

Medical Coverage Policy | Multifocal and Accommodating Intraocular Lens



EFFECTIVE DATE: 10/01/2004
POLICY LAST UPDATED: 08/20/2013

OVERVIEW

This policy describes medical criteria for coverage of implanted replacement lenses following cataract surgery to improve visual acuity which will eliminate the need of additional eyeglasses for reading rather than the conventional lenses which require eyeglasses for reading.

PRIOR AUTHORIZATION

Prior authorization is not required.

POLICY STATEMENT

BlueCHiP for Medicare and Commercial products:

Multifocal/accommodating intraocular lenses are not covered following cataract surgery as there are no medical advantages of multifocal/accommodating lenses over standard intraocular lenses. However, members may request the insertion of Presbyopia Correcting Intraocular Lenses or Astigmatism-Correcting Intraocular Lenses instead of a standard IOL following removal of a cataract and will be responsible for any additional cost of the P-C IOL including physician services required to monitor a patient receiving a presbyopia-correcting IOL. For example, eye examinations performed to determine the refractive state of the eyes following insertion of a presbyopia-correcting IOL.

MEDICAL CRITERIA

None

BACKGROUND

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.

The current cataract procedure of choice is an extracapsular technique (removal of only the lens) with implantation of a posterior chamber (behind the iris) intraocular lens (IOL) within the capsular bag. Replacement of the lens restores optical focusing power lost by removal of the natural crystalline lens. The choice of IOL is dependent on physician recommendation and the visual needs of each individual patient. Monofocal IOLs are considered the standard lens for replacement and usually require corrective lenses or eyeglasses after surgery for reading and near vision tasks. 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.

Multifocal IOLs are designed to provide distance and near vision simultaneously and offer multiple focal points within the IOL. They are considered an optional lens for patients in need of cataract surgery and may be classified as refractive or diffractive, depending on the technology of the lens. Diffractive lenses act similar to a bifocal; refractive lenses apply differing refractive powers to concentric portions of the lens. In general, this multifocal lens structure focuses light rays from both distance and near. The lens does not restore good intermediate vision. Despite the improvement in near vision adverse events associated with these lenses include increased glare and halos at night, variable loss of clarity, and loss of low-contrast acuity. Individuals should be counseled regarding potential adverse events and effects on overall quality of life.

Various multifocal lenses have been approved by the FDA within the last few years and include but are not limited to the following:

- Array® Model SA40 (Advanced Medical Optics [AMO], Santa Ana, CA) with multifocal rings/zones
- ReZoom™ (AMO) (a second generation lens to the Array) with Balanced View Optics™ technology distributing light over five optic zones
- AcrySof® ReStor® (Alcon Surgical, Fort Worth, TX) an apodized diffractive lens
- Tecnis ZM900 and ZMAOO (AMO, Santa Ana, CA), a multifocal aspheric IOL

More recently, presbyopia correcting lenses (i.e., multifocal, pseudoaccommodating) with or without additional features (e.g., toric, aspheric, ultraviolet protection), have been developed to improve visual acuity and may be referred to as premium IOLs. Multifocal IOLs offer both distant and near vision. The pseudoaccommodating IOLs, offer near, intermediate and distant vision. Overall, the intent of multifocal and pseudoaccommodating lenses is to provide distant to near vision capability when compared to the use of a monofocal IOL, and to reduce dependence on eyeglasses following cataract surgery.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for applicable Eyeglass and Contact Lenses coverage.

CODING

The following CPT codes are for the removal of a cataract with IOL insertion which are covered for BlueCHiP for Medicare and Commercial products:

66982

66983

66984

The following HCPCS code for a standard (monofocal) IOL is covered for BlueCHiP for Medicare and Commercial products.

V2632 posterior chamber intraocular lens

The following codes are not covered for BlueCHiP for Medicare and Commercial products. However, if a member requests one of these lenses following cataract extractions then payment is allowed up to the cost of standard intraocular monofocal lenses. The member is responsible for the difference in cost for lenses and any special services related to those lenses:

V2787 Astigmatism correcting function of intraocular lens

V2788 Presbyopia correcting function of intraocular lens

RELATED POLICIES

Therapeutic Eyeglasses and Contact Lenses

PUBLISHED

Provider Update	Nov 2013
Provider Update	Jun 2012
Provider Update	Jul 2011
Provider Update	Jun 2010
Provider Update	Jul 2009
Policy Update	May 2008
Policy Update	Apr 2007
Policy Update	Nov 2005
Policy Update	Oct 2004

REFERENCES

Centers for Medicare and Medicaid Services: Medicare Claims Processing Manual Chapter 14 Ambulatory Surgical Centers Sec. 40.9

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c14.pdf> Accessed 7/19/2013

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