MARS
MARKET ACCESS AND REIMBURSEMENT SERVICES

Advanced Technology IOLs (AT-IOLs) Billing and Coding Guide

What is an AT-IOL?

A conventional IOL replaces the natural lens post-cataract extraction and provides visual correction for one focal point (typically, distance correction). An AT-IOL provides additional refractive correction for astigmatism and/or presbyopia. AT-IOLs may reduce the need for glasses after cataract surgery.

What are the special billing and reimbursement considerations for AT-IOLs?

The Centers for Medicare and Medicaid Services (CMS) does not consider the additional refractive correction provided by AT-IOLs to be a covered benefit; therefore, Medicare does not reimburse the physician or the facility for the additional costs associated with the implantation of an AT-IOL. CMS issued landmark Rulings that provide Medicare beneficiaries a choice between cataract surgery with a conventional IOL (a covered service and supply), or cataract surgery with an AT-IOL (a partially covered service and partially covered supply). These Rulings established what is commonly referred to as the "dual-aspect payment model" allowing the physician and facility to charge a patient for the non-covered component of cataract surgery with the implantation of an AT-IOL.

Summary of the CMS Rulings for presbyopia- and astigmatism-correcting intraocular lenses:

CMS Ruling	Date	Purpose
CMS 05-01[1]	May 3, 2005	Presbyopia Correction: covered and non-covered aspect of presbyopia-correcting lenses and Medicare beneficiary's responsibility for the non-covered item/services.
CMS 1536-R[2]	January 22, 2007	Astigmatism Correction: covered and non-covered aspect of astigmatism-correcting lenses and Medicare beneficiary's responsibility for the non-covered item/services.

Do we need to provide the patient with an Advanced Beneficiary Notice (ABN)?

Although an ABN is not required for services that are non-covered, the use of an ABN or NEMB (Notice of Exclusion from Health Plan Benefits for commercial payers) is strongly encouraged.

Do commercial plans provide coverage for AT-IOLs, or do they allow the non-covered amount to be collected from the patient?

While many commercial plans mirror the Medicare Rulings, commercial plans vary. Contact the payer directly to understand the coverage policy, as well as the patient's coverage benefits.

1. Centers for Medicare and Medicaid Services, Ruling 05-01: https://www.cms.gov/Rulings/downloads/CMSR0501.pdf
2. Centers for Medicare and Medicaid Services, Ruling CMS 1536-R: https://www.cms.gov/Rulings/downloads/CMS1536R.pdf

What is the patient's responsibility for the implantation of the AT-IOL?

Per the CMS Rulings, the patient is responsible for the physician and facility charges for the services and supplies that exceed the charges for implantation of a conventional IOL.

	COVERED	NON-COVERED	PATIENT'S RESPONSIBILITY
Physician	Surgery for treatment of cataract	Physician's services attributable to the non-covered functionality of the ATIOL (astigmatism and presbyopia correction). Additional physician work and resources required for insertion, fitting, and vision acuity testing.	Payment of charges for the physician services that exceed the physician charge for insertion of a conventional IOL.
Facility	Surgery for treatment of cataract	Astigmatism- or presbyopia-correcting function of an IOL and any additional resources required for insertion, fitting, and vision acuity testing.	Payment of charges for the facility item / service that exceed the facility charge for insertion of a conventional IOL.

How are the charges for the non-covered component of the AT-IOL determined?

When determining the patient's responsibility for the non-covered aspect of the AT-IOL, it is important to recognize that the service / item is partially covered. The patient should only be charged for the additional services provided by the physician that are clearly identifiable and solely related to the refractive component. The facility should only bill the patient for the AT-IOL and any extra services related to the implantation of the AT-IOL.

What codes are associated with billing for AT-IOLs?

CPT® Codes	Description	Notes
66982	Cataract surgery, complex	Facility reimbursement includes a payment for a conventional intraocular lens
66984	Cataract surgery with IOL, one stage	Facility reimbursement includes a payment for a conventional intraocular lens
HCPCS Codes	**Description**	**Notes**
V2787	Astigmatism-correcting function of an IOL	Used by physicians and facilities on Medicare claims to report the non-covered physician and facility charges for astigmatism-correcting IOLs
V2788	Presbyopia-correcting function of an IOL	Used by physicians and facilities on Medicare claims to report the non-covered physician and facility charges for presbyopia-correcting IOLs
V2632	Posterior chamber IOL	Hospitals may use to account for the covered component of the ATIOL
A9270	Noncovered item or service	Codes for billing non-covered services / items to commercial payers vary. It is important to consult with each payer for guidance.
S9986	Not medically necessary service (patient is aware that service not medically necessary)	
Diagnosis Codes ICD-10-CM	**Description**	**Notes**
H52.2_ _	Astigmatism	Claim should include a diagnosis code, secondary to cataract, which is specific to the patient's condition and indicates presbyopia or astigmatism.
H52.4	Presbyopia	

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