INSTRUCTIONS FOR USE

This Policy Guideline is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates for health care services submitted on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450), or their electronic comparative. The information presented in this Policy Guideline is believed to be accurate and current as of the date of publication.

This Policy Guideline provides assistance in administering health benefits. All reviewers must first identify member eligibility, any federal or state regulatory requirements, Centers for Medicare and Medicaid Services (CMS) policy, the member specific benefit plan coverage, and individual provider contracts prior to use of this Policy Guideline. When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document may differ greatly from the standard benefit plan upon which this Policy Guideline is based. In the event of a conflict, the member specific benefit plan document supersedes this Policy Guideline. Other Policies and Guidelines may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

UnitedHealthcare follows Medicare coverage guidelines and regularly updates its Medicare Advantage Policy Guidelines to comply with changes in CMS policy. UnitedHealthcare encourages physicians and other healthcare professionals to keep current with any CMS policy changes and/or billing requirements by referring to the CMS or your local carrier website regularly. Physicians and other healthcare professionals can sign up for regular distributions for policy or regulatory changes directly from CMS and/or your local carrier. This Policy Guideline is provided for informational purposes. It does not constitute medical advice.

POLICY SUMMARY

Overview
An intraocular lens, or pseudophakos, is an artificial lens which may be implanted to replace the natural lens after cataract surgery.

Guidelines
Intraocular lens implantation services, as well as the lens itself, may be covered if reasonable and necessary for the individual. Implantation services may include hospital, surgical, and other medical services, including pre-implantation ultrasound (A-scan) eye measurement of one or both eyes.

APPLICABLE CODES

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.
<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>C1780</td>
<td>Lens, intraocular (new technology)</td>
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<tr>
<td>V2630</td>
<td>Anterior chamber intraocular lens</td>
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<tr>
<td>V2631</td>
<td>Iris supported intraocular lens</td>
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<tr>
<td>V2632</td>
<td>Posterior chamber intraocular lens</td>
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<tr>
<td>V2787</td>
<td>Astigmatism correcting function of intraocular lens (Not covered by Medicare)</td>
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<tr>
<td>V2788</td>
<td>Presbyopia correcting function of intraocular lens (Not covered by Medicare)</td>
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**REFERENCES**

**CMS National Coverage Determinations (NCDs)**
NCD 80.12 Intraocular Lenses (IOLs)

**CMS Benefit Policy Manual**
Chapter 6; § 10 Medical and Other Health Services Furnished to Inpatients of Participating Hospitals
Chapter 15; § 30.4 Optometrist’s Services, § 120 Prosthetic Devices, § 260.2 Ambulatory Surgical Center Services

**CMS Claims Processing Manual**
Chapter 4; § 240.3 Implantable Prosthetic Devices
Chapter 14; § 40.3 Payment for Intraocular Lens (IOL), § 40.9 Payment and Coding for Presbyopia Correcting IOLs (P-C IOLs) and Astigmatism Correcting IOLs (A-C IOLs)
Chapter 20; § 10.1.2 Prosthetic Devices – Coverage Definition, § 30.4 Other Prosthetic and Orthotic Devices
Chapter 32; § 120 Presbyopia-Correcting (P-C IOLs) and Astigmatism-Correcting Intraocular Lenses (A-C IOLs) (General Policy Information)

**CMS Transmittals**
Transmittal 2947, Change Request 8732, Dated 05/02/2014 (Medicare System Updates to Include Splints, Casts and Certain Intraocular Lenses Payment Category Indicators in the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Fee Schedule File and Alpha-Numeric HCPCS file)

**MLN Matters**
Article MM5527, Instructions for Implementing the Centers for Medicare & Medicaid (CMS) Ruling CMS 1536-R; Astigmatism-Correcting Intraocular Lens (A-C IOLs)
Article MM5853, Use of Healthcare Common Procedure Coding System (HCPCS) V2787 When Billing Approved Astigmatism-Correcting Intraocular Lens (A-C IOLs) in Ambulatory Surgery Centers (ASCs), Physician Offices, and Hospital Outpatient Departments (HOPDs)

**Others**
CMS DMEPOS Fee Schedules
CMS Recognized Presbyopia-Correcting (P-C) IOLs and Astigmatism-Correcting (A-C) IOLs, CMS Website
MLN Medicare Vision Services Face Sheet, CMS Website

**GUIDELINE HISTORY/REVISION INFORMATION**

<table>
<thead>
<tr>
<th>Date</th>
<th>Action/Description</th>
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<tr>
<td>05/10/2017</td>
<td>• Annual Review for MAPG Committee presentation and approval</td>
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