

# Clinical Policy: Intraocular Lenses



Reference Number: QCP.PP.009  
Effective Date: 02/03/2010  
Date of Last Revision: 08/01/2020

CPT Codes: Q1003, Q1004, Q1005, V2630, V2787,  
V2788, 0616T, 0617T, 0618T  
Document: BI254:00

## Public Statement

a) This policy will apply to all services performed on or after the above revision date which will become the new effective date.

b) For all services referred to in this policy that were performed before the revision date, contact customer service for the rules that would apply.

1) Cataract surgery and insertion of monofocal intra-ocular lenses (IOL) is covered by QualChoice.

2) Other lenses designed to avoid the need for glasses after surgery and used in this surgery are not covered.

3) Insertion of iris prosthesis requires prior authorization.

## Medical Statement

Medical Policy Statement:

1) Standard fixed monofocal posterior chamber intraocular lenses (IOL) are considered medically necessary for use during cataract surgery

2) Accommodating posterior chamber IOLs (e.g., Crystalens, Eyeonics Inc., Aliso Viejo, CA), apodized diffractive optic IOLs (e.g., AcrySof ReSTOR, Alcon, Inc., Fort Worth, TX), ultraviolet absorbing lenses (e.g., AcrySof Natural blue-light filtering IOL, Alcon, Inc., Fort Worth, TX, and C-flex IOL model 570C, Rayner Surgical Inc., Los Angeles, CA), multifocal posterior chamber IOLs, and other new technology lenses (e.g., the Sofport LI61AO aberration-neutral IOL, Bausch & Lomb, San Dimas, CA) are considered noncovered deluxe items.

3) Insertion of iris prosthesis requires prior authorization. It is considered medically necessary for complete absence of iris due to congenital condition or due to eye damage.

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## Codes Used in this BI:

HCPCS® Code	Description
Q1003	Ntiol category 3 (code deleted 04/01/2011)
Q1004	Ntiol category 4
Q1005	Ntiol Category 5
V2630	Anter chamber intraocul lens
V2787	Astigmatism-correct function
V2788	Presbyopia-correct function
0616T	Insertion of iris prosthesis without removal/insertion of intraocular lens
0617T	Insertion of iris prosthesis with removal/insertion of intraocular lens
0618T	Insertion of iris prosthesis with intraocular lens exchange

## Limits

QualChoice reviews and authorizes services and substances. Billing and procedure codes change from time to time and QualChoice medical policies may not always reference the current published codes. This does not change the intent or effect of the policy language, nor does it affect the necessity for appropriate process. The codes are included in Medical Policies as a convenience to the readers of the policy.

## Reference

Intentionally left empty.

## Application to Products

This policy applies to all health plans administered by QualChoice, both those insured by QualChoice and those that are self-funded by the sponsoring employer, unless there is indication in this policy otherwise or a stated exclusion in your medical plan booklet. Consult the individual plan sponsor Summary Plan Description (SPD) for self-insured plans or the specific Evidence of Coverage (EOC) for those plans insured by QualChoice. In the event of a discrepancy between this policy and a self-insured customer's SPD or the specific QualChoice EOC, the SPD or EOC, as applicable, will prevail. State and federal mandates will be followed as they apply.

Changes: QualChoice reserves the right to alter, amend, change or supplement benefit interpretations as needed.