Local Coverage Determination (LCD): Cataract Extraction (L33808)

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Contractor Information

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LCD Information

Document Information

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Cataract is defined as an opacity or loss of optical uniformity of the crystalline lens with cataract development located on a continuum extending from minimal changes of original transparency in the crystalline lens to the extreme stage of total opacity. Cataracts may be due to a variety of causes but are usually associated with aging. Age-related cataract (senile cataract) is by far the most common type of cataract. Other types of cataracts include childhood (both congenital and acquired), traumatic, complicated and toxic.

Most cataracts are not visible until they become dense enough (mature or hypermature) to cause blindness. However, a cataract in its earliest stages of development can be observed through a well-dilated pupil with an ophthalmoscope, loupe, or slit lamp.

The ocular fundus becomes increasingly more difficult to visualize as the lens opacity becomes denser, until the fundus reflection (i.e., red reflex) is completely absent. At this stage, the cataract is usually mature and the pupil may appear white (leukocoria).

There is no medical treatment for cataract. Lens extraction either by intracapsular or extracapsular procedure is performed when visual impairment interferes with the patient’s normal activities.

**Indications**

Cataract surgery will be considered medically necessary and reasonable for the following conditions:

- Symptoms such as blurred vision, visual distortion, reduced contrast sensitivity and/or glare with associated functional impairment.

Functional impairment due to cataracts refers to lost or diminished ability to perform everyday activities, participate in hobbies or other leisure-time activities, or to work in one’s occupation. Several instruments such as the VF-14, the activities of daily vision scale and the visual activities questionnaire are available for assessing functional impairment related to cataract.

- Visual disability with Snellen acuity worse than 20/40 with impairment of ability to carry out needed or desired activities. The ocular exam should confirm that the best correctable visual acuity in the affected eye is worse than 20/40 and that the cataract is responsible for this.

- Visual disability with Snellen acuity of 20/40 or better. For patients with a Snellen acuity of 20/40 or better, the indicators are the same as for patients with Snellen acuity of worse than 20/40. In addition, documentation must support a visual impairment such as fluctuation of visual function because of glare or reduced contrast sensitivity, which can be supported with the use of (but not limited to) procedures such as glare testing, brightness acuity testing (BAT), or contrast sensitivity testing; complaints of monocular diplopia or polyopia; or visual disparity existing between the two eyes (anisometropia).
· Lens-induced disease. Phacomorphic glaucoma, phacolytic glaucoma and other lens-induced diseases may require cataract surgery.

· Concomitant ocular disease (e.g., retinal disease) that requires clear media. Cataract extraction may be required to adequately diagnose or treat other ocular conditions, such as diabetic retinopathy.

Surgery is not medically necessary just because the cataract is present.

Limitations

Surgery should not be performed solely to improve vision under the following circumstances:

· The patient does not desire surgery,

· Glasses or visual aids provide satisfactory functional vision,

· The patient’s life-style is not compromised,

· The patient is medically unfit (e.g., conditions such as comatose patients, Organic Brain Syndrome, end stage Alzheimer's, patients with no light perception, etc. in which cataract surgery will not improve the patient’s independence).

In most cases, a comprehensive eye examination (ocular history and ocular examination) and a single scan to determine the appropriate pseudophakic power of the IOL are sufficient. In most cases involving a simple cataract, a diagnostic ultrasound A-scan is used. For patients with a dense cataract, an ultrasound B-scan may be used.

Accordingly, where the only diagnosis is cataract(s), Medicare does not routinely cover testing other than one comprehensive eye examination (or a combination of a brief/intermediate examination not to exceed the charge of a comprehensive examination) and an A-scan or, if medically justified, a B-scan. Claims for additional tests are denied as not reasonable and necessary unless there is an additional diagnosis and the medical need for the additional tests is fully documented.

Second-eye Surgery

Patients with significant bilateral cataracts meeting surgical criteria for extraction are common. Patients with a significant cataract in the second eye at the same time that the first eye cataract extraction is scheduled to be performed are also common. Assuming that the indications for surgery in the second eye are documented, the second eye surgery is delivered by standard protocols for delayed sequential bilateral cataract (DSBCS) surgery—so second eye surgery days to weeks later as a completely separate procedure after post-operative follow-up and assessment of the first eye. Protocols for immediately sequential bilateral cataract surgery (ISBCS) are an acceptable option for certain beneficiaries. ISBCS requires special precautions with complete sterile separation of the two eyes with rescrubbing, and new sets of instruments and fluids.

A thorough review of information from their ophthalmologist regarding known conditions and risks in their specific case must be discussed with the beneficiary for either DSBCS or ISBCS. An intra-operative complication on the first eye may necessitate deferral to a delayed protocol. Any surgical protocol is expected to be aligned to patient quality of care and outcomes as well as meet all the requirements of the Medicare program.

Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

014x Hospital - Laboratory Services Provided to Non-patients
Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

99999 Not Applicable

CPT/HCPCS Codes

**Group 1 Paragraph: N/A**

**Group 1 Codes:**

- EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTINE CATARACT SURGERY (EG, IRIS EXPANSION DEVICE, SUTURE SUPPORT FOR INTRAOCULAR LENS, OR PRIMARY POSTERIOR CAPSULORRHEXIS) OR PERFORMED ON PATIENTS IN THE AMBLYOGENIC DEVELOPMENTAL STAGE

66982 INTRACAPSULAR CATARACT EXTRACTION WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE)

66983 EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION)

66984...

**ICD-10 Codes that Support Medical Necessity**

**Group 1 Paragraph: N/A**

**Group 1 Codes:**

**ICD-10 Codes Description**

XX000 Not Applicable

**ICD-10 Codes that DO NOT Support Medical Necessity** N/A

**ICD-10 Additional Information**

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**General Information**

**Associated Information**

**Documentation Requirements**

Documentation supporting medical necessity (e.g., office/progress notes, operative note(s)) of the cataract surgery, whether for unilateral disease or bilateral disease (delayed sequential bilateral cataract surgery (DSBCS) surgery or immediately sequential bilateral cataract surgery (ISBCS)) must contain:

- Visual acuity (best corrected Snellen chart);
- Visual acuity during glare or contrast sensitivity testing when the best corrected Snellen chart visual acuity is 20/40 or better;
- Symptomatology; directly related to the presence of the cataract:
- Physical evidence of the existence of a cataract (e.g., slit lamp examination) and no evidence of other ocular disease (e.g., retinal disease) that would prevent an improvement of vision when the cataract is removed;
- There is a reasonable expectation that removal of the cataract will improve the patient’s visual acuity;

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The use of conservative treatment including current refraction is no longer satisfactory;
Degree of functional impairment (This can be in any form; e.g., narrative or assessment tool as long as it supports how the cataract affects the patient’s ADLs.)
Risk and benefit of the procedure

Utilization Guidelines

N/A

Sources of Information and Basis for Decision
FCSO reference LCD number – L29110


Revision History Information

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Associated Documents

Attachments N/A

Related Local Coverage Documents N/A

Related National Coverage Documents N/A

Public Version(s) Updated on 03/04/2015 with effective dates 10/01/2015 - N/A Updated on 07/01/2014 with effective dates 10/01/2015 - N/A Updated on 03/22/2014 with effective dates 10/01/2015 - N/A

Keywords

N/A Read the LCD Disclaimer