



ND

Medical Policies

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Policy Number:	O-4		
Policy Name:	Intraocular Lens		
Policy Type:	Medical	Policy Subtype:	Orthotic & Prosthetic Devices
Effective Date:	09-15-2025	End Date:	11-02-2025

Description

An intraocular lens is a hard type of artificial lens which is surgically implanted in the eye to replace the natural crystalline lens.

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date; **and/or**

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

*See below to determine whether the policy rules apply to initial and adjustment claims based on date of processing (DOP) or Date of Service (DOS).

Criteria

Coverage is subject to the specific terms of the member's benefit plan.

Pseudophakos Intraocular Lens

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

The intraocular lenses listed below are covered prosthetic devices and are processed under the applicable procedure codes, subject to benefit coverage:

- Iris fixation lenses
- Irido-capsular fixation lenses
- Posterior chamber lenses
- Anterior chamber angle fixation lenses

Procedure Codes

L8699	V2630	V2631	V2632
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Intraocular Lenses

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

The intraocular lenses listed below are not covered prosthetic devices, as their purpose is to avoid the need for glasses following cataract surgery. Corrective lenses provided solely for refractive error or to compensate for the imperfect curvature of the cornea (astigmatism) are not a standard benefit and are excluded from coverage.

- Presbyopia-correcting intraocular lens (e.g., CrystaLens, RESTOR, ReZoom)
- Astigmatism-correcting intraocular lens and Clear lens extraction intraocular lens

Procedure Codes

V2787	V2788	Q1004	Q1005
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Presbyopia or Astigmatism-Correcting Intraocular Lens

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

If a member chooses to have a presbyopia or astigmatism-correcting intraocular lens following cataract surgery, the lens itself will be denied as non-covered.

Any additional pre-, and intra post-operative services beyond those typically provided in conjunction with a cataract extraction with insertion of a standard IOL will also be denied as non-covered.

Procedure Codes

66982	66983	66984
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Phakic Intraocular Lenses

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

Phakic intraocular lenses are not covered prosthetic devices, as their purpose is to avoid the need for glasses. They are not a standard benefit and are excluded from coverage.

Procedure Code

S0596

Ocular Telescopic Prosthesis

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date.

Ocular Telescopic Prosthesis including removal of Crystalline Lens is considered experimental/investigational.

Procedure Code

0308T

Intraocular (telescopic) Lens

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

Intraocular (telescopic) Lens are not covered prosthetic devices. They are not a standard benefit and are considered experimental/investigational.

Procedure Code

C1840

Clear Lens Extraction Intraocular Lens

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

Clear lens extraction intraocular lens is not a covered prosthetic device, as the purpose is to avoid the need for glasses. They are not a standard benefit and are not covered.

Procedure Codes

V2630	V2631	V2632	V2787	V2788
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Presbyopia and Astigmatism-correcting IOLs

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

Presbyopia and astigmatism-correcting IOLs are non-covered and will be denied.

Procedure Codes

V2787	V2788
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Additional Pre- and Post-operative Services

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

Any additional pre- and post-operative services beyond those typically provided in conjunction with a cataract extraction with insertion of a standard IOL will also be denied as non-covered.

Procedure Codes

V2630	V2631	V2632	V2787	V2788
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Presbyopia-correcting or Astigmatism-correcting Intraocular Lens

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

When the presbyopia-correcting or astigmatism-correcting intraocular lens is inserted solely for the correction of refractive errors or to compensate for the imperfect curvature of the cornea (i.e., not for cataract surgery), the lens, the surgical procedure, and all pre- and post-operative care will deny as non-covered and will entirely be the member's financial responsibility.

Professional Statements and Societal Positions Guidelines

Not Applicable

Diagnosis Codes

Not Applicable

CURRENT CODING

CPT:

0308T	INSJ OC TLSCP PROSTH RMVL CRYSTALLINE/IO LENS	Medicaid Expansion
66982	XCAPSL CTRC RMVL INSJ IO LENS PROSTH CPLX WO ECP	Medicaid Expansion
66983	ICAPSULAR CATARACT XTRJ INSJ IO LENS PRSTH 1 STG	Medicaid Expansion
66984	XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP	Medicaid Expansion
66989	XCAPSL CTRC RMVL INSJ IO LENS PRSTH CPLX INSJ 1+	Medicaid Expansion
66991	XCAPSL CTRC RMVL INSJ IO LENS PROSTH INSJ 1+	Medicaid Expansion
0308T	INSJ OC TLSCP PROSTH RMVL CRYSTALLINE/IO LENS	Commercial
66982	XCAPSL CTRC RMVL INSJ IO LENS PROSTH CPLX WO ECP	Commercial
66983	ICAPSULAR CATARACT XTRJ INSJ IO LENS PRSTH 1 STG	Commercial

66984	XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP	Commercial
66989	XCAPSL CTRC RMVL INSJ IO LENS PRSTH CPLX INSJ 1+	Commercial
66991	XCAPSL CTRC RMVL INSJ IO LENS PROSTH INSJ 1+	Commercial

HCPCS:

C1840	Telescopic intraocular lens	Medicaid Expansion
L8699	Prosthetic implant nos	Medicaid Expansion
Q1004	Ntiol category 4	Medicaid Expansion
Q1005	Ntiol category 5	Medicaid Expansion
S0596	Phakic iol refractive error	Medicaid Expansion
V2630	Anter chamber intraocul lens	Medicaid Expansion
V2631	Iris support intraoclr lens	Medicaid Expansion
V2632	Post chmbr intraocular lens	Medicaid Expansion
V2787	Astigmatism-correct function	Medicaid Expansion
V2788	Presbyopia-correct function	Medicaid Expansion
C1840	Telescopic intraocular lens	Commercial
L8699	Prosthetic implant nos	Commercial
Q1004	Ntiol category 4	Commercial
Q1005	Ntiol category 5	Commercial
S0596	Phakic iol refractive error	Commercial
V2630	Anter chamber intraocul lens	Commercial
V2631	Iris support intraoclr lens	Commercial
V2632	Post chmbr intraocular lens	Commercial
V2787	Astigmatism-correct function	Commercial
V2788	Presbyopia-correct function	Commercial

References

1. Phatak S, Lowder C, Pavesio C. Controversies in intraocular lens implantation in pediatric uveitis. *Journal of Ophthalmic Inflammation and Infection*. 2016;6:12.

2. Madhivanan N, Sengupta S, Sindal M, et. al. Comparative analysis of retropupillary iris claw versus scleral-fixated intraocular lens in the management of post-cataract aphakia. *Indian Journal of Ophthalmology* . 2019;67(1):59-63.
3. Jin S, Friedman DS, Cao K, et al. Comparison of Postoperative Visual Performance Between Bifocal and Trifocal Intraocular Lens Based on Randomized Controlled Trials: A Meta-analysis. *BMC Ophthalmology*. 2019;19(1):78.
4. Satou T, Shimizu K, Tsunehiro S, et al. Relationship between Crystalline Lens Thickness and Shape and the Identification of Anterior Ocular Segment Parameters for Predicting the Intraocular Lens Position after Cataract Surgery. *BioMed Research International*.2019(7):1-9.
5. Balakrishnan D, Oli A, Paulose R, Ali H, Paulose RM. Peripheral iridectomy for preventing iris-related complications in glued intraocular lens surgery in children. *Indian Journal of Ophthalmology*. 2020;68(3):466-470.

ND Committee Review

Internal Medical Policy Committee 9-21-2020 Annual Review-no changes

Internal Medical Policy Committee 3-17-2021 Coding update-

- **Added** procedure code C1840

Internal Medical Policy Committee 11-23-2021 Coding update-

- **Removed** procedure code 0514T

Internal Medical Policy Committee 3-23-2022 Annual Review-no changes in criteria

Internal Medical Policy Committee 3-23-2023 Annual Review-no changes in criteria

Internal Medical Policy Committee 3-19-2024 Annual Review - no changes in criteria

- **Added** Policy Application

Disclaimer

Current medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information. Likewise, medical policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and the Company reserves the right to review and update medical policy periodically.