Medical Coverage Policy

Multifocal/Accommodating Intraocular Lens

☐ Device/Equipment ☐ Drug ☐ Medical ☒ Surgery ☐ Test ☐ Other

Effective Date: 10/1/2004  Policy Last Updated: 3/20/2012

☐ Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

☒ Prospective review is not required.

Description:
Intraocular lenses (IOL) are permanent, artificial lenses that are surgically implanted in the eye to replace or supplement the crystalline lens of the eye. Prescription intraocular lenses are used following cataract surgery to restore vision. IOLs are also used in several types of refractive eye surgery, such as clear lens extraction (CLE) and implantable contact lens (ICL) surgery.

Most intraocular lenses implanted following cataract surgery are monofocal, which means the prescription is set for clear vision at one distance, usually long distance. Multifocal/accommodating lenses provide near, intermediate, and distance vision, usually without glasses.

Medical Criteria:
Not applicable.

Policy:
Multifocal/accommodating intraocular lenses are considered not medically necessary following cataract surgery as no superior medical benefit has been demonstrated over conventional intraocular lenses.

Refractive surgeries that use intraocular lenses are considered cosmetic and are a contract exclusion.

Coverage:
Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement, or Benefit Booklet for applicable surgery benefits/coverage.

Codes:
There is no code specific to multifocal/accommodating lenses.

The following codes are used for conventional intraocular lenses.
V2630
V2631
V2632

The following code is effective April 1, 2012 and is not covered:
S0596

Also Known As:
Accommodating intraocular lens
Accommodating posterior chamber intraocular lens
Crystalens®
Multifocal intraocular lens
ReZoom
TECNIS® Multifocal Lens

Published:
Policy Update, October 2004
Policy Update, November 2005
Policy Update, April 2007
Policy Update, May 2008
Provider Update, July 2009
Provider Update, June 2010
Provider Update, July 2011
Provider Update, June 2012

References:

Abbott Medical Optics Inc. ReZoom Multifocal Refractive IOL. Referenced on 3/29/10:

Abbott Medical Optics Inc. TECNIS® Multifocal Lens. Referenced on 3/29/10:

Chen M, Chen M. A study of monofocal intraocular lens (AcrySof ®) in mini-monovision (MMV) and premium multifocal implantation of ReSTOR®. Clinical Optometry;2010;2:1-3


This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice.