Medical Policy

Blue Cross Blue Shield Blue Care Network of Michigan

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***Current Policy Effective Date: 1/1/25**
(See policy history boxes for previous effective dates)

Title: Intraocular Lens Implant for Myopia (Nearsightedness)

Description/Background

A phakic intraocular lens (PIOL) implant for myopia corrects moderate to severe myopia. The intraocular lens implant is similar to the type of lens implanted in the eye to restore vision following cataract surgery; however, its purpose is to reduce or eliminate myopia by offering an alternative to glasses, contact lenses or laser surgery such as LASIK or photorefractive keratectomy (PRK). Unlike the intraocular lens implanted during cataract surgery, which replaces the eye's natural lens, the intraocular lens for myopia is implanted in front of the natural lens, either behind or in front of the iris. In some individuals, the implanted lens may not entirely eliminate the need for conventional corrective lenses.[1]

This policy only addresses intraocular lens implant for myopia. It does not address intraocular lens implant associated with cataract surgery.

Regulatory Status

The U.S. Food and Drug Administration (FDA) has approved intraocular lenses for the correction of myopia. Examples of lenses include the ARTISAN®/Verisyse™ lens (Ophtec BV), which is designed for implantation in front of the iris, and clips onto the iris; and the Visian ICL™ (STAAR Surgical), which is implanted behind the iris.[2,3]

Medical Policy Statement

Although the intraocular lens implant for myopia has been determined to be safe and effective, the surgical insertion of the lens is not medically necessary as a corrective lens. It is no more effective than conventional corrective lenses.

Inclusionary and Exclusionary Guidelines

N/A

CPT/HCPCS Level II Codes *(Note: The inclusion of a code in this list is not a guarantee of coverage. Please refer to the medical policy statement to determine the status of a given procedure.)*

Established codes:

N/A

Other codes (investigational, not medically necessary, etc.):

65920 66985 66986 S0596

Note: Individual policy criteria determine the coverage status of the CPT/HCPCS code(s) on this policy. Codes listed in this policy may have different coverage positions (such as established or experimental/investigational) in other medical policies.

Rationale

Phakic intraocular lens implants are generally used in individuals who do not want conventional corrective lenses but are not suitable candidates for laser surgery. The implanted phakic lenses are no more effective at refractive error correction than eyeglasses or contact lenses.

Supplemental Information

American Academy of Ophthalmology
A 2009 metanalysis concluded that the placement of phakic ICL implants is effective and safe and allows stable refractive results for the treatment of moderate and severe myopia with a good refractive stability over nearly 8 years of follow-up. In strong ametropia (myopia beyond 8 diopters) the quality of vision obtained after placing an intraocular implant is superior to that obtained by corneal laser surgery.[4]

Government Regulations
National/ Local:

National Coverage Determination (NCD) for Refractive Keratoplasty (80.7)
Effective Date 5/1/1997

Indications and Limitations of Coverage
The correction of common refractive errors by eyeglasses, contact lenses or other prosthetic devices is specifically excluded from coverage. The use of radial keratotomy and/or keratoplasty for the purpose of refractive error compensation is considered a substitute or alternative to eyeglasses or contact lenses, which are specifically excluded by §1862(a)(7) of the Act (except in certain cases in connection with cataract surgery).

(The above Medicare information is current as of the review date for this policy. However, the coverage issues and policies maintained by the Centers for Medicare & Medicare Services [CMS, formerly HCFA] are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. For the most current information, the reader should contact an official Medicare source.)

Related Policies

- Cataract Removal Surgery
- Femtosecond Laser in Keratoplasty
- Presbyopia (Refractory) Correcting Intraocular Lens (Blue Cross Only)
- Refractive Keratoplasties and Implantation of Intrastromal Corneal Ring Segments
- Vision Services (BCN only)

References

1. Huang D, Schalhorn SC, Sugar A, et al. Phakic intraocular lens implantation for the correction of myopia: a report by the American Academy of Ophthalmology. Ophthalmology. Nov 1, 2009, Volume 116, Issue 11, pp. 2244-58.
2. United States Food and Drug Administration. ARTISAN® (Model 206 and 204) Phakic Intraocular Lens (PIOL) Verisyse™ (VRSM5US and VRSM6US) Phakic Intraocular Lens (PIOL), P030028, September 10, 2004.
3. United States Food and Drug Administration. Visian ICL™ (Implantable Collamer Lens) Models: MICL 12.1, MICL 12.6, MICL 13 .2, and MICL 13.7, P030016, January 4, 2006.
4. Huang, D., et al., Phakic intraocular lens implantation for the correction of myopia: a report by the American Academy of Ophthalmology. Ophthalmology, 2009. 116(11): p. 2244-58.
5. CMS, National Coverage Determination (NCD) for Refractive Keratoplasty (80.7), Effective date 5/1/1997. https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=72&ncdver=1&SearchType=Advanced&CoverageSelection=National&NCSelection=NCA%7cCAL%7cNCD%7cMEDCAC%7cTA%7cMCD&KeyWord=refractive&KeyWordLookUp=Title&KeyWordSearchType=Exact&kq=true&bc=EAAAAAgAAAAA& Accessed 7/25/24.

The articles reviewed in this research include those obtained in an Internet based literature search for relevant medical references through 7/25/24, the date the research was completed.

Joint BCBSM/BCN Medical Policy History

Policy Effective Date	BCBSM Signature Date	BCN Signature Date	Comments
1/24/05	1/24/05	1/11/05	Joint policy established
11/1/07	8/21/07	10/31/07	Policy updated
5/1/09	2/10/09	2/10/09	Routine maintenance
3/1/12	12/13/11	12/21/11	Routine maintenance
5/1/12	2/21/12	2/21/12	Code update, added new S Code, S0596
3/1/14	12/10/13	1/6/14	Routine maintenance - added CPT code 66986; updated references and rationale.
1/1/16	10/13/15	10/27/15	Routine maintenance
1/1/17	10/11/16	10/11/16	Routine maintenance
1/1/18	10/19/17	10/19/17	Routine maintenance
1/1/19	10/16/18	10/16/18	Routine maintenance
1/1/20	10/15/19		Routine maintenance
1/1/21	10/20/20		Routine maintenance
1/1/22	10/19/21		Routine maintenance
1/1/23	10/18/22		Routine maintenance (ls)
1/1/24	10/17/23		Routine maintenance (jf) Vendor Managed: NA
1/1/25	10/15/24		Routine maintenance (jf) Vendor Managed: NA Added ref: 4

Next Review Date: 4th Qtr 2025

BLUE CARE NETWORK BENEFIT COVERAGE
POLICY: INTRAOCULAR LENS IMPLANT FOR MYOPIA (NEARSIGHTEDNESS)

I. Coverage Determination:

Commercial HMO (includes Self-Funded groups unless otherwise specified)	Not covered.
BCNA (Medicare Advantage)	See Government Regulations section.
BCN65 (Medicare Complementary)	Coinsurance covered if primary Medicare covers the service.

II. Administrative Guidelines:

- The member's contract must be active at the time the service is rendered.
- Coverage is based on each member's certificate and is not guaranteed. Please consult the individual member's certificate for details. Additional information regarding coverage or benefits may also be obtained through customer or provider inquiry services at BCN.
- The service must be authorized by the member's PCP except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Services must be performed by a BCN-contracted provider, if available, except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Payment is based on BCN payment rules, individual certificate and certificate riders.
- Appropriate copayments will apply. Refer to certificate and applicable riders for detailed information.
- CPT - HCPCS codes are used for descriptive purposes only and are not a guarantee of coverage.