Advanced Technology IOLs (ATIOLs) Coding and Reimbursement Fact Sheet

What is an ATIOL?

Like conventional intraocular lenses (IOLs), ATIOLs provide the correction of aphakia post-cataract extraction, but they also provide an additional refractive treatment that may reduce the need for glasses after cataract surgery. This additional refractive property of the ATIOL is considered elective, not medically necessary, and therefore, the patient is responsible for the physician and facility charges related to the refractive component. Alcon’s AcrySof® IQ ReSTOR® and AcrySof® IQ Toric are considered advanced technology IOLs. Please see back page for Important Safety Information.

What are the special billing and reimbursement considerations for ATIOLs?

In 2005 and 2007, The Centers for Medicare and Medicaid Services (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 ATIOL (a partially covered service and partially covered supply). These Rulings established what is commonly referred to as the “two-aspect payment model” that allows the patient to pay out-of-pocket for the non-covered component of cataract surgery with the implantation of an ATIOL.

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

<table>
<thead>
<tr>
<th>CMS Ruling</th>
<th>Date</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS 05-01</td>
<td>May 3, 2005</td>
<td>Set forth the CMS policy regarding the covered and non-covered aspect of presbyopia-correcting lenses and outlined the Medicare beneficiary’s responsibility for the non-covered item/services.</td>
</tr>
<tr>
<td>CMS 1536-R</td>
<td>January 22, 2007</td>
<td>Set forth the CMS policy regarding the covered and non-covered aspect of astigmatism-correcting lenses and outlined the Medicare beneficiary’s responsibility for the non-covered item/services.</td>
</tr>
</tbody>
</table>

What models are covered by the Medicare Rulings?

Alcon’s AcrySof® IQ ReSTOR® and AcrySof® IQ Toric intraocular lenses are included in the Medicare Rulings. Medicare publishes a list of CMS Recognized PC-IOLs (presbyopia-correcting intraocular lenses) and A-C IOLs (astigmatism-correcting intraocular lenses) on their website.³

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. Sample ABNs with language specific to Alcon’s ATIOLs are available on the Alcon Reimbursement Services website.

Do commercial plans provide coverage for ATIOLs, 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 and are subject to provider/payer agreements. It is crucial that providers consult with the specific plan for guidance.

3. http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/downloads//PCIOL-ACIOL.pdf
What is the patient’s responsibility for the implantation of the ATIOL?

As per the Medicare 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 following cataract surgery.

<table>
<thead>
<tr>
<th>Covered</th>
<th>Non-Covered</th>
<th>Patient’s Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician</td>
<td>Surgery for treatment of cataract</td>
<td>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.</td>
</tr>
<tr>
<td>Facility</td>
<td>Surgery for treatment of cataract</td>
<td>Astigmatism- or presbyopia correcting function of an IOL and any additional resources required for insertion, fitting, and vision acuity testing.</td>
</tr>
</tbody>
</table>

How do we determine the charges for the non-covered component of the ATIOL?

When determining the patient’s responsibility for the non-covered aspect of the ATIOL, 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. And, the facility should only bill the patient for the portion of the IOL that is not covered by Medicare. For additional details on determining the patient’s responsibility, please see Alcon Reimbursement Services Reimbursement Guide for ATIOLs.

What codes are associated with billing for ATIOLs?

<table>
<thead>
<tr>
<th>CPT® Codes</th>
<th>Description</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>66982</td>
<td>Cataract surgery, complex</td>
<td>Facility reimbursement includes a payment for a conventional intraocular lens</td>
</tr>
<tr>
<td>66984</td>
<td>Cataract surgery with IOL, one stage</td>
<td>Facility reimbursement includes a payment for a conventional intraocular lens</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HCPCS Codes</th>
<th>Description</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>V2787</td>
<td>Astigmatism-correcting function of an IOL (Use with AcrySof® IQ Toric.)</td>
<td>Used by physicians and facilities on Medicare claims to report the non-covered physician and facility charges for astigmatism-correcting IOLs like the AcrySof® IQ Toric</td>
</tr>
<tr>
<td>V2788</td>
<td>Presbyopia-correcting function of an IOL (Use with AcrySof® IQ ReSTOR)</td>
<td>Used by physicians and facilities on Medicare claims to report the non-covered physician and facility charges for presbyopia-correcting IOLs like the AcrySof® IQ ReSTOR®</td>
</tr>
<tr>
<td>V2632</td>
<td>Posterior chamber IOL</td>
<td>Hospitals may use to account for the covered component of the ATIOL</td>
</tr>
<tr>
<td>A9270</td>
<td>Noncovered item or service</td>
<td>Codes for billing non-covered services/items to commercial payers vary. It is important to consult with each payer for guidance.</td>
</tr>
<tr>
<td>S9986</td>
<td>Not medically necessary service (patient is aware that service not medically necessary)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Diagnosis Codes</th>
<th>Description</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICD-9-CM</td>
<td>ICD-10-CM</td>
<td></td>
</tr>
<tr>
<td>367.2_</td>
<td>HS2.2_</td>
<td>Astigmatism (Use with AcrySof® IQ Toric)</td>
</tr>
<tr>
<td>367.4</td>
<td>HS2.4</td>
<td>Presbyopia (Use with AcrySof® IQ ReSTOR®)</td>
</tr>
</tbody>
</table>

Sample claim forms for each setting of care are included to illustrate billing options.
**Alcon Reimbursement Services**

(866)457-0277

**HEALTH INSURANCE CLAIM FORM**

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

<table>
<thead>
<tr>
<th>ICD9</th>
<th>HCPCS</th>
<th>MODIFIER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PATIENT AND INSURED INFORMATION**

- **INSURED'S DATE OF BIRTH**
- **SEX**
- **INSURED'S GROUP NUMBER**
- **INSURED'S I.D. NUMBER**
- **INSURED'S POLICY OR GROUP NUMBER**
- **INSURED'S NAME (Last Name, First Name, Middle Initial)**

**Provider/Payer Agreements**

Providers are encouraged to contact payers directly for coding, billing and reimbursement guidance and to verify benefits specific to each individual patient circumstance.

- **ALCON®** does not guarantee that the use of this guidance will result in reimbursement. Payment policies and coding guidelines are subject to change and may be contingent upon provider/payer agreements.
- **Note regarding commercial payers:** Some payers may not recognize code V2788 and may require another code for reporting non-covered services. (eg: A9270, non-covered item or service)

**ATIOL**

**SAMPLE CLAIM FORM**

Use for billing physician services

**ALCON** Instruction Manual available at: www.nucc.org

**PLEASE PRINT OR TYPE**

**APPROVED ONB 0938-1197 FORM 1500 02-12**

**Physician Office**

Sample CMS - 1500 Paper Claim Form


**Physician Office**

*GREEN: if confirmed by the provider*

*BLUE: if requested by the patient*

*ANY: if accepted by the payer*

**AcrySof® IQ Toric**

V2787 (Astigmatism correcting function of intraocular lens)

**AcrySof® IQ ReSTOR**

V2788 (Presbyopia correcting function of intraocular lens)

**NOTE:** CMS does not require non-covered services to be listed on the claim form. The code recommended above should be used if a patient requests a denial and/or for facility tracking of non-covered charges.

This information is provided as a reference to providers to aid in obtaining accurate and appropriate reimbursement, is for information purposes only, and is not intended to be legal advice. **ALCON** does not guarantee that the use of this guidance will result in reimbursement. Payment policies and coding guidelines are subject to change and may be contingent upon provider/payer agreements. Providers are encouraged to contact payers directly for coding, billing and reimbursement guidance and to verify benefits specific to each individual patient circumstance.
### ATIOL SAMPLE CLAIM FORM

**Use for billing in hospital setting**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Code</th>
<th>Description</th>
<th>Occurrence</th>
<th>Charge Description</th>
<th>Occurrence</th>
<th>Occurrence</th>
<th>Occurrence</th>
<th>Occurrence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery</td>
<td>0383</td>
<td>66984RT/LT</td>
<td>01-01-12</td>
<td>1</td>
<td>X,XXX XX</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacy</td>
<td>025X</td>
<td>66984RT/LT</td>
<td>01-01-12</td>
<td>1</td>
<td>XXX XX</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IOL</td>
<td>0276</td>
<td>V2632</td>
<td>01-01-12</td>
<td>1</td>
<td>001 00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anesthesia</td>
<td>037X</td>
<td>00142</td>
<td>01-01-12</td>
<td>1</td>
<td>XXX XX</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplies</td>
<td>028X</td>
<td>00142</td>
<td>01-01-12</td>
<td>1</td>
<td>XXX XX</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IOL</td>
<td>0276</td>
<td>V2787 or V2788</td>
<td>01-01-12</td>
<td>1</td>
<td>XXX XX</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Non-covered charges - Facility charge for surgery with Toric IOL MINUS facility charge for surgery with conventional IOL EQUALS patient payment.**

**List charge for cataract surgery (which includes STANDARD monofocal IOL).**

**Include appropriate secondary diagnosis code to describe refractive condition. For example, 367.4, presbyopia, or 367.2, astigmatism.**

The items listed on this claim form are not intended to be comprehensive of all services and supplies provided.

### Alcon Reimbursement Services
(866)457-0277

**Alcon Reimbursement Services**

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**Hospital Outpatient Fact Sheet**

Sample UB-04 Paper Claim Form

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CAUTION:
Restricted by law to sale by or on the order of a physician.

DESCRIPTION:
The AcrySof® IQ ReSTOR® Intraocular Lenses (IOLs) are artificial lenses implanted in the eye of adult patients following cataract surgery. These lenses are designed to allow for clear distance, intermediate, and near vision with the potential to be more independent of the need to use glasses for daily tasks.

WARNINGS / PRECAUTIONS:
You may experience need to contact your eye doctor immediately if you have any of the following symptoms while using the antibiotic eye drops prescribed by your doctor: itching, redness, watering of your eye, sensitivity to light. The safety and effectiveness of the AcrySof® IQ ReSTOR® IOL has not been established in patients with eye conditions, such as an increase in eye pressure (glaucoma) or complications of diabetes in the eye (diabetic retinopathy). As with any surgical procedure, there are risks involved. These risks may include but are not limited to infection, damage to the lining of the cornea, the retinal layer which lines the inside back wall of your eye may become separated from the tissue next to it (retinal detachment), inflammation or swelling inside or outside the eye, damage to the iris (the colored diaphragm around the pupil), an increase in eye pressure that cannot be controlled by medicine and secondary surgical procedure. With this IOL, there may be a loss of sharpness of your vision that may become worse in dim light or in foggy conditions. There is also a possibility that you may have some visual effects such as rings or circles around lights at night. You may also have trouble seeing street signs due to bright lights or glare from oncoming headlights.

ATTENTION:
As with any surgical procedure, there are risks involved. Prior to surgery, ask your eye doctor to provide you with an AcrySof® IQ ReSTOR® IOL Patient Information Brochure, which will inform you of the risks and benefits associated with this IOL. Discuss any questions about possible risks and benefits with your eye doctor.

*AcrySof® IQ ReSTOR® Intraocular Lenses
Physician Brief Statement*

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*AcrySof® IQ Toric Intraocular Lenses
Physician Brief Statement*