



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.

- A chief complaint and history of present illness unique to each patient
 - No cloning from patient to patient
 - A clear statement of the 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 by manifest refraction
 - If the complaint is with near vision, document the 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 (eg, macular degeneration or diabetic retinopathy), an attestation should indicate that the cataract is believed to be significantly contributing to the patient's visual impairment **and** removal is expected to significantly improve visual function.
- A physician assessment that a tolerable change in glasses will not improve the patient's vision of impact on daily living and that surgery is recommended.
- Documentation that the patient has been educated by the surgeon about the risks and benefits of cataract surgery and the alternative to surgery, informed consent and desires to proceed with surgery.
- Documentation of a physician's surgical order.

Cataract surgery may also be covered:

- When the surgery is not being performed to improve vision, there should be a statement that the patient understands that the surgery is being performed to address the specified medical condition or circumstance. If vision is not expected to improve, the statement should include the patient's understanding of that fact.
- When an unimpeded view of the fundus is mandatory for the proper management of patients with diseases of the posterior segment of the eye(s).
- 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.
- In the presence of 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.

Checklist: Determine the Need for Cataract Surgery *Continued*

- If there is a 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.
- In the presence of monocular diplopia due to a cataract in the affected eye.
- Access your Medicare MAC policies at aao.org/lcds.