MEDICAL POLICY

POLICY TITLE	INTRAOCULAR LENSES, SPECTACLE CORRECTION AND IRIS PROSTHESIS
POLICY NUMBER	MP 6.058

CLINICAL BENEFIT	☐ MINIMIZE SAFETY RISK OR CONCERN. ☒ MINIMIZE HARMFUL OR INEFFECTIVE INTERVENTIONS. ☐ ASSURE APPROPRIATE LEVEL OF CARE. ☐ ASSURE APPROPRIATE DURATION OF SERVICE FOR INTERVENTIONS. ☐ ASSURE THAT RECOMMENDED MEDICAL PREREQUISITES HAVE BEEN MET. ☐ ASSURE APPROPRIATE SITE OF TREATMENT OR SERVICE.
Effective Date:	**3/1/2024**

POLICY
RATIONALE
DISCLAIMER
POLICY HISTORY
PRODUCT VARIATIONS
DEFINITIONS
CODING INFORMATION
DESCRIPTION/BACKGROUND
BENEFIT VARIATIONS
REFERENCES

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 three 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 (examples include but are not limited to: Array® Model SA40, ReZoom™, AcrySof® Restor®, Tecnis® Multifocal IOL, Tecnis Symfony and Tecnis Symfony Toric, Trulign, Toric IO, and Crystalens Aspheric Optic™)
- Astigmatism correcting IOL (examples include but are not limited to: AcrySof IQ Toric IOL (Alcon) and Tecnis Toric Aspheric IOL)
- Phakic IOL (examples include but are not limited to: Artisan®, Staar Visian ICL™)

Replacement IOLs

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/Contacts) 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, S0580) for individuals with functional vision in only one eye.
- Oversize lenses (V2780)
- UV protection (V2755)

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

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/benefits booklet.

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).

Replacement Lenses for Spectacle Correction due to Pseudophakia

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

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

- 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
    - 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)

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 general conclusion concerning the health outcomes or benefits associated with this procedure.

Cross references:

MP 2.103 Off Label Use of Medications and Other Interventions

MP 6.018 Prosthetics and Accessories
MP 6.031 Gas Permeable Scleral Contact Lens and Therapeutic Soft Contact Lens

II. PRODUCT VARIATIONS

TOP

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

FEP PPO - Refer to FEP Medical Policy Manual. The FEP Medical Policy manual can be found at:
https://www.fepblue.org/benefit-plans/medical-policies-and-utilization-management-guidelines/medical-policies

III. DESCRIPTION/BACKGROUND

TOP

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.

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

Anisometropia

Anisometropia is a condition where there is unequal refraction between a person’s eyes. Common symptoms include blurred vision, double vision, sensitivity to light, nausea, fatigue, and disorientation. Anisometropia with a difference between the eyes of greater than 3D should be treated in children as soon as possible, as it can lead to amblyopia. Refractive surgical procedures are typically performed in adults. However, in select cases of severe refractive error, refractive surgery may be performed in children to prevent amblyopia, treat amblyopia that is not responding to standard therapy, or as a component of the treatment of amblyopia (eg, in children with severe anisometropia or bilateral severe abnormal refraction who cannot or will not wear refractive correction). Though anisometropia typically develops in childhood, it can also occur after cataract surgery in adults.

Patients with a significant postoperative refractive error following cataract surgery typically have three options for its correction. The first is IOL exchange, which is best performed early in the postoperative period. The second option is corneal refractive surgery. The third option is the implantation of a piggyback IOL. Piggyback IOL implantation was first introduced in 1993 by Gayton and Sanders and involves the placement of another IOL in the bag or more recently, in the sulcus. Higher safety profile, easier technique, and the potential for removing the second lens are the advantages of piggyback IOL implantation over IOL exchange.

Types of Iris Prosthesis

CustomFlex Artificial Iris Implants

CustomFlex Artificial Iris Implants, from HumanOptics AG, is the only FDA approved stand-alone prosthetic iris. It is made of thin, foldable medical-grade silicone, 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 albinison, or surgical removal due to melanoma.

This product is restricted by the FDA to practitioners who have been trained and have experience in the surgical management and treatment of aniridia. The manufacturer has an online certification course that must be completed before a provider can order the device.

IV. RATIONALE

TOP

NA

V. DEFINITIONS

TOP

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 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

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

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.

MICROPHTHALMUS 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

TOP

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 Blue Cross. Members and providers should consult the member's health benefit plan for information or contact Capital Blue Cross for benefit information.

VII. DISCLAIMER

TOP

Capital Blue Cross'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. If a provider or a member has a question concerning the application of this medical policy to a specific member's plan of benefits, please contact Capital Blue Cross' Provider Services or Member Services. Capital Blue Cross considers the information contained in this medical policy to be proprietary and it may only be disseminated as permitted by law.

VIII. CODING INFORMATION

TOP

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:

Procedure Codes							
C1780	C1840	Q1004	Q1005	S0596	V2787	V2788	

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

POLICY TITLE	INTRAOCULAR LENSES, SPECTACLE CORRECTION AND IRIS PROSTHESIS
POLICY NUMBER	MP 6.058

Procedure Codes							
S0590	V2025	V2702	V2756	V2760	V2761	V2762	V2781
V2782	V2783	V2786	V2797	V2799			

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

Procedure Codes							
V2600	V2610	V2615					

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

Procedure Codes							
V2630	V2631	V2632					

Covered when medically necessary; spectacle correction (eyeglasses):

Procedure Codes							
S0580	S0581	V2020	V2100	V2101	V2102	V2103	V2104
V2105	V2106	V2107	V2108	V2109	V2110	V2111	V2112
V2113	V2114	V2115	V2118	V2121	V2199	V2200	V2201
V2202	V2203	V2204	V2205	V2206	V2207	V2208	V2209
V2210	V2211	V2212	V2213	V2214	V2215	V2218	V2219
V2220	V2221	V2299	V2300	V2301	V2302	V2303	V2304
V2305	V2306	V2307	V2308	V2309	V2310	V2311	V2312
V2313	V2314	V2315	V2318	V2319	V2320	V2321	V2399
V2410	V2430	V2499	V2700	V2710	V2715	V2718	V2730
V2744	V2745	V2750	V2755	V2770	V2780	V2784	

Covered when medically necessary; contacts:

Procedure Codes							
V2500	V2501	V2502	V2503	V2510	V2511	V2512	V2513
V2520	V2521	V2522	V2523	V2524	V2525	V2530	V2531
V2599							

ICD-10-CM Diagnosis Code	Description
E10.36	Type 1 diabetes mellitus with diabetic cataract
E11.36	Type 2 diabetes mellitus with diabetic cataract
H21.89	Other specified disorders of iris and ciliary body
H25.011	Cortical age-related cataract, right eye
H25.012	Cortical age-related cataract, left eye

POLICY TITLE	INTRAOCULAR LENSES, SPECTACLE CORRECTION AND IRIS PROSTHESIS
POLICY NUMBER	MP 6.058

ICD-10-CM Diagnosis Code	Description
H25.013	Cortical age-related cataract, bilateral
H25.031	Anterior subcapsular polar age-related cataract, right eye
H25.032	Anterior subcapsular polar age-related cataract, left eye
H25.033	Anterior subcapsular polar age-related cataract, bilateral
H25.041	Posterior subcapsular polar age-related cataract, right eye
H25.042	Posterior subcapsular polar age-related cataract, left eye
H25.043	Posterior subcapsular polar age-related cataract, bilateral
H25.091	Other age-related incipient cataract, right eye
H25.092	Other age-related incipient cataract, left eye
H25.093	Other age-related incipient cataract, bilateral
H25.11	Age-related nuclear cataract, right eye
H25.12	Age-related nuclear cataract, left eye
H25.13	Age-related nuclear cataract, bilateral
H25.21	Age-related cataract, morgagnian type, right eye
H25.22	Age-related cataract, morgagnian type, left eye
H25.23	Age-related cataract, morgagnian type, bilateral
H25.811	Combined forms of age-related cataract, right eye
H25.812	Combined forms of age-related cataract, left eye
H25.813	Combined forms of age-related cataract, bilateral
H25.89	Other age-related cataract
H26.001	Unspecified infantile and juvenile cataract, right eye
H26.002	Unspecified infantile and juvenile cataract, left eye
H26.003	Unspecified infantile and juvenile cataract, bilateral
H26.011	Infantile and juvenile cortical, lamellar, or zonular cataract, right eye
H26.012	Infantile and juvenile cortical, lamellar, or zonular cataract, left eye
H26.013	Infantile and juvenile cortical, lamellar, or zonular cataract, bilateral
H26.031	Infantile and juvenile nuclear cataract, right eye
H26.032	Infantile and juvenile nuclear cataract, left eye

ICD-10-CM Diagnosis Code	Description
H26.033	Infantile and juvenile nuclear cataract, bilateral
H26.041	Anterior subcapsular polar infantile and juvenile cataract, right eye
H26.042	Anterior subcapsular polar infantile and juvenile cataract, left eye
H26.043	Anterior subcapsular polar infantile and juvenile cataract, bilateral
H26.051	Posterior subcapsular polar infantile and juvenile cataract, right eye
H26.052	Posterior subcapsular polar infantile and juvenile cataract, left eye
H26.053	Posterior subcapsular polar infantile and juvenile cataract, bilateral
H26.061	Combined forms of infantile and juvenile cataract, right eye
H26.062	Combined forms of infantile and juvenile cataract, left eye
H26.063	Combined forms of infantile and juvenile cataract, bilateral
H26.09	Other infantile and juvenile cataract
H26.101	Unspecified traumatic cataract, right eye
H26.102	Unspecified traumatic cataract, left eye
H26.103	Unspecified traumatic cataract, bilateral
H26.131	Total traumatic cataract, right eye
H26.132	Total traumatic cataract, left eye
H26.133	Total traumatic cataract, bilateral
H26.20	Unspecified complicated cataract
H26.211	Cataract with neovascularization, right eye
H26.212	Cataract with neovascularization, left eye
H26.213	Cataract with neovascularization, bilateral
H26.221	Cataract secondary to ocular disorders (degenerative) (inflammatory), right eye
H26.222	Cataract secondary to ocular disorders (degenerative) (inflammatory), left eye
H26.223	Cataract secondary to ocular disorders (degenerative) (inflammatory), bilateral
H26.31	Drug-induced cataract, right eye
H26.32	Drug-induced cataract, left eye
H26.33	Drug-induced cataract, bilateral

ICD-10-CM Diagnosis Code	Description
H26.40	Unspecified secondary cataract
H26.411	Soemmering's ring, right eye
H26.412	Soemmering's ring, left eye
H26.413	Soemmering's ring, bilateral
H26.491	Other secondary cataract, right eye
H26.492	Other secondary cataract, left eye
H26.493	Other secondary cataract, bilateral
H26.8	Other specified cataract
H26.9	Unspecified cataract
H27.01	Aphakia, right eye
H27.02	Aphakia, left eye
H27.03	Aphakia, bilateral
H27.10	Unspecified dislocation of lens
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
H28	Cataract in diseases classified elsewhere
H52.31	Anisometropia
Q12.0	Congenital cataract
Q12.1	Congenital displaced lens
Q12.3	Congenital aphakia

ICD-10-CM Diagnosis Code	Description
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

Procedure Codes							
C1839	66999	0616T	0617T	0618T			

ICD-10-CM Diagnosis Code	Description
C69.40	Malignant neoplasm of unspecified ciliary body
C69.41	Malignant neoplasm of right ciliary body
C69.42	Malignant neoplasm of left ciliary body
E70.310	X-linked ocular albinism
E70.311	Autosomal recessive ocular albinism
E70.318	Other ocular albinism
E70.319	Ocular albinism, unspecified
E70.320	Tyrosinase negative oculocutaneous albinism
E70.321	Tyrosinase positive oculocutaneous albinism
E70.328	Other oculocutaneous albinism
E70.329	Oculocutaneous albinism, unspecified
Q13.1	Absence of iris
S05	Injury of eye and orbit

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TOP

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X. POLICY HISTORY

TOP

MP 6.058	**CAC 3/29/16** New policy addressing intraocular lenses and lenses for spectacle correction. Coding reviewed.
	1/1/17 Administrative update. Product variation section reformatted.
	CAC 11/28/17 Consensus. Policy statements unchanged. Description/Background, Rationale and Reference sections updated. Coding reviewed.
	8/10/18 Consensus review. No changes to the policy statements. References reviewed.
	5/22/19 Consensus review. No change to policy statements. References reviewed.
	5/22/2020 Consensus review. References updated. Policy statement unchanged.
	6/2/2020 Major Review. Policy Statement changed. Title changed to include Iris Prosthesis. Definitions added. References added. Coding added for Iris Prosthesis. Criteria added for Iris Prosthesis.
	8/3/2021 Consensus review. No change to policy statement. References reviewed and updated.
	8/4/2022 Minor review. Updated premium IOL implants and NMN statement for spectacle correction for clarification. UV protection lens may be MN for more than cataract extraction. Deleted note from iris prosthesis. Updated FEP, background, coding, and references.
	7/6/2023 Consensus review. No changes to policy statements. References reviewed and updated. Coding reviewed. ICD-10-CM codes updated.
	1/19/2024 Administrative update. Clinical benefit added.

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