

Intraocular Lenses (IOLS)

[For the list of services and procedures that need preauthorization, please refer to www.mcs.com.pr. Go to “Comunicados a Proveedores”, and click “Cartas Circulares”.]

Medical Policy:	MP-DME-05-10
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This policy applies to products subscribed by the following corporations, MCS Life Insurance Company (Commercial), and MCS Advantage, Inc. (Classicare) and Medical Card System, Inc., provider’s contract; unless specific contract limitations, exclusions or exceptions apply. Please refer to the member’s benefit certification language for benefit availability. Managed care guidelines related to referral authorization, and precertification of inpatient hospitalization, home health, home infusion and hospice services apply subject to the aforementioned exceptions.

DESCRIPTION

A cataract is defined as any opacity of the human lens, ranging from a small local opacity to a diffuse loss of transparency. A clinically significant cataract results in a significant loss of visual acuity and/or significant functional impairment. Typical symptoms of cataract include cloudy or blurred vision, increased problems with glare, reduced color perception, diplopia (double vision), flashes and/or floaters, and/or poor night vision. The most common cause of visually disabling cataract is aging of the human lens; however, a cataract can also be a result of hereditary factors, diabetes, trauma, inflammation, radiation, or a congenital defect. In most developed countries, including the United States, the principal treatment course for visually disabling uncomplicated cataract is lens extraction with IOL implantation (performed almost exclusively on an outpatient basis), thus making cataract one of the most treatable ocular diseases.

A conventional Intraocular Lens (IOL) is a small, lightweight, clear disk that replaces the distance focusing power of the eye’s natural crystalline lens. **(CMS Ruling 1536, 2007)**

Traditional IOLs (Monovision) are an alternative to accommodating and multifocal IOLs for correcting presbyopia. Monovision is the technique of fully correcting the refractive error of one eye and intentionally making the other eye mildly nearsighted. In this scenario, the fully corrected eye sees distant objects clearly (but cannot see very well up close without glasses), and the mildly nearsighted eye sees very well up close without glasses (but not so clearly far away). This technique has been used very successfully with contact lenses for many years and it is now being used frequently with cataract surgery to decrease a person's dependency on reading glasses and computer glasses after surgery.

Multifocal and accommodating IOLs are other category of presbyopia correcting IOLs that can decrease the patient need for reading glasses or computer glasses after cataract surgery. Like multifocal contact lenses, these premium IOLs contain added magnification in different parts of the lens to expand patient range of vision so he can see objects clearly at all distances without glasses or contact lenses. Some studies have shown multifocal IOLs tend to provide better near vision than accommodating IOLs, but they also are more likely to cause glare or mildly blurred distance vision as a tradeoff.

Astigmatism is a visual condition where part of an image is blurred due to uneven corneal curvature. A normal cornea has the same curvature at all axes, whereas the curvature of an astigmatic cornea differs

in two primary axes, resulting in vision that is distorted at all distances. The astigmatism-correcting IOL is intended to provide what is otherwise achieved by two separate items: an implantable conventional IOL (one that is not astigmatism -correcting) and the surgical correction, eyeglasses, or contact lenses. **(CMS Ruling, 1536-R).**

Toric IOLs are designed to correct astigmatism; also, they are considered “premium” Lenses like multifocal and accommodating IOLs.

Anterior Chamber Intraocular Lenses (IOL) or Angle Supported Phakic Intraocular Lenses are lenses that are placed in the anterior chamber of the eye, hence the name. This type of IOL falls in the category of Phakic, an implantation of a **synthetic lens in the presence of the natural crystalline lens**. These PIOLs are used to treat myopia, or nearsightedness.

Posterior Chamber Intraocular Lenses (IOL) also known as Sulcus Supported Intraocular Lenses (IOL) consists of **securing the IOL in the ciliary sulcus and is a replacement for the natural crystalline lens**. This type of IOL is most often implanted after a cataract surgery and after the removal of the crystalline lens. Accommodating IOLs fall into this category and allow a patient to have optimal vision near, far and in between. This type of IOL is attached to the ciliary muscle and these muscles move the synthetic lens just as if it was the natural crystalline lens allowing for multifocal vision.

Presbyopia is a type of age-associated refractive error that results in progressive loss of the focusing power of the lens of the eye, causing difficulty seeing objects at near distance, or close-up. Presbyopia occurs as the natural lens of the eye becomes thicker and less flexible with age.

A **presbyopia correcting IOL** is indicated for primary implantation in the capsular bag of the eye for the visual correction of aphakia (absence of the lens of the eye) following cataract extraction that is intended to provide near, intermediate and distance vision without the need for eyeglasses or contact lenses.

The Centers for Medicare and Medicaid (CMS) recognizes the IOLs listed below (alphabetically by manufacturer) as P-C IOLs, A-C IOLs or both PC/AC IOLs:

I. P-C IOLs:

1. Johnson and Johnson Vision (formerly known as Abbott Medical Optics)
 - a. TECNIS® Symphony (models ZXR00)
 - b. TECNIS® Symphony PLUS OptiBlue™ (model ZHR00V)
 - c. TECNIS Symphony® OptiBlue™ Extended Range of Vision (models ZXR00V, and DXR00V)
 - d. TECNIS® Multifocal 1-Piece (models ZKB00, ZLB00, and ZMB00)
 - e. TECNIS® Multifocal Acrylic (model ZMA00)
 - f. TECNIS® Multifocal Silicone (model ZM900)
 - g. ReZoom®
 - h. TECNIS Synergy™ IOL (model ZFR00V)

- i. TECNIS Synergy™ IOL with TECNIS Simplicity® Delivery System (model DFR00V)
- 2. AcuFocus, Inc.
 - a. IC-8® Aphera™ IOL
- 3. Alcon
 - a. Acrysof® IQ ReSTOR (models SA25T0, SN6AD1, SN6AD3, MN6AD1, and SV25T0)
 - b. AcrySof® IQ PanOptix® Trifocal (model TFNT00)
 - c. AcrySof® IQ PanOptix® UV Absorbing Trifocal (model TFAT00)
 - d. AcrySof® IQ Vivity™ Extended Vision IOL (model DFT015)
 - e. AcrySof® IQ Vivity™ Extended Vision UV Absorbing IOL (model DAT015)
 - f. Clareon® PanOptix® Trifocal Hydrophobic IOL (model CNWTT0)
 - g. Clareon® PanOptix® Trifocal UV Absorbing IOL (model CCWTT0)
 - h. Clareon® PanOptix® Trifocal Hydrophobic IOL with AutonoMe™ Preloaded Delivery System (model CNATT0)
 - i. Clareon® Vivity™ Extended Vision UV Absorbing IOL (model CCWET0)
 - j. Clareon® Vivity™ Extended Vision Hydrophobic IOL (model CNWET0)
- 4. Bausch + Lomb
 - a. Crystalens®
- 5. Lenstec
 - a. SBL-3™ Multifocal IOL

II. A-C IOLs:

- 1. Johnson and Johnson Vision (formerly Abbott Medical Optics)
 - a. TECNIS® Toric 1-Piece (models ZCT150, ZCT225, ZCT300, and ZCT400, ZCT450, ZCT525, and ZCT600)
 - b. TECNIS® Toric II 1-Piece (models ZCU150, ZCU225, ZCU300, ZCU375, ZCU450, ZCU525, and ZCU600)
 - c. TECNIS Eyhance™ Toric II (models ICU150-ICU600)
 - d. TECNIS Eyhance™ Toric II with TECNIS Simplicity™ Delivery System (models DIU150-DIU600)
- 2. Alcon
 - a. Acrysof® IQ Toric (models SA6AT3 through SA6AT9; SN6AT3 through SN6AT9; collectively referred to as SN6ATT)
 - b. Clareon® Toric Aspheric Hydrophobic Acrylic IOL (models CNW0T3-CNW0T9)
 - c. Clareon® Toric Aspheric Hydrophobic Acrylic IOL with AutonoMe™ Preloaded Delivery System (models CNA0T3-CNA0T9)
 - d. Clareon® Toric Aspheric Hydrophobic UV Absorbing Acrylic IOL (models CCW0T3 through CCW0T6)

3. Bausch + Lomb
 - a. Trulign™ Toric (models AT50T, BL1AT, and BL1UT)
 - b. enVista® One-Piece Hydrophobic Acrylic IOL (models MX60T, MX60ET and MX60PT)
4. RxSight, Inc
 - a. Light Adjustable Lens®
5. STAAR Surgical
 - a. Silicone 1-Piece Toric (models AA4203TF and AA4203TL)

III. P-C/AC IOLs:

1. Johnson and Johnson Vision (*formerly known as Abbott Medical Optics*)
 - a. TECNIS Symphony® (models ZXT150, ZXT225, ZXT300, and ZXT375)
 - b. TECNIS Symphony® PLUS OptiBlue™ Toric II (models ZHW150, ZHW225, ZHW300, and ZHW375)
 - c. TECNIS Symphony® Toric II OptiBlue™ Extended Range of Vision (models DXW150, DXW225, DXW300, DXW375, ZXW150, ZXW225, ZXW300, and ZXW375)
 - d. TECNIS® Multifocal Toric II (models ZKU150, ZKU225, ZKU300, ZKU375, ZLU150, ZLU225, ZLU300, and ZLU375)
 - e. TECNIS Synergy™ Toric II IOL (models ZFW150, ZFW225, ZFW300, and ZFW375)
 - f. TECNIS Synergy™ Toric II IOL with TECNIS Simplicity® Delivery System (models DFW150, DFW225, DFW300 and DFW375)
2. Alcon
 - a. AcrySof® IQ ReSTOR™ (models SND1T3, SND1T4, SND1T5, SNF1T6, and SV25T3 through SV25T6)
 - b. AcrySof® IQ PanOptix™ Toric Trifocal IOL (models TFNT30, TFNT40, TFNT50, and TFNT60)
 - c. AcrySof® IQ PanOptix™ Toric UV Absorbing Trifocal IOL (models TFAT30, TFAT40, TFAT50, TFAT60)
 - d. AcrySof™ IQ Vivity™ Toric Extended Vision IOL (models DFT315, DFT415, FT515, and DFT615)
 - e. AcrySof™ IQ Vivity™ Toric Extended Vision UV Absorbing IOL (models DAT315, DAT415, DAT515, and DAT615)
 - f. Clareon® PanOptix® Toric Trifocal Hydrophobic IOL (models CNWTT3 through CNWTT6)
 - g. Clareon® PanOptix® Toric Trifocal Hydrophobic IOL with AutonoMe Automated Preloaded Delivery Device (models CNATT3 through CNATT6)
 - h. Clareon® PanOptix® Toric Trifocal UV Absorbing IOL (models CCWTT3 through CCWTT6)
 - i. Clareon® Vivity™ Toric Extended Vision UV Absorbing IOL (model CCWET3 through CCWET6)

- j. Clareon® Vivity™ Toric Extended Vision Hydrophobic IOL (model CNWET3 through CNWET6)

COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate member certificate and subscriber agreement contract for applicable diagnostic imaging, DME, laboratory, machine tests, benefits, and coverage.

INDICATIONS

- I. **Medical Card System, Inc., (MCS)** will consider the following **Intraocular Lenses (IOL) implant medically necessary** subsequent to cataract surgery (NCD 80.12):
- Conventional Intraocular lens (IOL)
- II. The following will apply when a Member requests insertion of an astigmatism-correcting/presbyopia-correcting IOL:
- Instead of a conventional IOL following cataract surgery, the Member is responsible for the charges for services and supplies attributable to the astigmatism-correcting/presbyopia-correcting IOL functionality of the astigmatism-correcting/presbyopia-correcting IOL.

CONTRAINDICATIONS

1. Contraindications to implantation of toric and multifocal IOLs include:
 - a. Eyes with significant irregular astigmatism.
 - b. Eyes with progressive corneal disease.
 - c. Other ocular co-morbidities that affect the visual acuity or the quality of vision are a relative or absolute contraindication for multifocal toric IOLs. These include amblyopia, maculopathy (such as macular degeneration or diabetic retinopathy), glaucoma and uveitis.
2. It is not recommended that surgery be done on both eyes at the same time. The time interval for the surgery in the second eye should be based on the following factors:
 - a. The second eye surgery will be delivered by standard protocols for delayed sequential bilateral cataract (DSBCS) surgery - so second eye surgery days to weeks later as a separate procedure after post-operative follow-up and assessment of the first eye.
 - b. Protocols for immediately sequential bilateral cataract surgery (ISBCS) are an acceptable option for certain beneficiaries.

- c. ISBCS requires special precautions with complete sterile separation of the two eyes with rescrubbing, and new sets of instruments and fluids.
 - d. A thorough review of information from their ophthalmologist regarding known conditions and risks in their specific case must be discussed with the member for either DSBCS or ISBCS.
 - e. An intra-operative complication on the first eye may necessitate deferral to a delayed protocol.
3. Surgery should not be performed solely to improve vision under the following circumstances:
- a. The patient does not desire surgery.
 - b. Glasses or visual aids provide satisfactory functional vision.
 - c. The patient's lifestyle is not compromised by the cataract, and they are able to perform activities of daily living.
 - d. Surgery is not expected to improve visual function, or no other indication for lens removal exists.
4. The patient is medically unfit (e.g., conditions such as comatose patients, Organic Brain Syndrome, end stage Alzheimer's, patients with no light perception, etc. in which cataract surgery will not improve the patient's independence).
5. Surgery is not medically necessary just because the cataract is present.

LIMITATIONS

Medical Card System, Inc., (MCS) will consider the following **limitations** to coverage:

1. The astigmatism-correcting/presbyopia-correcting functionality of an IOL implanted will be limited to pay additional charges following cataract surgery.
2. Facility or physician services and resources required to insert and adjust an astigmatism-correcting IOL/presbyopia-correcting following cataract surgery that **exceeds** the services and resources furnished for insertion of a conventional IOL.
3. The surgical correction or "cylindrical lenses" of eyeglasses or contact lenses that may be required to compensate for imperfect curvature of the cornea (astigmatism).
4. Eye examination¹ performed to determine the "refractive state" of the eyes specially associated with insertion of an astigmatism correcting IOL (including subsequent monitoring services), that

exceed the one-time eye examination following cataract surgery with insertion of a conventional IOL.

5. Prior to the procedure to remove a cataractous lens and insert an astigmatism-correcting lens/presbyopia-correcting lens, the facility and the physician must inform the member that MCS will **not** cover for services that are specific to the insertion, or other subsequent treatments related to the astigmatism-correcting/presbyopia-correcting functionality of the IOL. Therefore, the treating physician/facility will provide a “**Notice of Exclusion from Benefits**” form to the member.

Note₁: In most cases, a comprehensive eye examination (ocular history and ocular examination) and a single scan to determine the appropriate pseudophakic power of the IOL are sufficient. In most cases involving a simple cataract, a diagnostic ultrasound A-scan is used. For patients with a dense cataract, an ultrasound B-scan may be used. Accordingly, where the only diagnosis is cataract(s), Medicare does not routinely cover testing other than one comprehensive eye examination (or a combination of a brief/intermediate examination not to exceed the charge of a comprehensive examination) and an A-scan or, if medically justified, a B-scan.

RATIONALE

MCS framework is designed to improve access, outcomes, and our enrollee’s experience of care and to ensure all enrollees achieve their best health. This policy acts as a guideline for nursing staff in the initial screening of service requests, meticulously upholding a hierarchy that prioritizes Local Coverage Determinations (LCDs) and National Coverage Determinations (NCDs) established by the Centers for Medicare & Medicaid Services (CMS), followed by our organization's medical policy, recognized medical association guidelines, and clinical decision-making processes. It is crafted to ensure that preliminary assessments are in harmony with these layers of guidance, underscoring that all final coverage determinations strictly adhere to the relevant LCDs and NCDs, while also considering the insights from recognized medical associations and the clinical judgment of healthcare professionals (MD’s and DMD’s) as necessary.

CODING INFORMATION

CPT® Codes (List may not be all inclusive)

CPT® Codes	DESCRIPTION
66840	Removal of lens material; aspiration technique, one or more stages
66850	Removal of lens material; phacofragmentation technique (mechanical or ultrasonic) (eg, phacoemulsification), with aspiration
66852	Removal of lens material; pars plana approach, with or without vitrectomy
66920	Removal of lens material; intracapsular
66940	Removal of lens material; extracapsular

66982	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; without endoscopic cyclophotocoagulation
66983	Intracapsular cataract extraction with insertion of intraocular lens prosthesis (1 stage procedure)
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); without endoscopic cyclophotocoagulation
66985	Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal
66986	Exchange of intraocular lens
69987	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-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 (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with endoscopic cyclophotocoagulation
66988	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation

Current Procedural Terminology (CPT®) 2023 American Medical Association: Chicago, IL.

HCPCS CODES (List may not be all inclusive)

HCPCS® CODES	DESCRIPTION
A9270*	Non-covered item or service
C1780	Lens, intraocular (new technology)
Q1004	New technology, intraocular lens, category 4 as defined in federal register notice
Q1005	New technology, intraocular lens, category 5 as defined in federal register notice
S0596	Phakic intraocular lens for correction of refractive error
S9986	Not medically necessary service (patient is aware that service not medically necessary)
V2630	Anterior chamber intraocular lens
V2631	Iris supported intraocular lens

V2632	Posterior chamber intraocular lens
V2787*	Astigmatism correcting function of intraocular lens
V2788*	Presbyopia correcting function of intraocular lens

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*Not covered or valid by Medicare

ICD-10 CODES (List may not be all inclusive)

ICD-10 Codes	DESCRIPTION
E08.36	Diabetes Mellitus due to underlying condition with diabetic cataract
E09.36	Drug or chemical induced diabetes mellitus with diabetic cataract
E10.36	Type 1 diabetes mellitus with diabetic cataract
E11.36	Type 2 diabetes mellitus with diabetic cataract
E13.36	Other specified diabetes mellitus with diabetic cataract
H20.21	Lens-induced iridocyclitis, right eye
H20.22	Lens-induced iridocyclitis, left eye
H20.23	Lens-induced iridocyclitis, bilateral
H21.221	Degeneration of ciliary body, right eye
H21.222	Degeneration of ciliary body, left eye
H21.223	Degeneration of ciliary body, bilateral
H21.261	Iris atrophy (essential) (progressive), right eye
H21.262	Iris atrophy (essential) (progressive), left eye
H21.263	Iris atrophy (essential) (progressive), bilateral
H21.271	Miotic pupillary cyst, right eye
H21.272	Miotic pupillary cyst, left eye
H21.273	Miotic pupillary cyst, bilateral
H21.29	Other iris atrophy
H21.531	Iridodialysis, right eye
H21.532	Iridodialysis, left eye
H21.533	Iridodialysis, bilateral
H21.561	Pupillary abnormality, right eye
H21.562	Pupillary abnormality, left eye
H21.563	Pupillary abnormality, bilateral
H21.81	Floppy iris syndrome
H21.89	Other specified disorders of iris and ciliary body
H22	Disorders of iris and ciliary body in diseases classified elsewhere

This document is designated for informational purposes only and is not an authorization, or an explanation of benefits (EOB), or a contract. Medical technology is constantly changing and we reserve the right to review and update our policies periodically.

H25.011	Cortical age-related cataract, right eye
H25.012	Cortical age-related cataract, left eye
H25.013	Cortical age-related cataract, bilateral
H25.031	Anterior subcapsular polar age-related cataract, right eye
H25.032	Anterior subcapsular polar age-related cataract, left eye
H25.033	Anterior subcapsular polar age-related cataract, bilateral
H25.041	Posterior subcapsular polar age-related cataract, right eye
H25.042	Posterior subcapsular polar age-related cataract, left eye
H25.043	Posterior subcapsular polar age-related cataract, bilateral
H25.091	Other age-related incipient cataract, right eye
H25.092	Other age-related incipient cataract, left eye
H25.093	Other age-related incipient cataract, bilateral
H25.11	Age-related nuclear cataract, right eye
H25.12	Age-related nuclear cataract, left eye
H25.13	Age-related nuclear cataract, bilateral
H25.21	Age-related cataract, morgagnian type, right eye
H25.22	Age-related cataract, morgagnian type, left eye
H25.23	Age-related cataract, morgagnian type, bilateral
H25.811	Combined forms of age-related cataract, right eye
H25.812	Combined forms of age-related cataract, left eye
H25.813	Combined forms of age-related cataract, bilateral
H25.89	Other age-related cataract
H26.001	Unspecified infantile and juvenile cataract, right eye
H26.002	Unspecified infantile and juvenile cataract, left eye
H26.003	Unspecified infantile and juvenile cataract, bilateral
H26.011	Infantile and juvenile cortical, lamellar, or zonular cataract, right eye
H26.012	Infantile and juvenile cortical, lamellar, or zonular cataract, left eye
H26.013	Infantile and juvenile cortical, lamellar, or zonular cataract, bilateral
H26.031	Infantile and juvenile nuclear cataract, right eye
H26.032	Infantile and juvenile nuclear cataract, left eye
H26.033	Infantile and juvenile nuclear cataract, bilateral
H26.041	Anterior subcapsular polar infantile and juvenile cataract, right eye
H26.042	Anterior subcapsular polar infantile and juvenile cataract, left eye

H26.043	Anterior subcapsular polar infantile and juvenile cataract, bilateral
H26.051	Posterior subcapsular polar infantile and juvenile cataract, right eye
H26.052	Posterior subcapsular polar infantile and juvenile cataract, left eye
H26.053	Posterior subcapsular polar infantile and juvenile cataract, bilateral
H26.061	Combined forms of infantile and juvenile cataract, right eye
H26.062	Combined forms of infantile and juvenile cataract, left eye
H26.063	Combined forms of infantile and juvenile cataract, bilateral
H26.09	Other infantile and juvenile cataract
H26.101	Unspecified traumatic cataract, right eye
H26.102	Unspecified traumatic cataract, left eye
H26.103	Unspecified traumatic cataract, bilateral
H26.109	Unspecified traumatic cataract, unspecified eye
H26.111	Localized traumatic opacities, right eye
H26.112	Localized traumatic opacities, left eye
H26.113	Localized traumatic opacities, bilateral
H26.121	Partially resolved traumatic cataract, right eye
H26.122	Partially resolved traumatic cataract, left eye
H26.123	Partially resolved traumatic cataract, bilateral
H26.131	Total traumatic cataract, right eye
H26.132	Total traumatic cataract, left eye
H26.133	Total traumatic cataract, bilateral
H26.20	Unspecified complicated cataract
H26.211	Cataract with neovascularization, right eye
H26.212	Cataract with neovascularization, left eye
H26.213	Cataract with neovascularization, bilateral
H26.221	Cataract secondary to ocular disorders (degenerative) (inflammatory), right eye
H26.222	Cataract secondary to ocular disorders (degenerative) (inflammatory), left eye
H26.223	Cataract secondary to ocular disorders (degenerative) (inflammatory), bilateral
H26.231	Glaucomatous flecks (subcapsular), right eye
H26.232	Glaucomatous flecks (subcapsular), left eye
H26.233	Glaucomatous flecks (subcapsular), bilateral
H26.31	Drug-induced cataract, right eye
H26.32	Drug-induced cataract, left eye

H26.33	Drug-induced cataract, bilateral
H26.411	Soemmering's ring, right eye
H26.412	Soemmering's ring, left eye
H26.413	Soemmering's ring, bilateral
H26.491	Other secondary cataract, right eye
H26.492	Other secondary cataract, left eye
H26.493	Other secondary cataract, bilateral
H26.8	Other specified cataract
H27.01	Aphakia, right eye
H27.02	Aphakia, left eye
H27.03	Aphakia, bilateral
H27.111	Subluxation of lens, right eye
H27.112	Subluxation of lens, left eye
H27.113	Subluxation of lens, bilateral
H27.121	Anterior dislocation of lens, right eye
H27.122	Anterior dislocation of lens, left eye
H27.123	Anterior dislocation of lens, bilateral
H27.131	Posterior dislocation of lens, right eye
H27.132	Posterior dislocation of lens, left eye
H27.133	Posterior dislocation of lens, bilateral
H28*	Cataract in diseases classified elsewhere
H40.51X1	Glaucoma secondary to other eye disorders, right eye, mild stage
H40.51X2	Glaucoma secondary to other eye disorders, right eye, moderate stage
H40.51X3	Glaucoma secondary to other eye disorders, right eye, severe stage
H40.51X4	Glaucoma secondary to other eye disorders, right eye, indeterminate stage
H40.52X1	Glaucoma secondary to other eye disorders, left eye, mild stage
H40.52X2	Glaucoma secondary to other eye disorders, left eye, moderate stage
H40.52X3	Glaucoma secondary to other eye disorders, left eye, severe stage
H40.52X4	Glaucoma secondary to other eye disorders, left eye, indeterminate stage
H40.53X1	Glaucoma secondary to other eye disorders, bilateral, mild stage
H40.53X2	Glaucoma secondary to other eye disorders, bilateral, moderate stage
H40.53X3	Glaucoma secondary to other eye disorders, bilateral, severe stage
H40.53X4	Glaucoma secondary to other eye disorders, bilateral, indeterminate stage

H40.89*	Other specified glaucoma
H52.31	Anisometropia
H52.32	Aniseikonia
H57.09	Other anomalies of pupillary function
H59.021	Cataract (lens) fragments in eye following cataract surgery, right eye
H59.022	Cataract (lens) fragments in eye following cataract surgery, left eye
H59.023	Cataract (lens) fragments in eye following cataract surgery, bilateral
Q12.0	Congenital cataract
Q12.1	Congenital displaced lens
Q12.2	Coloboma of lens
Q12.3	Congenital aphakia
Q12.4	Spherophakia
Q12.8	Other congenital lens malformations
Q13.0	Coloboma of iris
Q13.1	Absence of iris
Q13.2	Other congenital malformations of the iris
T85.21XA	Breakdown (mechanical) of intraocular lens, initial encounter
T85.21XD	Breakdown (mechanical) of intraocular lens, Subsequent encounter
T85.21XS	Breakdown (mechanical) of intraocular lens, Sequela
T85.22XA	Displacement of intraocular lens, initial encounter
T85.22XD	Displacement of intraocular lens, Subsequent encounter
T85.22XS	Displacement of intraocular lens, Sequela
T85.29XA	Other mechanical complication of intraocular lens, initial encounter
T85.29XD	Other mechanical complication of intraocular lens, Subsequent encounter
T85.29XS	Other mechanical complication of intraocular lens, Sequela
T85.79XA	Infection and inflammatory reaction due to other internal prosthetic devices, implants and grafts, initial encounter
T85.79XD	Infection and inflammatory reaction due to other internal prosthetic devices, implants and grafts, Subsequent encounter
T85.79XS	Infection and inflammatory reaction due to other internal prosthetic devices, implants and grafts, Sequela
Z96.1	Presence of intraocular lens
Z98.41	Cataract extraction status, right eye
Z98.42	Cataract extraction status, left eye

Note¹: When reporting ICD-10 code H40.89, one of the following codes must also be reported: H25.21, H25.22 or H25.23.

Note²: When reporting ICD-10 code H28, the underlying disease (e.g., hypoparathyroidism, myotonia, myxedema, protein-calorie malnutrition) should be reported as the primary diagnosis.

REFERENCES

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POLICY HISTORY

DATE	ACTION	COMMENT
October 28, 2010	Origination of Policy	
November 09, 2011	Yearly review	
December 26, 2012	Yearly review	References updated.
January 27, 2013	Yearly review	<p>References updated.</p> <p>To the Description section:</p> <ul style="list-style-type: none"> New astigmatism-correcting IOLs and P-C IOLs were added to the list recognize by Medicare (Definitions of Anterior, Astigmatism and Posterior chamber IOLs were added). <p>To the Indication Section:</p> <ul style="list-style-type: none"> The statement was modified to specify clearly in which conditions Medicare paid for IOLs. <p>To the Contraindications Section:</p> <ul style="list-style-type: none"> New contraindications were added to the Policy. <p>To the ICD#9 Section:</p> <ul style="list-style-type: none"> New ICD#9s were added to the Policy. <p>To the References Section:</p> <ul style="list-style-type: none"> References #10, 11, 12 were added to the Policy.
February 21, 2014	Revised	To the Coding section: A new ICD-10 Codes (Preview Draft) section was added to the policy.
January 15, 2015	Yearly review	<p>References updated.</p> <p>To the Description Section:</p> <ul style="list-style-type: none"> This complete section was redesigned with the information content into this section. New list of Lenses was added to the Medical Policy. <p>To the Contraindications Section:</p> <ul style="list-style-type: none"> New contraindication #2 was added to the medical Policy. <p>To the Limitations Section:</p> <ul style="list-style-type: none"> Note1 was added to this section at the Point #4. <p>To the References Section:</p> <ul style="list-style-type: none"> New References #6, 7, 9, 12, and 13 were added to the Policy.
November 23, 2015	Revised	<p>To the coding section:</p> <ul style="list-style-type: none"> Eliminate ICD-9 codes since they are no longer valid for diagnosis classification. Add new section of ICD-10 codes which are the valid diagnosis classification system since October 1, 2015.
January 04, 2017	Revised	<p>To the Description Section:</p> <ol style="list-style-type: none"> Some information was deleted and other was added to this Section: <ol style="list-style-type: none"> Traditional IOLs are monofocal, meaning they offer vision at one distance only (far, intermediate or near). They definitely are an improvement over the cataractous lens that is replaced during surgery, which provides only cloudy, blurred vision at any distance. However, traditional IOLs mean that patients must wear eyeglasses or contact lenses in order to read, use a computer or view objects in the middle distance, especially if patient already are experiencing presbyopia before cataract surgery. (Segre, 2009) Traditional IOLs (Monovision) are an alternative to accommodating and multifocal IOLs for correcting presbyopia.

		<p>Monovision is the technique of fully correcting the refractive error of one eye and intentionally making the other eye mildly nearsighted. In this scenario, the fully corrected eye sees distant objects clearly (but cannot see very well up close without glasses), and the mildly nearsighted eye sees very well up close without glasses (but not so clearly far away). This technique has been used very successfully with contact lenses for many years and it is now being used frequently with cataract surgery to decrease a person's dependency on reading glasses and computer glasses after surgery. (Thompson, MD 2016)</p> <p>c. Multifocal and accommodating IOLs offer the possibility of seeing well at more than one distance, without glasses or contacts. Examples of Multifocal IOLs are different versions of Alcon's AcrySof IQ ReSTOR. Abbot Medical Optics also offers the Tecnis and ReZoom multifocal lenses including Presbyopia-correcting IOLs that are considering "Premium" Lenses. (Segre, 2009)</p> <p>d. Multifocal and accommodating IOLs are other category of presbyopia-correcting IOLs that can decrease the patient need for reading glasses or computer glasses after cataract surgery. Like multifocal contact lenses, these premium IOLs contain added magnification in different parts of the lens to expand patient range of vision so he can see objects clearly at all distances without glasses or contact lenses. Some studies have shown multifocal IOLs tend to provide better near vision than accommodating IOLs, but they also are more likely to cause glare or mildly blurred distance vision as a tradeoff. (Thompson, MD 2016)</p> <p>e. Anterior Chamber Intraocular Lenses (IOL) or Angle Supported Phakic Intraocular Lenses are lenses that are placed in the anterior chamber of the eye, hence the name. This type of IOL falls in the category of Phakic, an implantation of a synthetic lens in the presence of the natural crystalline lens. These PIOLs are used to treat myopia, or nearsightedness. (Boxer Wachler, MD 2016)</p> <p>f. Posterior Chamber Intraocular Lenses (IOL) also known as Sulcus Supported Intraocular Lenses (IOL) consists of securing the IOL in the ciliary sulcus and is a replacement for the natural crystalline lens. This type of IOL is most often implanted after a cataract surgery and after the removal of the crystalline lens. Accommodating IOLs fall into this category and allow a patient to have optimal vision near, far and in between. This type of IOL is attached to the ciliary muscle and these muscles move the synthetic lens just as if it was the natural crystalline lens allowing for multifocal vision.</p> <p>2. <u>New Lenses were added and other deleted to the Medical Policy:</u></p> <p>I. <u>P-C IOLs:</u></p> <ul style="list-style-type: none"> • Abbott Medical Optics. TECNIS® Symphony (models ZXR00) • Alcon Acrysof® IQ ReSTOR (model SV25T0) and Acrysof ReSTOR (deleted). <p>II. <u>A-C IOLs:</u></p> <ul style="list-style-type: none"> • Alcon Acrysof Toric (models SN60T3, SN60T4, and SN60T5) were deleted. <p>III. <u>P-C/AC IOLs:</u></p> <ul style="list-style-type: none"> • TECNIS Symphony (models ZXT150, ZXT225, ZXT300, and ZXT375). <p>To the Contraindications:</p>
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		<ul style="list-style-type: none"> • Phrase “And Multifocal” was added to the contraindication #1. • Letter “C” was deleted from the contraindication #1. • Phrase “The time interval for the surgery in the second eye” was added to the Statement of the Contraindication #2. • Information in the contraindication #2 was adapted from the new LCD: <ol style="list-style-type: none"> a. The second eye surgery will be delivered by standard protocols for delayed sequential bilateral cataract (DSBCS) surgery - so second eye surgery days to weeks later as a completely separate procedure after post-operative follow-up and assessment of the first eye. b. Protocols for immediately sequential bilateral cataract surgery (ISBCS) are an acceptable option for certain beneficiaries. c. ISBCS requires special precautions with complete sterile separation of the two eyes with rescrubbing, and new sets of instruments and fluids. d. A thorough review of information from their ophthalmologist regarding known conditions and risks in their specific case must be discussed with the member for either DSBCS or ISBCS. e. An intra-operative complication on the first eye may necessitate deferral to a delayed protocol. • New Contraindications #3, #4 and #5 were added to the Policy. <p><u>To the Limitations Section:</u></p> <ul style="list-style-type: none"> • Correction of the Word “or of” in the Limitation #3. <p>NEW DOCUMENTATION REQUIREMENTS INFORMATION SECTION WAS ADDED TO THE POLICY.</p> <p><u>To the Coding Section:</u></p> <ol style="list-style-type: none"> 1. To the HCPCS Codes Section: <ul style="list-style-type: none"> • New HCPCS Codes Q1004 and Q1005 were added to the Policy. 2. To the ICD-10 Codes Section: <ul style="list-style-type: none"> • <u>ICD-10 Codes were deleted from this Policy:</u> H27.10, H27.119, H27.129, H27.139, H52.529, T85.72XA and T85.79XA. <p><u>To the References Section:</u></p> <ul style="list-style-type: none"> • New References #3, 9, 14, 16, 21, 23 and 24 were added to the Policy. • References #6, 10, 11, 19 and 20 were deleted from this Policy.
<p>October 31 2018</p>	<p>Revised</p>	<p>References Section:</p> <ul style="list-style-type: none"> • References 3 and 12 updated • Reference 9 is eliminated
<p>February 12, 2020</p>	<p>Revised</p>	<p>References updated.</p> <p><u>To the Description Section:</u></p> <ul style="list-style-type: none"> • To the CMS Recognized P-C IOLs, A-C IOLs or both PC/AC IOLs list: <ul style="list-style-type: none"> ○ To I, 2 a. (Alcon added model SA25T0. ○ To I, 2, Added: b. AcrySof® IQ PanOptix® Trifocal (model TFNT00), and c. AcrySof® IQ PanOptix® UV Absorbing Trifocal (model TFAT00) ○ To II, 1-a: Added models ZCT450, ZCT525, and ZCT600 ○ To II 1-b: Added TECNIS Toric II 1-Piece (models ZCU150, ZCU225, ZCU300, ZCU375, ZCU450, ZCU525, and ZCU600) ○ To III: Added 2-b AcrySof® IQ PanOptix® Trifocal IOL (models TFNT30, TFNT40, TFNT50, and TFNT60) ○ To III: Added 2-c AcrySof® IQ PanOptix® Toric UV Absorbing Trifocal IOL (models TFAT30, TFAT40, TFAT50, TFAT60)

<p>November 13, 2020</p>	<p>Revised</p>	<p>References updated. Deleted #3.</p> <p>To the Description Section:</p> <ul style="list-style-type: none"> • Updated citation dates to paragraphs 3 & 4. • To the CMS Recognized P-C IOLs, A-C IOLs or both PC/AC IOLs list: <ul style="list-style-type: none"> ○ To PC IOLs #1 – Updated company name Johnson and Johnson Vision (formerly Abbott Medical Optics) ○ To PC IOLs #1 – Added new b: TECNIS® Symphony PLUS OptiBlue™ (model ZHR00V). ○ To PC IOLs #2: Added new d. AcrySof™ IQ Vivity™ Extended Vision IOL (model DFT015) ○ To PC IOLs #2: Added new e. AcrySof™ IQ Vivity™ Extended Vision UV Absorbing IOL (model DAT015) ○ To A-C IOLs #3: Added new b: enVista® One-Piece Hydrophobic Acrylic IOL (models MX60T and MX60ET) ○ To PC-AC IOLs #1 – Added new b: TECNIS® Symphony PLUS OptiBlue™ Toric II (models ZHW150, ZHW225, ZHW300, and ZHW375) ○ To PC-AC IOLs #1 – Added new c: TECNIS® Multifocal Toric II (models ZKU150, ZKU225, ZKU300, ZKU375, ZLU150, ZLU225, ZLU300, and ZLU375) ○ To PC-AC IOLs #2 – Added new d: AcrySof™ IQ Vivity™ Toric Extended Vision IOL (models DFT315, DFT415, and DFT515) ○ To PC-AC IOLs #2 – Added new e: AcrySof™ IQ Vivity™ Toric Extended Vision UV Absorbing IOL (models DAT315, DAT415, and DAT515)
<p>November 16, 2021</p>	<p>Revised</p>	<p>To the Description Section:</p> <p><u>New Models of IOLs were added according to the information contained in CMS Recognized Presbyopia-Correcting (PC) IOLs and Astigmatism-Correcting (AC) IOLs:</u></p> <p><u>I. P-C IOLs:</u></p> <ol style="list-style-type: none"> 1. <u>Johnson and Johnson Vision (formerly known as Abbott Medical Optics):</u> <ol style="list-style-type: none"> c. TECNIS Symphony® OptiBlue™ Extended Range of Vision (model ZXR00V) 2. <u>Alcon:</u> <ol style="list-style-type: none"> f. Clareon® PanOptix® Trifocal Hydrophobic IOL (model CNWTT0) g. Clareon® PanOptix® Trifocal UV Absorbing IOL (model CCWTT0) h. Clareon® PanOptix® Trifocal Hydrophobic IOL with AutonoMe Automated Preloaded Delivery Device (model CNATT0) <p><u>II. A-C IOLs:</u></p> <ol style="list-style-type: none"> 1. <u>Johnson and Johnson Vision (formerly known as Abbott Medical Optics):</u> <ol style="list-style-type: none"> c. TECNIS Eyhance™ Toric II (models ICU150-ICU600) d. TECNIS Eyhance™ Toric II with TECNIS Simplicity™ Delivery System (models DIU150-DIU600) <p><u>III. P-C/AC IOLs:</u></p> <ol style="list-style-type: none"> 1. <u>Johnson and Johnson Vision (formerly known as Abbott Medical Optics):</u> <ol style="list-style-type: none"> c. TECNIS Symphony® Toric II OptiBlue™ Extended Range of Vision (models ZXW150, ZXW225, ZXW300, and ZXW375) e. TECNIS Synergy™ Toric II IOL (models ZFW150, ZFW225, ZFW300, and ZFW375) f. TECNIS Synergy™ Toric II IOL with TECNIS Simplicity® Delivery System (models DFW150, DFW225, DFW300 and DFW375) 2. <u>Alcon:</u>

		<p>f. Clareon® PanOptix® Toric Trifocal Hydrophobic IOL (models CNWTT3 through CNWTT6)</p> <p>g. Clareon® PanOptix® Toric Trifocal Hydrophobic IOL with AutonoMe Automated Preloaded Delivery Device (models CNATT3 through CNATT6)</p> <p>To the Contraindications Section:</p> <ul style="list-style-type: none"> • <u>New Contraindications 1c were added to the Policy:</u> Other ocular co-morbidities that affect the visual acuity or the quality of vision are a relative or absolute contraindication for multifocal toric IOLs. These include amblyopia, maculopathy (such as macular degeneration or diabetic retinopathy), glaucoma and uveitis. <p>To the Coding Section: <u>To the HCPCS Codes Section:</u></p> <ul style="list-style-type: none"> • New HCPCS Code S0596 was added to the Policy. <p><u>To the ICD-10 Codes Section:</u></p> <ul style="list-style-type: none"> • <u>ICD-10 Codes were deleted from this Policy:</u> T86.842.
December 9, 2022	Revised	<p>References updated. Added new #1, 2, 11 & 12.</p> <p>To the Description Section:</p> <ul style="list-style-type: none"> • To the 7th paragraph, deleted citation. • Under the Recognized IOLs: Section 1. P-S IOLs: <ul style="list-style-type: none"> – Added a new #2: AcuFocus, Inc. a. IC-8® Aphera™ IOL. – To #3-h: Deleted “Automated” and “Device”. Added “System” – To #3: Added new bullet i: “Clareon® Vivity™ Extended Vision UV Absorbing IOL (model CCWET0)” – To #3: Added new bullet Clareon® Vivity™ Extended Vision Hydrophobic IOL (model CNWET0) – Added new #5: Lenstec. a. SBL-3™ Multifocal IOL • Under the Recognized IOLs: Section II A-C IOLs: <ul style="list-style-type: none"> – Added: b. Clareon® Toric Aspheric Hydrophobic Acrylic IOL (models CNW0T3-CNW0T9) – Added: c. Clareon® Toric Aspheric Hydrophobic Acrylic IOL with AutonoMe™ Preloaded Delivery System (models CNA0T3-CNA0T9) – Added: d. Clareon® Toric Aspheric Hydrophobic UV Absorbing Acrylic IOL (models CCW0T3 through CCW0T6) – To #3 – b: Added model MX60PT • Under the Recognized IOLs: Section III P-C/AC IOLs <ul style="list-style-type: none"> ○ To #2: Added h. Clareon® Vivity™ Toric Extended Vision UV Absorbing IOL (model CCWET3 through CCWET6) <p>To the Contraindications Section:</p> <ul style="list-style-type: none"> • To #3-c Added: “by the cataract and they are able to perform activities of daily living.” • To #3: Added bullet d. Surgery is not expected to improve visual function, or no other indication for lens removal exists. <p>To the Documentation Requirements Section:</p> <ul style="list-style-type: none"> • Deleted the complete section, which read: <ul style="list-style-type: none"> – Documentation supporting medical necessity (e.g., office/progress notes, operative note(s)) of the cataract surgery, whether for unilateral disease or bilateral disease

		<p>(delayed sequential bilateral cataract (DSBCS) surgery or immediately sequential bilateral cataract surgery (ISBCS)) must contain:</p> <ul style="list-style-type: none"> ○ Visual acuity (best corrected Snellen chart); • Visual acuity during glare or contrast sensitivity testing when the best corrected Snellen chart visual acuity is 20/40 or better; • Symptomatology; directly related to the presence of the cataract; • Physical evidence of the existence of a cataract (e.g., slit lamp examination) and no evidence of other ocular disease (e.g., retinal disease) that would prevent an improvement of vision when the cataract is removed; • There is a reasonable expectation that removal of the cataract will improve the patient’s visual acuity; • The use of conservative treatment including current refraction is no longer satisfactory; • Degree of functional impairment (This can be in any form; e.g., narrative or assessment tool as long as it supports how the cataract affects the patient’s ADLs.) • Risk and benefit of the procedure. <p>To the Coding Information Section:</p> <ul style="list-style-type: none"> • Added new CPT Code 69987 • Added new ICD-10 Codes H20.21, H20.22, H20.23, H21.221, H21.222, H21.223, H21.261, H21.262, H21.263, H21.271, H21.272, H21.273, H21.29, H21.531, H21.532, H21.533, H21.561, H21.562, H21.563, H21.81, H21.89, H22, H40.51X1, H40.51X2, H40.51X3, H40.51X4, H40.52X1, H40.52X2, H40.52X3, H40.52X4, H40.53X1, H40.53X2, H40.53X3, H40.53X4, H40.89*, H57.09, H59.021, H59.022, H59.023, Q13.0, Q13.1, Q13.2 • Deleted H25.019, H25.039, H25.049, H25.099, H25.10, H25.20, H25.819, H25.9, H26.009, H26.019, H26.039, H26.049, H26.059, H26.069, H26.119, H26.129, H26.139, H26.169, H26.219, H26.229, H26.239, H26.30, H26.40, H26.419, H26.499, H26.9, H27.00, Q12.9, Z98.49. • Added new Note 1 which reads: When reporting ICD-10 code H40.89, one of the following codes must also be reported: H25.21, H25.22 or H25.23. • Added new Note 2 which reads: When reporting ICD-10 code H28, the underlying disease (e.g., hypoparathyroidism, myotonia, myxedema, protein-calorie malnutrition) should be reported as the primary diagnosis.
<p>November 22, 2023</p>	<p>Revised</p>	<p>To the Description section: New model of IOL lenses was added:</p> <p>I. P-C IOLs: DXR00V</p> <p>III. P-C/AC IOLs: Johnson and Johnson Vision (formerly known as Abbott Medical Optics) c. TECNIS Symphony® Toric II OptiBlue™ Extended Range of Vision (models DXW150, DXW225, DXW300, DXW375</p> <p>Alcon: d. AcrySof™ IQ Vivity™ Toric Extended Vision IOL (model DFT615), AcrySof™ IQ Vivity™ Toric Extended Vision UV Absorbing IOL (model DAT615), Clareon® PanOptix® Toric Trifocal UV Absorbing IOL (models CCWTT3 through CCWTT6).</p> <p>To the Limitations Section: Phrase “will be limited to pay additional charges” was added to the Limitation #1 according to the Information in CMS Medicare Claims Processing Manual, Ch. 32- Billing Requirements for Special Services. Sect 120-Presbyopia-Correcting (P-C IOLS) and Astigmatism-Correcting Intraocular Lenses (A-C IOLS)</p>

		<p><u>To the Coding Information Section:</u></p> <ul style="list-style-type: none"> • <u>To the CPT Section:</u> The following CPT were added to the Policy: 66840, 66850, 66852, 66920, 66940, and 66988. • <u>To the ICD-10 Code Section:</u> <u>The following ICD-10 Codes were added to the Policy:</u> H52.32, T85.21XD, T85.21XS, T85.22XD, T85.22XS, T85.29XD, T85.29XS, T85.79XA, T85.79XD, and T85.79XS. • <u>The following ICD-10 Codes were deleted from this Policy:</u> H52.521, H52.522, and H52.523. <p><u>To the References Section:</u> The following Reference was added to the Policy: #14.</p>
<p>April 11, 2024</p>	<p>UMC Approval</p>	

This document is for informational purposes only. It is not an authorization, certification, explanation of benefits, or contract. Receipt of benefits is subject to satisfaction of all terms and conditions of coverage. Eligibility and benefit coverage are determined in accordance with the terms of the member's plan in effect as of the date services are rendered. Medical Card System, Inc., (MCS) medical policies are developed with the assistance of medical professionals and are based upon a review of published and unpublished information including, but not limited to, current medical literature, guidelines published by public health and health research agencies, and community medical practices in the treatment and diagnosis of disease. Because medical practice, information, and technology are constantly changing, Medical Card System, Inc., (MCS) reserves the right to review and update its medical policies at its discretion. Medical Card System, Inc., (MCS) medical policies are intended to serve as a resource to the plan. They are not intended to limit the plan's ability to interpret plan language as deemed appropriate. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment they choose to provide.