American Academy of Ophthalmic Executives®

Checklist: Determine the Need for Cataract Surgery

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Each insurance payer can and will have their own documentation requirements. This list was developed to help you meet the current requirements of all Medicare Administrative Contractors (MACs). For commercial and Medicaid payers, be sure to check their websites.

☐ Chief complaints unique to each patient
  • No cloning from patient to patient
  • Decreased ability to carry out specific activities of daily living including, but not limited to, reading, watching television, driving, or meeting occupational or vocational expectations

☐ Visual acuity and best-corrected vision
  • If the complaint is with near vision, document best corrected visual acuity at near, too.
  • If a patient complains of glare, it is appropriate to perform and document glare test results.

☐ Documentation of the cataract grade

When one or more concomitant ocular diseases are present that potentially affect visual function (e.g., macular degeneration or diabetic retinopathy), the attestation should indicate that cataract is believed to be significantly contributing to the patient’s visual impairment and removal is expected to significantly improve visual function.

☐ The patient has been educated by the surgeon about the risks and benefits of cataract surgery and the alternative to surgery and has provided informed consent.

☐ The patient has determined that they are no longer able to function adequately with their current visual function and desires to proceed with surgery.

Cataract surgery may also be appropriate under these conditions:

The ophthalmologist injects air, liquid, or medication into the anterior chamber to balance the intraocular pressure in the eye.

☐ Cataract extraction may be covered when an unimpeded view of the fundus is mandatory for proper management of patients with diseases of the posterior segment of the eye(s).

☐ Cataract extraction may be covered during vitrectomy procedures if it is determined that the lens interferes with the performance of the surgery for far peripheral vitreoretinal dissection and excision of the vitreous base, as in cases of proliferative vitreoretinopathy, complicated retinal detachments, and severe proliferative diabetic retinopathy.

☐ Lens-induced disease threatens vision or ocular health including, but not limited to, phacomorphic or phacolytic glaucoma.

☐ If cataract extraction is performed due to anisometropia, the medical record must substantiate the presence of significant aniseikonia secondary to anisometropia arising from the first cataract.

☐ High probability of accelerating cataract development as a result of a concomitant or subsequent procedure (eg, pars plana vitrectomy, iridocyclectomy, procedure for ocular trauma) and treatments such as external beam irradiation.

☐ Monocular diplopia is due to a cataract in the affected eye.