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 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 lens implanted inside the eye to replace the crystalline lens. University Health Alliance (UHA) will reimburse for intraocular lens (IOL) when considered medically necessary within the following criteria:

A. Standard anterior/posterior chamber IOLs with or without ultraviolet absorbing features are considered medically necessary (subject to limitations/exclusions) for:
   1. IOLs following medically necessary cataract surgery
   2. Members who are APHAKIC (lack of natural lens) and are unable to wear contact lens

B. For members who elect non-standard IOLs (V2787, and V2788) in the setting after medically necessary cataract removal and lens implantation, 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. The member would be responsible for the additional charge for the new technology lens (See Limitations/Exclusions below).
   2. Given the intent of these lenses to reduce the need for reading glasses or of surgery, or improve under-corrected distance acuity, these IOLs are considered non-covered 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-covered:
      i. Accommodating posterior chamber IOLs
      ii. Multi-focal posterior IOLs
      iii. Astigmatism-correcting (toric) posterior chamber IOLs
      iv. Other IOLs for these purposes

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 for the correction of refractive errors (i.e., clear lens exchange not associated with a medically necessary cataract surgery or procedure), 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 Code</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: MPP-0104-131201
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Original Document Effective Date: 12/01/2013
Previous Revision Dates: N/A
PAP Approved Date: 12/01/2013