Description:
Aphakia is an absence of the lens in the eye. It may occur congenitally or from trauma, but is most commonly caused by extraction of a cataract. This lens is generally replaced after cataract surgery with the implantation of an intraocular lens (IOL). Intraocular lenses (of any type) are designed to replace the defective (e.g. traumatized, cataracts, or other disease) human crystalline lens. The IOL is usually inserted during the same surgery as the natural lens is removed. At times, the IOL may be inserted later in a secondary, separate operation.

There are several types of intraocular lenses that are currently used:

**Conventional Intraocular Lens (IOL)**
A conventional intraocular lens (IOL) is a small, lightweight clear disk that replaces the eye's natural lens. Use of a conventional IOL causes presbyopia. Presbyopia is when the eye loses the ability to focus clearly on objects at varying distances (near and far).

**Presbyopia Correcting and Accommodative Intraocular Lens (IOL)**
A presbyopia correcting intraocular lens (P-IOL), otherwise known as an accommodative intraocular lens (A-IOL), can provide the same results in correcting presbyopia as a conventional IOL used with eyeglasses or contact lenses.

**Astigmatism Correcting Intraocular Lens (A-C IOL)**
An astigmatism correcting intraocular lens (A-C IOL) can provide the same results in correcting astigmatism as a conventional IOL used with eyeglasses or contact lenses.

**Criteria: CWQI HCS-0043**

**COVERED**
- Moda Health will cover a conventional IOL to plan limitations following cataract surgery.

**NOT COVERED**
- Presbyopia correcting IOLs (V2788) and astigmatism correcting IOLs (V2787) or any other IOL that alters the refractive character of the eye will **NOT** be covered. These intraocular lenses are not the least costly alternative and therefore, not medically necessary. In addition, surgery to alter the refractive character of the eye is typically not a covered benefit. Check specific plan benefits.
Moda Health
Medical Necessity Criteria

Subject: Intraocular Lens Implant

Page 2 of 1

Origination Date: 4/08
Revision Date(s): 4/09, 2/11, 2/12, 12/12, 11/13, 11/14, 11/16
Developed By: Medical Criteria Committee
Next Review Date: 11/2017

Applicable CPT/HCPC Codes:

<table>
<thead>
<tr>
<th>CPT/HCPC Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>V2630</td>
<td>Anterior chamber intraocular lens</td>
</tr>
<tr>
<td>V2631</td>
<td>Iris supported intraocular lens</td>
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<tr>
<td>V2632</td>
<td>Posterior chamber intraocular lens</td>
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<tr>
<td>V2797</td>
<td>Vision supply, accessory, and/or service component of another HCPCS vision code</td>
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Applicable ICD_10 Codes:

<table>
<thead>
<tr>
<th>ICD-10 Code</th>
<th>Diagnosis</th>
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</thead>
<tbody>
<tr>
<td>H25.011 - H26.9</td>
<td>Cataract</td>
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<tr>
<td>Q12.0</td>
<td>Congenital cataract</td>
</tr>
<tr>
<td>Q13.3</td>
<td>Congenital corneal opacity</td>
</tr>
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</table>

Review Date | Revisions                                                                 | Effective Date |
-------------|---------------------------------------------------------------------------|----------------|
12/2012      | Annual Review: Added table with review date, revisions, and effective date. | 01/01/2013     |
11/13        | Annual Review: No changes                                                  | 11/27/2013     |
12/2014      | Annual Review: No changes                                                  | 12/3/2014      |

References:

- Physician Advisors