Cataract Surgery
Intraocular Lenses (IOL)

Benefit Policy Statement:

HealthyCT covers conventional (non-accommodating) IOLs implanted as part of routine cataract surgery or as a secondary implant in an aphakic patient.

HCT does not cover accommodating intraocular lenses (AIOLs) such as:

- **Presbyopia-correcting IOLs**, including, but not limited to, accommodating and multifocal IOLs, which are designed to restore a fuller range of near, intermediate and far distance vision as compared to monofocal IOLs.
- **Astigmatism-correcting IOLs** which are designed to reduce the need for glasses for clear distance vision following cataract surgery.

These lenses are not covered because eyeglasses can take care of these issues.

Per the Member’s Certificate of Coverage: *eye surgeries and procedures primarily for the purpose of correcting refractive defects of the eyes are not covered.*

Benefit Policy Guidelines:

While, HCT does not cover accommodating IOLs, the cataract surgery associated with them is covered when medically necessary.

Definitions:

- **Conventional Intraocular lenses (IOLs)** are routinely implanted after cataract surgery.
- **Accommodating or multifocal intraocular lenses (AIOL)** are enhanced IOLs which provide near, intermediate and distance vision without eye glasses.
- **Aphakia** is the absence of the lens of the eye, due to surgical removal, a perforating wound or ulcer, or congenital anomaly

LOB:
Commercial – On exchange and off exchange
- Large group
- Small group
- Individual
Examples of Claim Adjudication Scenarios:

1. A Member has cataract surgery and has an IOL for presbyopia lens (for refractive errors) and/or astigmatism correcting lens (i.e. Toric), the cost of surgery minus the cost of the IOLs would be paid. This would be paid according to the member’s cost share after the application of edits. HCT use Optum’s Claims Editing System.

2. How does HCT reimburse for cataract surgery for co-management when the ophthalmologist turns the care over to an optometrist (OD) during the 90 global period?
   a. The surgeon must put a note in the patient’s chart sending the patient back to the OD for post op care. The surgeon must put the 54 modifier on the cataract surgery code on the claim; payment would be 80% of global fee
   b. The OD must put the 55 modifier on the same cataract surgery code on the claim.
   c. The OD bills for the number of days she/he is responsible for care during the 90 day post op period. The OD cannot submit the claim until she/he has seen the patient at least once during the post op period.
   d. The 90 day post op value is 20% of the entire surgery

**Member Cost-Sharing: Copay/deductible according to benefit summary**
Outpatient cataract surgery takes an outpatient surgery copay according to the member's summary of benefits

**Provider Guidelines:**
Cataract surgery does not require PA

The following IOL’s are covered:
- C1780 - Lens, intraocular (new technology)
- 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
- V2630 - Anterior chamber intraocular lens
- V2631 - Iris supported intraocular lens
- V2632 - Posterior chamber intraocular lens

**Exclusions**
- S0596 - Phakic intraocular lens for correction of refractive error
- V2787 - Astigmatism correcting function of intraocular lens
- V2788 - Presbyopia correcting function of intraocular lens

**References**
Certificate of Coverage

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Proprietary and Confidential
Benefit Payment Guidelines are developed by HealthyCT to assist in administering plan benefits and constitute neither offers of coverage nor medical advice. This Guideline may contain only a partial, general description of plan or program benefits and does not constitute a contract. This Guideline may be updated and therefore is subject to change.

Intraocular Lens: Approved at 9/5/2014 PCP committee meeting
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