LCD for Cataract Surgery (L34413)

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Please note: This is not an active version.

Contractor Information

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LCD Information

LCD ID
L34413

LCD Title
Cataract Surgery

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CMS National Coverage Policy

Title XVIII of the Social Security Act §1862(a)(7) excludes routine physical examinations.

Title XVIII of the Social Security Act, §1862 (a)(1)(A) allows coverage and payment for only those services that are considered to be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Title XVIII of the Social Security Act, §1833(e) prohibits Medicare Payment for any claim which lacks the necessary information to process the claim.

Code of Federal Regulations 42 CFR CH IV [411.15(b)(2)and(o)(1)&(2)] Services excluded from coverage.


CMS Internet-Only Manual, Pub 100-04, Medicare Claims Processing Manual, Chapter 12, §40.6 Claims for Multiple Surgeries and §40.7 Claims for Bilateral Surgeries.

Date Information

Original Effective Date

For services performed on or after 10/01/2015

Revision Effective Date

Revision Ending Date

Retirement Date

Notice Period Start Date
Coverage Guidance

Coverage Indications, Limitations and/or Medical Necessity

Cataract is defined as an opacity or loss of optical clarity of the crystalline lens. Cataract development follows a continuum extending from minimal changes in the crystalline lens to the extreme stage of total opacity. Cataracts may be due to a variety of causes. Age-related cataract (senile cataract) is the most common type found in adults. Other types are pediatric (both congenital and acquired), traumatic, toxic and secondary (meaning the result of another disease process) cataract.

Most cataracts are not visible to the naked eye until they become dense enough (mature or hypermature) to cause blindness. However, a cataract at any stage of development can be observed through a sufficiently dilated pupil using a slit lamp biomicroscope. In settings where this instrument is unavailable (e.g., skilled nursing facility), a direct ophthalmoscope can be used to assess the degree to which the fundus reflectivity (red reflex) is impaired by the ocular media. There is no scientifically proven medical treatment for cataracts.

In general, cataract surgery is performed to alleviate visual impairments attributable to lens opacity. There are uncommon situations when lens extraction becomes medically necessary for anatomic rather than optical reasons. These include lens induced angle closure (e.g., microspherophakia) and lens subluxation (e.g., Marfan syndrome). In other situations, cataract extraction might be medically indicated with relatively less opacity because of intolerable optical imbalance. Most commonly, this would be due to surgically induced anisometropia (a significant difference in refractive errors between the eyes) or aniseikonia (a difference in magnification as a result of prior lens extraction in the one eye). Some patients may elect lens removal and replacement primarily for refractive benefits to reduce their dependence on spectacles. Such elective procedures are not medically necessary and are called “refractive lens exchanges” to distinguish them from medically indicated cataract surgery. Finally, advanced cataracts may need to be removed to properly visualize, treat, and monitor retinal disease, apart from the patient’s visual symptoms and potential.

This policy statement defines the medical necessity for cataract and other lens extraction in adults, and specifies the required documentation of the preoperative evaluation necessary to justify the procedure. Palmetto GBA encourages but does not require providers to use the framework of the International Classification of Functioning, Disability, and Health (ICF) to organize the information related to relevant structural/functional impairments, activity limitations and/or participation restrictions, and any environmental factors influencing the decision to recommend cataract surgery.

Medical Necessity
Lens extraction is considered medically necessary and therefore covered by Medicare when one (or more) of the following conditions or circumstances exists:

1. Cataract causing symptomatic (i.e., causing the patient to seek medical attention) impairment of visual function not correctable with a tolerable change in glasses or contact lenses resulting in specific activity limitations and/or participation restrictions including, but not limited to reading, viewing television, driving, or meeting vocational or recreational needs

2. Concomitant intraocular disease (e.g., diabetic retinopathy or intraocular tumor) requiring monitoring or treatment that is prevented by the presence of cataract

3. Lens-induced disease threatening vision or ocular health (including, but not limited to, phacomorphic or phacolytic glaucoma)

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

5. Cataract interfering with the performance of vitreoretinal surgery

6. Intolerable anisometropia or aniseikonia uncorrectable with glasses or contact lenses exists as a result of lens extraction in the first eye (despite satisfactorily corrected monocular visual acuity)

Any circumstances not listed will be considered based on the standard of care and other factors related to medical necessity.

Surgery is not deemed to be medically necessary purely on the basis of lens opacity in the absence of symptoms.

Visual Acuity

The Snellen visual acuity chart is an excellent way of measuring distance refractive error (e.g. myopia, hyperopia, astigmatism) in healthy eyes, and is in wide clinical use. However, testing only with high contrast letters viewed in dark room conditions will underestimate the functional impairments caused by some cataracts in common real-life situations such as day or nighttime glare conditions, poor contrast environments or reading, halos and starbursts at night, and impaired optical quality causing monocular diplopia and ghosting. While a single arbitrary objective measure might be desirable a specific Snellen visual acuity alone can neither rule in nor rule out the need for surgery. It should be recorded and considered in the context of the patient’s visual impairment and other ocular findings.

Second Eye Surgery

Should a significant cataract also be present in the second eye, as supported by Cataract in the Adult Eye, Preferred Practice Pattern by the American Academy of Ophthalmology, except in special circumstances, surgery is generally not performed in both eyes at the same time because of the potential for bilateral visual loss.
In the more common situation where surgery is performed sequentially in the other eye on separate days for bilateral visually symptomatic cataracts, the appropriate interval between the first-eye surgery and second-eye surgery is influenced by several factors:

1. The patient's visual needs

2. The patient's preferences

3. Visual function in the second eye

4. The medical and refractive stability of the first eye

5. The need to restore binocular vision and resolve anisometropia

6. An adequate interval of time has elapsed to evaluate and treat early postoperative complications in first eye, such as endophthalmitis; and/or

7. Logistical and travel considerations of the patient.

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.

012x Hospital Inpatient (Medicare Part B only)
013x Hospital Outpatient
Revenue Codes:

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.

0360 Operating Room Services - General Classification
0361 Operating Room Services - Minor Surgery
0490 Ambulatory Surgical Care - General Classification

CPT/HCPCS Codes

Group 1: Paragraph

Group 1: Codes
66830 Removal of lens lesion
66840 Removal of lens material
66850 Removal of lens material
66852 Removal of lens material
66920 Extraction of lens
66940 Extraction of lens
66982 Cataract surgery complex
66983 Cataract surg w/iol 1 stage
66984 Cataract surg w/iol 1 stage

ICD-10 Codes that Support Medical Necessity

Note: Performance is optimized by using code ranges.

Group 1: Paragraph

Group 1: Codes
E08.36 Diabetes mellitus due to underlying condition with diabetic cataract
E09.36 Drug or chemical induced diabetes mellitus with diabetic cataract
E10.36 Type 1 diabetes mellitus with diabetic cataract
E11.36  Type 2 diabetes mellitus with diabetic cataract
E13.36  Other specified diabetes mellitus with diabetic cataract
H25.011  Cortical age-related cataract, right eye
H25.012  Cortical age-related cataract, left eye
H25.013  Cortical age-related cataract, bilateral
H25.031  Anterior subcapsular polar age-related cataract, right eye
H25.032  Anterior subcapsular polar age-related cataract, left eye
H25.033  Anterior subcapsular polar age-related cataract, bilateral
H25.041  Posterior subcapsular polar age-related cataract, right eye
H25.042  Posterior subcapsular polar age-related cataract, left eye
H25.043  Posterior subcapsular polar age-related cataract, bilateral
H25.091  Other age-related incipient cataract, right eye
H25.092  Other age-related incipient cataract, left eye
H25.093  Other age-related incipient cataract, bilateral
H25.11  Age-related nuclear cataract, right eye
H25.12  Age-related nuclear cataract, left eye
H25.13  Age-related nuclear cataract, bilateral
H25.21  Age-related cataract, morgagnian type, right eye
H25.22  Age-related cataract, morgagnian type, left eye
H25.23  Age-related cataract, morgagnian type, bilateral
H25.811  Combined forms of age-related cataract, right eye
H25.812  Combined forms of age-related cataract, left eye
H25.813  Combined forms of age-related cataract, bilateral
H25.89  Other age-related cataract
H25.9  Unspecified age-related cataract
H26.001  Unspecified infantile and juvenile cataract, right eye
H26.002  Unspecified infantile and juvenile cataract, left eye
H26.003  Unspecified infantile and juvenile cataract, bilateral
H26.011  Infantile and juvenile cortical, lamellar, or zonular cataract, right eye
H26.012  Infantile and juvenile cortical, lamellar, or zonular cataract, left eye
Infantile and juvenile cortical, lamellar, or zonular cataract, bilateral
Infantile and juvenile nuclear cataract, right eye
Infantile and juvenile nuclear cataract, left eye
Infantile and juvenile nuclear cataract, bilateral
Anterior subcapsular polar infantile and juvenile cataract, right eye
Anterior subcapsular polar infantile and juvenile cataract, left eye
Anterior subcapsular polar infantile and juvenile cataract, bilateral
Posterior subcapsular polar infantile and juvenile cataract, right eye
Posterior subcapsular polar infantile and juvenile cataract, left eye
Posterior subcapsular polar infantile and juvenile cataract, bilateral
Combined forms of infantile and juvenile cataract, right eye
Combined forms of infantile and juvenile cataract, left eye
Combined forms of infantile and juvenile cataract, bilateral
Other infantile and juvenile cataract
Unspecified traumatic cataract, right eye
Unspecified traumatic cataract, left eye
Unspecified traumatic cataract, bilateral
Localized traumatic opacities, right eye
Localized traumatic opacities, left eye
Localized traumatic opacities, bilateral
Partially resolved traumatic cataract, right eye
Partially resolved traumatic cataract, left eye
Partially resolved traumatic cataract, bilateral
Total traumatic cataract, right eye
Total traumatic cataract, left eye
Total traumatic cataract, bilateral
Unspecified complicated cataract
Cataract with neovascularization, right eye
Cataract with neovascularization, left eye
Cataract with neovascularization, bilateral
H26.221 Cataract secondary to ocular disorders (degenerative) (inflammatory), right eye
H26.222 Cataract secondary to ocular disorders (degenerative) (inflammatory), left eye
H26.223 Cataract secondary to ocular disorders (degenerative) (inflammatory), bilateral
H26.231 Glaucomatous flecks (subcapsular), right eye
H26.232 Glaucomatous flecks (subcapsular), left eye
H26.233 Glaucomatous flecks (subcapsular), bilateral
H26.31 Drug-induced cataract, right eye
H26.32 Drug-induced cataract, left eye
H26.33 Drug-induced cataract, bilateral
H26.40 Unspecified secondary cataract
H26.411 Soemmering's ring, right eye
H26.412 Soemmering's ring, left eye
H26.413 Soemmering's ring, bilateral
H26.491 Other secondary cataract, right eye
H26.492 Other secondary cataract, left eye
H26.493 Other secondary cataract, bilateral
H26.8 Other specified cataract
H26.9 Unspecified cataract
H27.10 Unspecified dislocation of lens
H27.111 Subluxation of lens, right eye
H27.112 Subluxation of lens, left eye
H27.113 Subluxation of lens, bilateral
H27.121 Anterior dislocation of lens, right eye
H27.122 Anterior dislocation of lens, left eye
H27.123 Anterior dislocation of lens, bilateral
H27.131 Posterior dislocation of lens, right eye
H27.132 Posterior dislocation of lens, left eye
H27.133 Posterior dislocation of lens, bilateral
H28 Cataract in diseases classified elsewhere
H40.89 Other specified glaucoma
H59.021 Cataract (lens) fragments in eye following cataract surgery, right eye
H59.022 Cataract (lens) fragments in eye following cataract surgery, left eye
H59.023 Cataract (lens) fragments in eye following cataract surgery, bilateral
Q12.0 Congenital cataract
Q12.1 Congenital displaced lens
Q12.2 Coloboma of lens
Q12.4 Spherophakia
Q12.8 Other congenital lens malformations
Q12.9 Congenital lens malformation, unspecified

ICD-10 Codes that DO NOT Support Medical Necessity

Note: Performance is optimized by using code ranges.

Group 1: Paragraph

Group 1: Codes

Additional ICD-10 Information

General Information

Associated Information

Documentation Requirements

The following documentation must be present in the medical chart:

For Visually-Symptomatic Cataract:

- A statement indicating that specific symptomatic (i.e., causing the patient to seek medical attention) impairment of visual function resulting in specific activity limitations and/or participation restrictions. Such activities would typically include, but are not limited to, reading, viewing television, driving, or meeting vocational or recreational expectations. The patient’s words should be included in the statement where possible.

- A statement or measurements indicating that the patient’s impairment of visual function is believed not to be correctable with a tolerable change in glasses or contact lenses.
- A best-corrected Snellen visual acuity at distance (and near if the primary visual impairment is at near) as determined by a careful refraction under standard testing conditions as appropriate must be recorded to establish this fact. Neither uncorrected visual acuity nor corrected acuity with the patient’s current prescription will satisfy this requirement. The refraction may be performed by the surgeon or by suitably trained staff in the surgeon’s practice as permitted by law.

As indicated above, a specific Snellen visual acuity alone can neither rule in nor rule out the need for surgery, but should be considered in the context of the patient’s visual impairment and other ocular findings.

The degree of lens opacity should correlate with the impairment of corrected visual acuity when cataract is the primary cause of visual compromise.

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

- A statement that the patient desires surgical correction, that the risks, benefits, and alternatives have been explained, and that a reasonable expectation exists that lens surgery will significantly improve both the visual and functional status of the patient.

**2) Second Eye Surgery**

The patient and the ophthalmologist should discuss the benefits, risks, need, and timing of second-eye surgery when they have had the opportunity to evaluate the results of surgery on the first eye, evaluating and taking into account the above factors. The patient must be consented for surgery on the second eye. This may be a compensable service even if performed in the global period of the first eye since it is separate and additional work to post-operative evaluation of the operated eye. However, Palmetto GBA would consider the need for a separate service to be rare and must be justified with documentation.

- If the decision to perform cataract extraction in both eyes is made prior to the first (sequential) cataract extraction, the documentation must support the medical necessity for each procedure to be performed.

**Other types of Cataract:**

- A statement indicating that the appropriate medical condition or circumstance exists and the specific reason for surgical intervention (e.g., “Cataract surgery is being performed to establish clear media for the treatment [or monitoring] of diabetic retinopathy”).
• A statement that the patient desires surgical correction, that the risks, benefits, and alternatives have been explained, and that the patient understands that the surgery is being done to address the medical condition or circumstance. If vision is specifically not expected to improve, the statement should include the patient’s understanding of that fact.

All types of Cataract:

• An appropriate preoperative ophthalmologic evaluation, which generally includes a comprehensive ophthalmologic exam (or its equivalent components occurring over a series of visits). Preoperative testing for elective cases should be performed and completed in a location other than the OR suite, ideally prior to the surgical date to allow the following:

  • consideration of all surgical options by the surgeon
  • patient time in a non-surgical environment to make an unbiased decision to undergo the proposed surgery and to select the performing surgeon

Certain examination components may be appropriately excluded based on the specific condition and/or urgency of surgical intervention.

• Ancillary testing as appropriate in the establishment or exclusion of medical necessity. This should be directed by specific patient complaint or symptom where possible.

For example (other reasonable examples are possible):

1. Glare testing/brightness acuity testing reducing corrected visual acuity combined with a complaint of difficulty driving at night might support medical necessity.

2. Corrected Snellen visual acuity testing under low-contrast conditions or formal contrast sensitivity testing that uncover or demonstrate functional impairments correlated with the patient's symptoms might support medical necessity.

3. A B-scan ultrasound test that demonstrates a total retinal detachment in the presence of “no light perception” vision and a cataract that obscures the view of the inside of the eye would likely not support medical necessity in the circumstance of “visually symptomatic” cataract.

Anticipated Placement of an intraocular lens (IOL)
Since the patient and surgeon determine the medical necessity for cataract surgery, only the surgeon may order and receive reimbursement for the professional component of an A-scan or partial coherence interferometry service.

For circumstances where an adequate view of the intraocular structures cannot be obtained because of dense cataract, B-scan ultrasound testing should be considered to assess such structures and determine the need for surgery. B-scans performed without documented evidence of a dense cataract or evidence that the cataract precluded visualization of the posterior segment of the eye including the vitreous and/or retina will be considered not medically necessary.

The following ancillary tests are not routinely indicated in the preoperative workup for cataract surgery, and if performed, will not be considered a covered benefit unless medical necessity is defended by a statement in the patient's record:

- Potential vision testing
- Corneal Topography
- Anterior or Posterior Segment Ocular Coherence Tomography
- Formal visual fields
- Fluorescein angiography
- External photography
- Corneal pachymetry/Specular microscopy
- Specialized color vision testing
- Electrophysiologic testing

In general, any performed ancillary testing must be conducted so as not to deliberately bias the decision toward the performance of surgery (e.g., glare testing done on abnormally high settings inconsistent with the instructions of the testing device’s manufacturer, etc.)

Documentation must be legible, relevant and sufficient to justify the services billed. This documentation must be made available to the A/B MAC upon request.

**Utilization Guidelines**

Sources of Information and Basis for Decision


Revision History Information

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Associated Documents

Attachments

GBD Form for Cataract Surgery (PDF - 255,481 bytes)

Related Local Coverage Documents
This LCD has no Related Local Coverage Documents.

Related National Coverage Documents
This LCD version has no Related National Coverage Documents.