Clinical Policy: Accommodating Intraocular Lens

Reference Number: HNCA.CP.MP.178
Effective Date: 10/04
Last Review Date: 2/20

Coding Implications
Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description
Following cataract surgery, intraocular lenses (IOLs) are used to replace the natural lens and restore the optical focusing power of the eye. Common replacement lenses include monofocal, multifocal, phakic or accommodating IOLs.

Policy/Criteria
I. It is the policy of Health Net of California that presbyopic-correcting lenses [i.e., premium multifocal or accommodating intraocular lenses (IOLs)] and astigmatism-correcting lenses (aspheric, toric), following cataract extraction is not medically necessary. Available studies have not demonstrated a superior medical benefit over the monofocal IOL other than decreasing the need for corrective eye wear.

NOTE: Health Net will provide reimbursement for the cost of conventional (standard) or monofocal IOLs post cataract extraction. However, members may choose to receive a premium lens but must agree to assume liability for the additional expense related to these lenses.

Background
Monofocal IOLs are standard replacement lenses implanted after cataract surgery and usually have a fixed focusing power designed for either near or distance vision. The placement of a monofocal IOL usually requires corrective lenses or eyeglasses after surgery.

Presbyopia-correcting IOLs can be classified as multifocal, with near and distance elements in the optic of the lens, or accommodative, whereby the lens changes position or shape within the eye. Multifocal IOLs achieve their effect by dividing incoming light into two or more focal points and can be classified as refractive or diffractive.[1] Optical effects of multifocal IOLs may include reduced contrast sensitivity, halos around point sources of light, multiple images, and glare.[2] A Cochrane review that assessed the visual effects of multifocal IOLs in comparison with the current standard treatment of monofocal lens implantation reported multifocal IOLs are effective at improving near vision relative to monofocal IOLs, although there is uncertainty as to the size of the effect. Whether that improvement outweighs the adverse effects of multifocal IOLs, such as glare and haloes, will vary between people. Motivation to achieve spectacle independence is likely to be the deciding factor.[3] Examples of FDA approved multifocal lens include, AcrySof IQ ReSTOR (Alcon) and Tecnis Multifocal IOL (Abbott Medical Optics) Multifocal toric IOLs are currently also available to correct astigmatism concurrently while providing a range of vision. They provide correction or reduction of pre-existing astigmatism by incorporating a special curvature into the IOL. Examples of astigmatism-correcting IOLs include various models of TENSIS Toric, Acrysof IQ Toric, Trulign Toric and STAAR Toric.

In an attempt to mimic human accommodation, accommodative (with or without a toric component) presbyopia-correcting IOLs are designed to change position or shape in the eye with accommodative effort. These IOLs have demonstrated varied accommodative potential without the loss of contrast sensitivity inherent in multifocal IOLs. Examples of accommodative IOL include, Crystalens IOL (Bausch & Lomb Inc.) and Trulign Toric (Bausch & Lomb Inc.) A Cochrane review that included randomized controlled trials (RCTs) comparing implantation of accommodative IOLs to that of monofocal IOLs in cataract surgery concluded there is moderate-quality evidence that study participants who received accommodative IOLs had a small gain in near visual acuity after six months. There is some evidence that distance visual acuity with accommodative lenses may be worse after 12 months but due to low quality of evidence and heterogeneity of effect, the evidence for this is not clear-cut. People receiving accommodative lenses had more posterior capsule opacification (PCO) which may be associated with poorer distance vision. However, the effect of the lenses on PCO was also uncertain. Further research is required to improve the understanding of how accommodative IOLs may affect near visual function, and whether they provide any durable gains. Additional trials, with longer follow-up, comparing different accommodative IOLs, multifocal IOLs and monofocal IOLs, was also recommended.[4]

National Institute of Health and Clinical Excellence (NICE)
Current evidence suggests that there are no major safety concerns associated with the implantation of accommodating lenses for cataract. There is evidence of short-term efficacy in correcting visual acuity but there is inadequate evidence that the procedure achieves accommodation. Therefore, the procedure should not be used without special arrangements for consent and for audit or research.[5]

Coding Implications
This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2015, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT® Codes	Description
66982	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 (e.g., iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage

CPT® Codes	Description
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 (e.g., irrigation and aspiration or phacoemulsification)
66985	Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal
66986	Exchange of intraocular lens

HCPCS Codes	Description
C1780	Lens, intraocular (new technology)
S0596	Phakic intraocular lens for correction of refractive error
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
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

ICD-10-CM Diagnosis Codes

ICD-10-CM Code	Description
E08.36	Diabetes mellitus due to underlying conditions 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
H25.011-H25.9	Age-related cataract
H26.00-H26.9	Other cataract
Z96.1	Presence of intraocular lens

Reviews, Revisions, and Approvals	Date	Approval Date
Policy adopted from Health Net NMP178 Accommodating Intraocular Lens	2/17	2/17
Update no changes	2/18	2/18
Update no changes	2/19	2/19
Update no changes	2/20	2/20

References

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Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means a health

plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

 Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs,

and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at http://www.cms.gov for additional information.