Intraocular Lens

I. Policy

University Health Alliance (UHA) will reimburse for intraocular lens (IOL) replacement when it is determined to be medically necessary and when it meets the medical criteria guidelines (subject to limitations and exclusions) indicated below.

II. Criteria/Guidelines

A. A cataract is a hardening and opacification (or clouding) of the normally transparent crystalline lens within the eye behind the pupil. The intraocular lens (IOL) is a permanent plastic lens implanted inside the eye to replace the crystalline lens. UHA considers the following IOLs following cataract surgery involving removal of the crystalline lens medically necessary:

1. Standard fixed monofocal posterior chamber IOLs for aphakia
2. Standard posterior chamber IOL for hyperopia
3. Standard fixed monofocal posterior chamber ultraviolet absorbing IOLs

B. For members who elect non-standard IOLs, (V2787, and V2788) the cataract removal and lens implantation would be considered medically necessary. The non-standard lens itself would be partially covered.

1. The lens would be covered only to a fixed amount based on the calculated cost for standard lenses (listed in section II A, above). The member would be responsible for the additional charge for the new technology lens. (See Limitations/Exclusions, below)

2. Given that the intent of the multi-focal IOL, accommodating IOL and the toric IOL (presbyopia and astigmatism correcting intraocular lenses) is to obviate the need for reading glasses post-surgery, these IOLs are considered non standard and the member would be responsible for additional charges (charges that exceed the calculated cost for a standard lens). UHA considers the following IOLs non-standard deluxe items:
   i. Accommodating posterior chamber IOLs
   ii. multi-focal posterior chamber IOLs
   iii. astigmatism-correcting (toric) posterior chamber IOLs

NOTE:

This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine and it should not deter a provider from expressing his/her judgment.

Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or members’ individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.

UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may
request that UHA reconsider the application of the medical necessity criteria in light of any supporting documentation.

III. Limitations/Exclusions

A. Any additional pre- and post-operative services beyond those typically provided in conjunction with a cataract extraction with insertion of a standard IOL may be denied as non-covered.

1. Prior to surgery, the provider must obtain a signed agreement from the patient. This agreement must specifically inform the patient that he/she is responsible for the additional cost of a non-standard intraocular lens and any additional pre- and post-operative services beyond those typically provided in conjunction with a cataract extraction with insertion of a standard IOL. This documentation must be retained in the patient's medical record and be available upon request. If a participating, preferred, or network provider fails to get a signed agreement from the patient prior to surgery, the provider is responsible for the additional cost of the lens and any additional pre- and post-operative services beyond those typically provided in conjunction with a cataract extraction with insertion of a standard IOL.

2. When a non-standard intraocular lens is inserted solely for the correction of refractive errors (i.e., not for cataract surgery), the lens, the surgical procedure, and all pre- and post-operative care will be non-covered and will entirely be the member's financial responsibility. A participating preferred, or network provider can bill the member for the denied services.

IV. Administrative Guidelines

A. Prior authorization is not required.

B. Documentation supporting the medical necessity should be legible, maintained in the patient's medical record and must be made available to UHA upon request. UHA reserves the right to perform retrospective review using the above criteria to validate if services rendered met payment determination criteria and to ensure proper reimbursement is made.

<table>
<thead>
<tr>
<th>HCPCS Codes</th>
<th>Description</th>
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<tbody>
<tr>
<td>C1780</td>
<td>Lens, intraocular (new technology)</td>
</tr>
<tr>
<td>V2632</td>
<td>Posterior chamber intraocular lens</td>
</tr>
<tr>
<td>V2787</td>
<td>Astigmatism correcting function of intraocular lens</td>
</tr>
<tr>
<td>V2788</td>
<td>Presbyopia correcting function of intraocular lens</td>
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</tbody>
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V. Policy History

Policy Number: M.SUR.21.131201
Current Effective Date: 12/01/2013
Original Document Effective Date: 12/01/2013
Previous Revision Dates: N/A