Clinical Policy: Secondary Intraocular Lens (IOL)

Reference Number: OC.UM.CP.0048
Last Review Date: 12/2021

Coding Implications
Revision Log

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

Description

This policy describes the medical necessity requirements for insertion of an intraocular lens (IOL) not associated with concurrent removal of cataract.

Policy/Criteria

I. It is the policy of health plans affiliated with Envolve Vision, Inc.® (Envolve) that insertion of an IOL not associated with concurrent removal of cataract is **medically necessary** for the following indications:

- **A.** Change in ocular anatomy rendering a previously implanted IOL ineffective or non-functional;
- **B.** Ocular inflammatory response rendering a previously implanted IOL ineffective or non-functional;
- **C.** Mechanical failure rendering a previously implanted IOL ineffective or non-functional.

II. It is the policy of health plans affiliated with Envolve that the following conditions are **not medically necessary** for the insertion of an IOL not associated with concurrent removal of a cataract:

- **A.** Desired correction of residual refractive error following cataract surgery and initial IOL implantation;
- **B.** Replacement of an existing IOL with a presbyopia correcting IOL, astigmatism correcting IOL or accommodating IOL;
- **C.** Implantation of an IOL following extraction of a lens not meeting medical necessity criteria for cataract surgery (See policy *OC.UM.CP.0008 Cataract Extraction*).

Background

Early models of IOL implants sometimes cause irritation in the patient's eye or become dislocated. Here, the ophthalmologist exchanges the problematic lens for a newer one. For anterior IOL, the ophthalmologist replaces an intraocular lens in the fluid-filled space between the iris and cornea (the anterior chamber). The optic, or center, of the implant lies just in front of the pupil, and the haptics (securing attachments) of the implant are lodged between the iris and cornea, fixating the implant so it cannot move. For posterior IOL, the ophthalmologist injects a bubble of air into the anterior chamber through a syringe to protect the cornea, then replaces the intra-ocular implant in the eye. The haptics lodge into the ciliary sulcus or the lens capsule. The surgeon may close the incision with sutures and may restore the intra-ocular pressure with an injection of water or saline. A topical antibiotic or pressure patch may be applied.

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 2020, 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
66985	Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal
66986	Exchange of intraocular lens

ICD-10-CM Diagnosis Codes that Support Coverage Criteria
+ Indicates a code requiring an additional character

ICD-10-CM Code	Description
T85.21XA	Breakdown (mechanical) of intraocular lens, initial encounter
T85.21XD	Breakdown (mechanical) of intraocular lens, subsequent encounter
T85.21XS	Breakdown (mechanical) of intraocular lens, sequela
T85.22XA	Displacement of intraocular lens, initial encounter
T85.22XD	Displacement of intraocular lens, subsequent encounter
T85.22XS	Displacement of intraocular lens, sequela
T85.29XA	Other mechanical complication of intraocular lens, initial encounter
T85.29XD	Other mechanical complication of intraocular lens, subsequent encounter
T85.29XS	Other mechanical complication of intraocular lens, sequela

Reviews, Revisions, and Approvals	Date	Approval Date
Annual Review	12/2019	12/2019
Converted to new template	07/2020	10/2020
Annual Review; Added ICD-10 diagnosis codes	12/2020	12/2020
Annual Review	12/2021	12/2021

References

1. Devagn, Uday, M.D. Repositioning a dislocated IOL can be complicated but have good results. Ocular Surgery News. Issue: January 24, 2015.
2. Crandall, Alan, M.D. Techniques for Repositioning and IOL. Cataract & Refractive Surgery Today. March 2013.
3. Gross JG, Kokame GT, Weinberg DV; Dislocated in-the-bag intraocular lens study group. In-the-bag intraocular lens dislocation. American Journal of Ophthalmology 2004;137:4:630-635.
4. Chan CC, Crandall AS, Ahmed IK. Ab externo scleral suture loop fixation for posterior chamber intraocular lens decentration: Clinical results. Journal of Cataract & Refractive Surgery 2006;32:1:121-8.

5. Kirk TQ, Condon GP. Simplified ab externo scleral fixation for late in-the-bag intraocular lens dislocation. J Cataract Refract Surg 2013;39:3:489.
6. Yamane S, Sato S, Maruyama-Inoue M, Kadonosono K. Flanged intrascleral intraocular lens fixation with double-needle technique. Ophthalmology 2017;124:8:1136-1142.

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 Envolve Vision, Inc., 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.

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.