POLICY – MPP – 227 Presbyopia and Astigmatism-Correcting Intraocular Lenses

Department/Team	Medical Management/Medical Payment Policy (MPP)
Approval By	HQUM
Approval Date	09/27/2022
Effective Date	05/02/2011
Line of Business	☒ Virginia Premier (Medicaid) ☒ D-SNP

PURPOSE

This policy outlines guidelines and criteria for coverage determination of Presbyopia-correcting intraocular lenses (IOLs).

DESCRIPTION

Presbyopia-correcting intraocular lenses (IOLs), which are accommodating and multifocal IOLs, are designed to restore a fuller range of near, intermediate and far distance vision as compared to monofocal IOLs. Astigmatism-correcting lenses are designed to reduce the need for glasses for clear distance vision following cataract surgery.

The use of presbyopia-correcting IOLs and astigmatism-correcting IOLs as alternatives to monofocal IOLs is considered primarily a comfort and convenience item (e.g., to eliminate the need for spectacles or contact lenses), because monofocal IOLs with eyeglasses or contact lenses is just as effective.

GUIDELINES/INSTRUCTIONS

POSITION:

Not Medically Necessary

The use of presbyopia-correcting intraocular lenses is considered **not medically necessary** for all indications.

The use of astigmatism-correcting intraocular lenses is considered **not medically necessary** for all indications.

CODING:
When services are Not Medically Necessary

HCPCS	
V2787	Astigmatism correcting function of intraocular lens
V2788	Presbyopia correcting function of intraocular lens

ICD-10 Diagnosis

All diagnoses

REFERENCES

1. https://www.anthem.com/dam/medpolicies/abcbs_va/active/policies/mp_pw_a050264.html Accessed September 11, 2022
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3. Centers for Medicare and Medicaid Services. CMS Ruling. Ruling Requirements for Determining Payment Made for Insertion of Astigmatism-Correcting Intraocular Lenses following Cataract Surgery. Ruling No. 1536-R Date January 22, 2007. Available at: https://www.cms.gov/Regulations-and-Guidance/Guidance/Rulings/Downloads/CMS1536R.pdf Accessed on September 11, 2022.

Peer Reviewed Publications:

1. Chiam PJ, Chan JH, Aggarwal RK, et al. ReSTOR intraocular lens implantation in cataract surgery: quality of vision. J Cataract Refract Surg. 2006; 32(9):1459-1463.

2. Cumming JS, Colvard DM, Dell SJ, et al. Clinical evaluation of the Crystalens AT-45 accommodating intraocular lens: results of the U.S. Food and Drug Administration clinical trial. J Cataract Refract Surg. 2006; 32(5):812-825.

3. Kohnen T, Allen D, Boureau C, et al. European multicenter study of the AcrySof ReSTOR apodized diffractive intraocular lens.Ophthalmology. 2006;113(4):574-584.

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9. Till JS, Yoder PR Jr, Wilcox TK, Spielman JL. Toric intraocular lens implantation: 100

consecutive cases. J Cataract Refract Surg. 2002; 28(2):295-301.

Government Agency, Medical Society, and Other Authoritative Publications:

1. American Academy of Ophthalmology (AAO). Refractive Errors – Surgery. September 2007. Available at: https://www.aaojournal.org/article/S0161-6420(17)33028-2/pdf . Accessed on September 6,2021.

2. National Institute for Health and Clinical Excellence (NICE). Implantation of accommodating intraocular lenses for cataract. 2019. Available at: http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11284. Accessed on September 6, 2021

3. U. S. Food and Drug Administration Summary of Safety and Effectiveness. Model SA40N AMO Array Multifocal Ultraviolet-Absorbing Silicone Posterior Chamber Intraocular Lens. No. P960028. Rockville, MD: FDA. September 5, 1997.

4. U.S. Food and Drug Administration Summary of Safety and Effectiveness. AcrySof ReSTOR Apodized Diffractive Optic Posterior Chamber Intraocular Lenses. No. P040020. Rockville, MD: FDA. March 8, 2005.

Related Documents

Revision History		
Date	**By**	**Description**
08/09/2019	Dr. Tamar Springel	
9/4/2020	Dr. Tamar Springel	Annual review
9/6/2021	Dr. Tamar Springel	Annual review
9/11/2022	Dr. Tamar Springel	Annual review
11/16/2022	Amy Ridolphi	Updates to the template