS) Code Jurisdiction List)

UnitedHealthcare Medicare Advantage Coverage Summaries

Vision Services, Therapy and Rehabilitation

UnitedHealthcare Reimbursement Policies

Category III CPT Codes

Ocular Telescope

MLN Matters

Article MM4184, Instructions for Reporting New HCPCS Code V2788 for Presbyopia-Correcting Intraocular Lenses (PC-IOLs)

Article MM5527, Instructions for Implementing the Centers for Medicare & Medicaid (CMS) Ruling CMS 1536-R; Astigmatism-Correcting Intraocular Lens (A-C IOLs)

Article MM5853, Use of Healthcare Common Procedure Coding System (HCPCS) V2787 When Billing Approved Astigmatism-Correcting Intraocular Lens (A-C IOLs) in Ambulatory Surgery Centers (ASCs), Physician Offices, and Hospital Outpatient Departments (HOPDs)

Others

CMS Recognized P-C IOLS and A-C IOLs, Cms Website

MLN Medicare Vision Services Face Sheet (December, 2012), CMS Website

History

Date	Revisions
09/17/2014	Removed all GA/GY modifier language from document
05/14/2014	Administrative updates
07/10/2013	Administrative updates