

## MEDICAL POLICY

<b>POLICY TITLE</b>	<b>INTRAOCULAR LENSES, SPECTACLE CORRECTION AND IRIS PROSTHESIS</b>
<b>POLICY NUMBER</b>	<b>MP-6.058</b>

<b>Original Issue Date (Created):</b>	<b>6/2/2020</b>
<b>Most Recent Review Date (Revised):</b>	<b>6/9/2020</b>
<b>Effective Date:</b>	<b>2/1/2021</b>

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### I. POLICY

#### Intraocular Lens Implant (IOL)

##### Initial IOL Implant

A standard monofocal intraocular lens (IOL) implant is **medically necessary** when the eye's natural lens is absent including the following:

- Following cataract extraction
- Trauma to the eye which has damaged the lens
- Congenital cataract
- Congenital aphakia
- Lens subluxation/displacement

A standard monofocal intraocular lens (IOL) implant is **medically necessary** for anisometropia of 3 diopters or greater, and uncorrectable vision with the use of glasses or contact lenses.

Premium intraocular lens implants including but not limited to the following are **not medically necessary** for any indication, including aphakia, because each is intended to reduce the need for reading glasses.

- Presbyopia correcting IOL (e.g., Array® Model SA40, ReZoom™, AcrySof® ReStor®, TECNIS® Multifocal IOL, Tecnis Symphony and Tecnis SymphonyToric, TRULIGN, Toric IO, Crystalens Aspheric Optic™)
- Astigmatism correcting IOL (e.g., AcrySof IQ Toric IOL (Alcon) and Tecnis Toric Aspheric IOL)
- Phakic IOL (e.g., ARTISAN®, STAAR Visian ICL™)

##### Replacement IOLs

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Replacement of a medically necessary IOL is **medically necessary** when anatomical change, inflammatory response or mechanical failure renders a previously implanted intraocular lens ineffective or nonfunctional.

**Spectacle Correction (Eyeglasses) for Aphakia (those who do not have an IOL)**

**Initial**

For aphakia that is due to the congenital absence of a lens or following the removal of a cataract without the insertion of an IOL: the following **are medically necessary** for the first pair of glasses or aphakic contact lenses, or combination of lenses:

- Bifocal lenses in frames or
- Trifocal lenses in frames *or*
- Lenses in frames for far vision and lenses in frames for near vision; or
- Contact lens(es) for far vision (including cases of binocular and monocular aphakia):

Note: Contact lenses and lenses in frames for near vision to be worn either at the same time as the contact lens(es) and lenses in frames, or to be worn when the contacts have been removed may be considered **medically necessary** .

The following additions to lenses may be considered **medically necessary**;

- Anti-reflective coating (V2750), a clear lens treatment to decrease glare and internal/external reflections
- Tinted lenses (V2744, V2745) (unless to be used as sunglasses prescribed in addition to an untinted prosthetic lens)
- Polycarbonate lenses (V2784) for individuals with functional vision in only one eye.
- Oversize lenses (V2780)
- UV protection (V2755) following cataract extraction

The following are considered **not medically necessary**;

- The addition of UV coating (V2755) for polycarbonate lenses (V2784).
- Tinted lenses (V2745), including photochromatic lenses (V2744), used as sunglasses, which are prescribed in addition to regular prosthetic lenses

**Replacement Lenses for Spectacle Correction due to Aphakia (those who do not have an IOL)**

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For aphakia - an additional pair of lense(s), either eyeglass or contact lenses, are **medically necessary** each time the member's prescription changes. Please reference the member's certificate of coverage.

**Spectacle Correction for Pseudophakia (those who have an IOL)**

One pair of eyeglasses or contact lenses is **medically necessary** after each cataract surgery with insertion of an IOL.

Note: When a member has a cataract extraction with IOL insertion in one eye, subsequently has a cataract extraction with IOL insertion in the other eye, and does not receive eyeglasses or contact lenses between the two surgical procedures, only one pair of eyeglasses or contact lenses after the second surgery is medically necessary. If a member has a pair of eyeglasses, and has a cataract extraction with IOL insertion, and receives only new lenses but not new frames after the surgery, the benefit would not cover new frames at a later date (unless it follows subsequent cataract extraction in the other eye).

The following are considered **not medically necessary** for lenses due to pseudophakia:

- Any lens customization such as, but not limited to:
  - Tinted lenses (V2745) including photochromatic lenses (V2744), used as sunglasses, which are used in addition to regular prosthetic lenses to a pseudophakic member
  - Scratch resistant coating (V2760)
  - Mirror coating (V2761) reflective lens treatments
  - Polarization (V2762)
  - Deluxe lens feature (V2702) (includes services and features such as lens edge treatments and lens drilling)
  - Progressive lenses (V2781) (a multifocal lens that gradually changes in lens power from the top to the bottom eliminating the line that would otherwise be seen in a bifocal or trifocal lens)
  - Use of polycarbonate or similar material (V2784) or high index glass or plastic (V2782, V2783) to decrease weight or thickness of the lens.
  - Specialty occupational multifocal lenses (V2786)
  - Deluxe frames (V2025)
- Eyeglass cases (V2756)
- Contact lens cleaning solution and normal saline for contact lenses

Low vision aids (V2600-V2615)

**Replacement Lenses for Spectacle Correction due to Pseudophakia**

Reference the member's certificate of coverage for information on **replacement** frames, eyeglass lenses and contact lenses for members with pseudophakia (those who have an IOL).

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### Iris Prosthesis

An Iris Prosthesis may be considered **medically necessary** for

- Aniridia
- Traumatic Injury to the Eye
- Albinism (Achromasia)
- Melanoma of the Eye.

All other indications of Iris Prosthesis other than those described in the policy section are considered **investigational**, as there is insufficient evidence to support a conclusion concerning the health outcomes or benefits associated with this procedure.

**\*NOTE:** The Educational Requirements of an Ophthalmologist should include additional trainings in residency of course work in wet-lab settings and surgical simulators to facilitate surgical competency and reduction of complications rates.

In addition, Human Optics AG has an online certification course which provides a certificate upon completion of the course. The certificate is required to proceed with product ordering. The course covers basic knowledge of the CUSTOMFLEX Artificial Iris applications and training standards.

## II. PRODUCT VARIATIONS

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This policy is only applicable to certain programs and products administered by Capital BlueCross please see additional information below, and subject to benefit variations as discussed in Section VI below.

**FEP PPO** - Refer to FEP Benefit Brochure for information on Vision Services:  
<https://www.fepblue.org/benefit-plans/benefit-plans-brochures-and-forms>

*Note\** - The Federal Employee Program (FEP) Service Benefit Plan does not have a medical policy related to these services.

## III. DESCRIPTION/BACKGROUND

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### Intraocular Lenses (IOL)

Aphakia is the absence of the lens of the eye due to surgical removal (as in surgery for cataract extraction), a perforating wound or ulcer, or congenital anomaly. It causes a loss of accommodation, far sightedness (hyperopia), and a deep anterior chamber.

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When the natural lens is absent, much of the eye's focusing ability is lost. To restore vision, lost focusing power is usually replaced by one of three methods. The first method is the use of glasses (spectacles). The required lens power is high and the corrective lens quite thick. The second option is to wear a contact lens. This option can be utilized for cataract surgery on one or both eyes. The third option is to place a permanent IOL inside the eye. An intraocular lens implant is a synthetic, artificial lens placed inside the eye that replaces the focusing power of a natural lens.

**Types of Intraocular Lenses****Standard Monofocal IOL**

Monofocal IOLs have a fixed or single focal point and are the current standard of treatment for lens replacement. A standard monofocal IOL is a lens that provides good vision at one focal point which can be set for distance, intermediate or near vision. With a fixed focusing power set for one specific distance, typically distance vision, eyeglasses are commonly required for reading or near vision tasks.

**Premium IOLs**

Premium IOLs are used for patients with the goal of reducing their dependency on glasses. Currently available premium IOLs include the toric, multifocal, and accommodative IOLs.

**Toric IOLs**

Toric IOLs are used for patients with significant astigmatism who desire less dependency on glasses. Because they also correct patients' astigmatism, toric IOLs will allow improved distance vision without glasses or improved reading vision without glasses.

**Multifocal IOLs**

Multifocal IOLs use either diffractive or refractive techniques to allow for 2 focal points: one for distance and one for reading. Multifocal IOLs are used for patients who desire both good distance and good reading vision without glasses.

With refractive multifocal IOLs, smaller pupil sizes may limit the amount of light passing through the different refractive rings, thus limiting the multifocal effect of the IOL. Furthermore, given the loss of contrast inherent in a multifocal IOL, they generally do not work well in patients with corneal disease, macular disease, glaucoma, or other ocular pathology.

**Accommodative IOLs**

Accommodative IOLs use materials and design techniques that allow the IOL to flex via contraction of the ciliary body, thus shifting the focal point from distance to intermediate, and from intermediate to near. Accommodative IOLs are used for patients whose goals include good

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uncorrected distance and intermediate vision, but who find it acceptable to wear glasses for extended periods of reading.

**Types of Iris Prosthesis**

**CustomFlex Artificial Iris Implants**

CustomFlex Artificial Iris Implants is a prosthetic iris made of thin, foldable medical-grade silicone. The device is custom-made and can be sized and colored for each individual patient. The CustomFlex Artificial Iris Implant can be used to treat congenital and traumatic aniridia. It can also be used to treat iris defects due to other reasons or conditions, such as albinism, or surgical removal due to melanoma.

**Anterior Chamber Angle Fixation Lenses**

- The anterior chamber fixation lens is indicated when there is no iris (i.e., congenital or traumatic aniridia) or when there is an unusually large opening in the iris (i.e., as is some iridectomies).

**IV. RATIONALE**  
NA

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**V. DEFINITIONS**

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**AMBLYOPIA** refers to reduced vision in an eye not correctable by a manifest refraction and with no obvious pathologic or structural cause.

**ALBINISM (Achromasia)** is a rare group of genetic disorders that cause the skin, hair, or eyes to have little or no color. Albinism is also associated with vision problems. According to the National Organization for Albinism and Hypopigmentation, about 1 in 18,000 to 20,000 people in the United States have a form of albinism.

**ANIRIDIA** is an eye disorder where the iris (colored ring structure of the eye that forms the pupil) is malformed. In some cases, other structures of the eye are poorly developed. The word aniridia implies that there is “no iris,” but in fact there is a small ring of iris tissue present which is variable in size. Because the iris tissue is so small, the pupil is very large and may be irregularly shaped. Aniridia is a bilateral condition, meaning it is present in both eyes. However, the two eyes may be affected differently by the disease

**APHAKIA** refers to the absence of the lens of an eye, occurring congenitally or as a result of trauma or surgery.

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**CONGENITAL** refers to or relating to a condition present at birth, whether inherited or caused by the environment, especially the uterine environment.

**CONTRALATERAL** refers to the relating to or denoting the side of the body opposite to that on which a particular structure or condition occurs.

**CORNEA** refers to the transparent anterior portion of the sclera (the fibrous outer layer of the eyeball), about one sixth of its surface: the first part of the eye that refracts light.

**INTRAOCULAR LENS** is a mechanical transplant used in ophthalmology to replace the natural lens of the eye that has ceased to function due to disease (e.g., cataract) or otherwise functionally disrupted.

**MICROPTHALMUS** refers to Abnormal smallness of one or both eyes; congenital, and almost always hereditary (usually recessive, but may also be dominant).

**PHOTOPHOBIA**, or light sensitivity, is an intolerance of light.

### VI. BENEFIT VARIATIONS

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The existence of this medical policy does not mean that this service is a covered benefit under the member's health benefit plan. Benefit determinations should be based in all cases on the applicable health benefit plan language. Medical policies do not constitute a description of benefits. A member's health benefit plan governs which services are covered, which are excluded, which are subject to benefit limits and which require preauthorization. There are different benefit plan designs in each product administered by Capital BlueCross. Members and providers should consult the member's health benefit plan for information or contact Capital BlueCross for benefit information.

### VII. DISCLAIMER

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*Capital BlueCross's medical policies are developed to assist in administering a member's benefits, do not constitute medical advice and are subject to change. Treating providers are solely responsible for medical advice and treatment of members. Members should discuss any medical policy related to their coverage or condition with their provider and consult their benefit information to determine if the service is covered. If there is a discrepancy between this medical policy and a member's benefit information, the benefit information will govern. Capital BlueCross considers the information contained in this medical policy to be proprietary and it may only be disseminated as permitted by law.*

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### VIII. CODING INFORMATION

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**Note:** This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

**Not medically necessary; therefore not covered, premium intraocular lens implants:**

<b>HCPCS Codes</b>	<b>Description</b>
C1780	Lens, intraocular (new technology)
C1840	Lens, intraocular (telescopic)
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
S0596	Phakic intraocular lens for correction of refractive error
V2787	Astigmatism correcting function of intraocular lens
V2788	Presbyopia correcting function of intraocular lens

**Not medically necessary; therefore, not covered, spectacle correction (eyeglasses):**

<b>HCPCS Codes</b>	<b>Description</b>
S0580	Polycarbonate lens (list this code in addition to the basic code for the lens)
S0581	Nonstandard lens (list this code in addition to the basic code for the lens)
S0590	Integral lens service, miscellaneous services reported separately
V2025	Deluxe frame
V2702	Deluxe lens feature
V2744	Tint, photochromatic, per lens (used as sunglasses, when prescribed in addition to regular prosthetic lenses)
V2745	Addition to lens; tint, any color, solid, gradient or equal, excludes photochromatic, any lens material, per lens (used as sunglasses, when prescribed in addition to regular prosthetic lenses)
V2755	U-V lens, per lens (when not following cataract extraction)
V2756	Eye glass case
V2760	Scratch resistant coating, per lens
V2761	Mirror coating, any type, solid, gradient or equal, any lens material, per lens
V2762	Polarization, any lens material, per lens
V2780	Oversize lens, per lens
V2781	Progressive lens, per lens



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<b>HCPCS Codes</b>	<b>Description</b>
V2782	Lens, index 1.54 to 1.65 plastic or 1.60 to 1.79 glass, excludes polycarbonate, per lens
V2783	Lens, index greater than or equal to 1.66 plastic or greater than or equal to 1.80 glass, excludes polycarbonate, per lens
V2784	Lens, polycarbonate or equal, any index, per lens
V2786	Specialty occupational multifocal lens, per lens
V2797	Vision supply, accessory and/or service component of another HCPCS vision code
V2799	Vision item or service, miscellaneous

### **Not medically necessary; therefore not covered, contacts and supplies:**

<b>HCPCS Codes</b>	<b>Description</b>
V2797	Vision supply, accessory and/or service component of another HCPCS vision code
V2799	Vision item or service, miscellaneous

### **Not medically necessary; therefore not covered, low vision aids:**

<b>HCPCS Codes</b>	<b>Description</b>
V2600	Hand held low vision aids and other nonspectacle mounted aids
V2610	Single lens spectacle mounted low vision aids
V2615	Telescopic and other compound lens system, including distance vision telescopic, near vision telescopes and compound microscopic lens system

### **Covered when medically necessary; intraocular lens implant (IOL):**

<b>HCPCS Codes</b>	<b>Description</b>
V2630	Anterior chamber intraocular lens
V2631	Iris supported intraocular lens
V2632	Posterior chamber intraocular lens

### **Covered when medically necessary; spectacle correction (eyeglasses):**

<b>HCPCS Codes</b>	<b>Description</b>
S0580	Polycarbonate lens (list this code in addition to the basic code for the lens) (if functional vision in only one eye)
S0581	Nonstandard lens (list this code in addition to the basic code for the lens) (for aphakia)
V2020	Frames, purchases
V2100	Sphere, single vision, plano to plus or minus 4.00, per lens
V2101	Sphere, single vision, plus or minus 4.12 to plus or minus 7.00d, per lens
V2102	Sphere, single vision, plus or minus 7.12 to plus or minus 20.00d, per lens

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<b>HCPCS Codes</b>	<b>Description</b>
V2103	Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens
V2104	Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 2.12 to 4.00d cylinder, per lens
V2105	Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens
V2106	Spherocylinder, single vision, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens
V2107	Spherocylinder, single vision, plus or minus 4.25 to plus or minus 7.00 sphere, 0.12 to 2.00d cylinder, per lens
V2108	Spherocylinder, single vision, plus or minus 4.25d to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens
V2109	Spherocylinder, single vision, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens
V2110	Spherocylinder, single vision, plus or minus 4.25 to 7.00d sphere, over 6.00d cylinder, per lens
V2111	Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25 to 2.25d cylinder, per lens
V2112	Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25d to 4.00d cylinder, per lens
V2113	Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens
V2114	Spherocylinder, single vision, sphere over plus or minus 12.00d, per lens
V2115	Lenticular (myodisc), per lens, single vision
V2118	Aniseikonic lens, single vision
V2121	Lenticular lens, per lens, single
V2199	Not otherwise classified, single vision lens
V2200	Sphere, bifocal, plano to plus or minus 4.00d, per lens
V2201	Sphere, bifocal, plus or minus 4.12 to plus or minus 7.00d, per lens
V2202	Sphere, bifocal, plus or minus 7.12 to plus or minus 20.00d, per lens
V2203	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens
V2204	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 2.12 to 4.00d cylinder, per lens
V2205	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens
V2206	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens
V2207	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 0.12 to 2.00d cylinder, per lens
V2208	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens

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<b>HCPCS Codes</b>	<b>Description</b>
V2209	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens
V2210	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder, per lens
V2211	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25 to 2.25d cylinder, per lens
V2212	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens
V2213	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens
V2214	Spherocylinder, bifocal, sphere over plus or minus 12.00d, per lens
V2215	Lenticular (myodisc), per lens, bifocal
V2218	Aniseikonic, per lens, bifocal
V2219	Bifocal seg width over 28mm
V2220	Bifocal add over 3.25d
V2221	Lenticular lens, per lens, bifocal
V2299	Specialty bifocal (by report)
V2300	Sphere, trifocal, plano to plus or minus 4.00d, per lens
V2301	Sphere, trifocal, plus or minus 4.12 to plus or minus 7.00d per lens
V2302	Sphere, trifocal, plus or minus 7.12 to plus or minus 20.00, per lens
V2303	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens
V2304	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 2.25 to 4.00d cylinder, per lens
V2305	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 4.25 to 6.00 cylinder, per lens
V2306	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens
V2307	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 0.12 to 2.00d cylinder, per lens
V2308	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens
V2309	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens
V2310	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder, per lens
V2311	Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25 to 2.25d cylinder, per lens
V2312	Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens
V2313	Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens

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<b>HCPCS Codes</b>	<b>Description</b>
V2314	Spherocylinder, trifocal, sphere over plus or minus 12.00d, per lens
V2315	Lenticular, (myodisc), per lens, trifocal
V2318	Aniseikonic lens, trifocal
V2319	Trifocal seg width over 28 mm
V2320	Trifocal add over 3.25d
V2321	Lenticular lens, per lens, trifocal
V2399	Specialty trifocal (by report)
V2410	Variable asphericity lens, single vision, full field, glass or plastic, per lens
V2430	Variable asphericity lens, bifocal, full field, glass or plastic, per lens
V2499	Variable sphericity lens, other type
V2744	Tint, photochromatic, per lens (unless to be used as sunglasses prescribed in addition to an untinted prosthetic lens)
V2745	Addition to lens; tint, any color, solid, gradient or equal, excludes photochromatic, any lens material, per lens (unless to be used as sunglasses prescribed in addition to an untinted prosthetic lens)
V2750	Antireflective coating, per lens
V2755	U-V lens, per lens (only following cataract extraction)
V2780	Oversize lens, per lens
V2784	Lens, polycarbonate or equal, any index, per lens ( <b>with functional vision in only one eye</b> )

### Covered when medically necessary; contacts:

<b>HCPCS Codes</b>	<b>Description</b>
V2500	Contact lens, PMMA, spherical, per lens
V2501	Contact lens, PMMA, toric or prism ballast, per lens
V2502	Contact lens PMMA, bifocal, per lens
V2503	Contact lens, PMMA, color vision deficiency, per lens
V2510	Contact lens, gas permeable, spherical, per lens
V2511	Contact lens, gas permeable, toric, prism ballast, per lens
V2512	Contact lens, gas permeable, bifocal, per lens
V2513	Contact lens, gas permeable, extended wear, per lens
V2520	Contact lens, hydrophilic, spherical, per lens
V2521	Contact lens, hydrophilic, toric, or prism ballast, per lens
V2522	Contact lens, hydrophilic, bifocal, per lens
V2523	Contact lens, hydrophilic, extended wear, per lens
V2530	Contact lens, scleral, gas impermeable, per lens
V2531	Contact lens, scleral, gas permeable, per lens
V2599	Contact lens, other type

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<b>HCPCS Codes</b>	<b>Description</b>
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<b>ICD-10-CM Diagnosis Codes</b>	<b>Description</b>
H26.101	Unspecified traumatic cataract, right eye
H26.102	Unspecified traumatic cataract, left eye
H26.103	Unspecified traumatic cataract, bilateral
H27.01	Aphakia, right eye
H27.02	Aphakia, left eye
H27.03	Aphakia, bilateral
H27.111	Subluxation of lens, right eye
H27.112	Subluxation of lens, left eye
H27.113	Subluxation of lens, bilateral
H27.121	Anterior dislocation of lens, right eye
H27.122	Anterior dislocation of lens, left eye
H27.123	Anterior dislocation of lens, bilateral
H27.131	Posterior dislocation of lens, right eye
H27.132	Posterior dislocation of lens, left eye
H27.133	Posterior dislocation of lens, bilateral
H27.8	Other specified disorders of lens
H52.31	Anisometropia
Q12.0	Congenital cataract
Q12.1	Congenital displaced lens
Q12.3	Congenital aphakia
T85.21XA	Breakdown (mechanical) of intraocular lens, initial encounter
T85.22XA	Displacement of intraocular lens, initial encounter
T85.29XA	Other mechanical complication of intraocular lens, initial encounter
Z98.41	Cataract extraction status, right eye
Z98.42	Cataract extraction status, left eye

**Covered when medically necessary for Iris Prosthesis**

<b>CPT Codes</b>	<b>Description</b>
66999	Unlisted Procedure, anterior segment of eye.

**MEDICAL POLICY**

<b>POLICY TITLE</b>	<b>INTRAOCULAR LENSES, SPECTACLE CORRECTION AND IRIS PROSTHESIS</b>
<b>POLICY NUMBER</b>	<b>MP-6.058</b>

**Covered when medically necessary for Iris Prosthesis**

<b>HCPCS Codes</b>	<b>Description</b>
C1839	Iris Prosthesis

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**MEDICAL POLICY**

<b>POLICY TITLE</b>	<b>INTRAOCULAR LENSES, SPECTACLE CORRECTION AND IRIS PROSTHESIS</b>
<b>POLICY NUMBER</b>	<b>MP-6.058</b>

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**X. POLICY HISTORY**

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<b>MP 6.058</b>	<b>CAC 3/29/16</b> New policy addressing intraocular lenses and lenses for spectacle correction. Coding reviewed.
	<b>1/1/17 Administrative update.</b> Product variation section reformatted.
	<b>CAC 11/28/17 Consensus.</b> Policy statements unchanged. Description/Background, Rationale and Reference sections updated. Coding reviewed.
	<b>8/10/18 Consensus review.</b> No changes to the policy statements. References reviewed.
	<b>5/22/19 Consensus review.</b> No change to policy statements. References reviewed.
	<b>5/22/2020 Consensus review.</b> References updated. Policy statement unchanged.
	<b>6/2/2020 Major Review.</b> Policy Statement changed. Title changed to include Iris Prosthesis. Definitions added. References added. Coding added for Iris Prosthesis. Criteria added for Iris Prosthesis.

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