Local Coverage Determination (LCD): Cataract Surgery (L34413)

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Contractor Information

Contractor Name	Contract Type	Contract Number	Jurisdiction	State(s)
Palmetto GBA	A and B and HHH MAC	11201 - MAC A	J - M	South Carolina
Palmetto GBA	A and B and HHH MAC	11202 - MAC B	J - M	South Carolina
Palmetto GBA	A and B and HHH MAC	11301 - MAC A	J - M	Virginia
Palmetto GBA	A and B and HHH MAC	11302 - MAC B	J - M	Virginia
Palmetto GBA	A and B and HHH MAC	11401 - MAC A	J - M	West Virginia
Palmetto GBA	A and B and HHH MAC	11402 - MAC B	J - M	West Virginia
Palmetto GBA	A and B and HHH MAC	11501 - MAC A	J - M	North Carolina
Palmetto GBA	A and B and HHH MAC	11502 - MAC B	J - M	North Carolina

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LCD Information

Document Information

LCD ID
L34413

Original ICD-9 LCD ID
L32379

LCD Title
Cataract Surgery

Original Effective Date
For services performed on or after 10/01/2015

Revision Effective Date
For services performed on or after 10/01/2016

Revision Ending Date
N/A

Retirement Date
N/A

Notice Period Start Date
01/28/2016

Notice Period End Date
03/13/2016

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)&(3)and(o)(1)&(2)] Services excluded from coverage

Code of Federal Regulations 42 CFR CH IV [416.65] Covered surgical procedures

CMS Internet-Only Manual, Pub 100-03, *Medicare National Coverage Determinations (NCD) Manual*, Chapter 1, Part 1, §80.10, Phaco-Emulsification Procedure-Cataract Extraction

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

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. This A/B MAC 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

Medical necessity for cataract surgery is not based solely on the presence of opacity in the lens(es). 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, lighting, or non-operative means 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)

Medicare will consider coverage of cataract surgery for circumstances not listed above. Coverage will be based on documentation that supports medical necessity and is compatible with the accepted standards of medical care. Medicare coverage extends only to standard non-correcting prosthetic lenses. Advanced technology prosthetic lenses are not covered.

Visual Acuity

The Snellen chart is frequently used as a screening tool to measure visual acuity. However, testing using high contrast letters viewed in dark room conditions, can underestimate the functional impairments caused by some cataracts in common real-life situations (e. g. glare conditions, poor contrast environments, reading, halos and starbursts at night, and impaired optical quality causing monocular diplopia and ghosting). An evaluation of visual acuity alone can neither rule in nor rule out the need for surgery. Visual acuity should be recorded and considered in the context of the patient’s visual impairment and other ocular findings.

Second Eye Surgery

Surgery is generally not performed in both eyes during the same surgical session because of the potential for bilateral visual loss. The publication, Cataract in the Adult Eye, Preferred Practice Pattern®, by the American Academy of Ophthalmology, describes circumstances under which bilateral cataract surgery might be an option (e. g. a significant cataract in the second eye).

In the more common situation, where surgery is performed sequentially 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

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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.

N/A

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.

N/A

CPT/HCPCS Codes
Group 1 Paragraph: N/A

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
Group 1 Paragraph: N/A

Group 1 Codes:

ICD-10 Codes	Description
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

ICD-10 Codes	Description
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
H26.013	Infantile and juvenile cortical, lamellar, or zonular cataract, bilateral
H26.031	Infantile and juvenile nuclear cataract, right eye
H26.032	Infantile and juvenile nuclear cataract, left eye
H26.033	Infantile and juvenile nuclear cataract, bilateral
H26.041	Anterior subcapsular polar infantile and juvenile cataract, right eye
H26.042	Anterior subcapsular polar infantile and juvenile cataract, left eye
H26.043	Anterior subcapsular polar infantile and juvenile cataract, bilateral
H26.051	Posterior subcapsular polar infantile and juvenile cataract, right eye
H26.052	Posterior subcapsular polar infantile and juvenile cataract, left eye
H26.053	Posterior subcapsular polar infantile and juvenile cataract, bilateral
H26.061	Combined forms of infantile and juvenile cataract, right eye
H26.062	Combined forms of infantile and juvenile cataract, left eye
H26.063	Combined forms of infantile and juvenile cataract, bilateral
H26.09	Other infantile and juvenile cataract
H26.101	Unspecified traumatic cataract, right eye
H26.102	Unspecified traumatic cataract, left eye
H26.103	Unspecified traumatic cataract, bilateral
H26.111	Localized traumatic opacities, right eye
H26.112	Localized traumatic opacities, left eye
H26.113	Localized traumatic opacities, bilateral
H26.121	Partially resolved traumatic cataract, right eye
H26.122	Partially resolved traumatic cataract, left eye
H26.123	Partially resolved traumatic cataract, bilateral
H26.131	Total traumatic cataract, right eye
H26.132	Total traumatic cataract, left eye
H26.133	Total traumatic cataract, bilateral
H26.20	Unspecified complicated cataract
H26.211	Cataract with neovascularization, right eye
H26.212	Cataract with neovascularization, left eye

ICD-10 Codes	Description
H26.213	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
H40.10X2	Unspecified open-angle glaucoma, moderate stage
H40.10X3	Unspecified open-angle glaucoma, severe stage
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

Group 2 Paragraph:
The following codes may be used as additional codes to justify a cataract lens removal when the cataract density does not appear to justify the extraction. Appropriate documentation is expected to be maintained in the medical record.

Group 2 Codes:

ICD-10 Codes	Description
H40.1110	Primary open-angle glaucoma, right eye, stage unspecified
H40.1111	Primary open-angle glaucoma, right eye, mild stage
H40.1112	Primary open-angle glaucoma, right eye, moderate stage
H40.1113	Primary open-angle glaucoma, right eye, severe stage
H40.1114	Primary open-angle glaucoma, right eye, indeterminate stage
H40.1120	Primary open-angle glaucoma, left eye, stage unspecified
H40.1121	Primary open-angle glaucoma, left eye, mild stage

ICD-10 Codes	Description
H40.1122	Primary open-angle glaucoma, left eye, moderate stage
H40.1123	Primary open-angle glaucoma, left eye, severe stage
H40.1124	Primary open-angle glaucoma, left eye, indeterminate stage
H40.1130	Primary open-angle glaucoma, bilateral, stage unspecified
H40.1131	Primary open-angle glaucoma, bilateral, mild stage
H40.1132	Primary open-angle glaucoma, bilateral, moderate stage
H40.1133	Primary open-angle glaucoma, bilateral, severe stage
H40.1134	Primary open-angle glaucoma, bilateral, indeterminate stage

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

The following documentation must be present in the medical chart:

For Visually-Symptomatic Cataract:

- A statement indicating 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 current best-corrected Snellen visual acuity must be recorded at a distance or near, if the primary visual impairment is near. Acuity is determined by a careful refraction under standard testing conditions. 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 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.

Second Eye Surgery

The patient and the ophthalmologist should discuss the benefits, risks, need, and timing of second-eye surgery evaluating and taking into account the above factors.

Whether at the time of assessment for surgery on the patient's first eye, or thereafter, the patient must sign a consent for surgery on the second eye.

If assessment for surgery on the second eye is performed after assessment for surgery on the first 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, this A/B MAC 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 should be documented, 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

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

Ancillary testing should occur (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
- Fundus photography
- Extended ophthalmoscopy , and
- Ophthalmic ultrasound B scan

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 supporting the medical necessity should be legible, maintained in the patient's medical record, and must be made available to the A/B MAC upon request.

Utilization Guidelines

When billing ICD-10 codes H26.231, H26.232, H26.233, H26.221, H26.222, H26.211, H26.212, H26.213, H26.221, H26.222, H26.223, E08.36, E09.36, E10.36, E11.36, E13.36 or H28 note that coding guidelines require that the ICD-10 code for the underlying condition must appear and be coded first on the claim. For ICD-10 codes H26.31, H26.32, H26.33 and H26.8, coding guidelines require that the causative agent be identified on the claim.

Sources of Information and Basis for Decision

American Academy of Ophthalmology Cataract and Anterior Segment Panel. Preferred Practice Pattern® Guidelines. Cataract in the Adult Eye San Francisco, CA: American Academy of Ophthalmology;2006, updated 2011.

CDC. Vision Health Initiative. Common Eye Disorders Accessed May 5, 2016.

Gayer S, Zuleta J. Perioperative Management of the Elderly Undergoing Eye Surgery. *Clin in Geriat Med.* 2008;24(4):687-700.

National Library of Medicine. Medical Encyclopedia: Cataract removal Accessed May 5, 2016.

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Obstbaum SA, American Academy of Ophthalmology, American Society of Cataract and Refractive Surgery, European Society of Cataract and Refractive Surgeons. Utilization, Appropriate Care, and Quality of Life for Patients with Cataracts. *Ophthalm.* 2006;113(10):1878-1882.

World Health Organization. Prevention of Blindness and Visual Impairment Accessed May 5, 2016.

Yanoff M, Duker JS. *Yanoff & Duker:Ophthalm.* 3rd ed. Mosby, An Imprint of Elsevier. 2008.

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Revision History Information

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
10/01/2016	R8	Under ***ICD-10 Codes that Support Medical Necessity Group 1: Codes*** deleted ICD-10 codes H40.11X2 and H40.11X3. Under ***ICD -10 Codes that Support Medical Necessity*** added ***Group 2*** with ICD-10 codes H40.1110, H40.1111, H40.1112, H40.1113, H40.1114, H40.1120, H40.1121, H40.1122, H40.1123, H40.1124, H40.1130, H40.1131, H40.1132, H40.1133 and H40.1134.	• Provider Education/Guidance • Revisions Due To ICD-10-CM Code Changes
05/19/2016	R7	The revision effective date for revision 6 should be May 19, 2016.	• Other (Correction to revision effective date for revision 6.)
03/14/2016	R6	Under ***CMS National Coverage Policy*** corrected the citation format for 42 CFR §§411.15(b)(2)&(3) and (o)(1)&(2); 42 CFR §416.65. Under ***Medical Necessity*** deleted the paragraph pertaining to symptomatic cataracts and clarified the coverage for symptoms related to lens opacity. Under ***Visual Acuity*** clarified the role of the Snellen chart in determining the need for cataract surgery. Under ***Second Eye Surgery*** clarified the circumstances under which bilateral cataract surgery could be considered. Deleted "be consented" and replaced with "sign a consent". Under ***Visually -Symptomatic Cataract*** the information in the third bullet point was reworded. The word "specific" was removed from the first paragraph. Under ***Anticipated Placement of an intraocular lens (IOL)*** "etc" was removed. Under ***Utilization Guidelines*** deleted codes H26.22l and H26.222 that were repeated in the code list. Under ***Sources of Information and Basis for Decision*** deleted "in" from the third cited journal title journal title and added the place of publication for the last cited reference.	• Provider Education/Guidance
03/14/2016	R5		• Other

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
		Under ***Sources of Information and Basis for Decision*** updated the URL for the CDC Vision Health Initiative reference.	
03/14/2016	R4	Under ***Coverage Indications, Limitations, and/or Medical Necessity*** removed the prior section #2 on Snellen visual acuity, removed the reference to "open angle glaucoma" and removed the section stating "the need to visualize the fundus…" and reduced the section. Added lighting, or non-operative means under #1 for medical necessity. Under ***Associated Information*** removed "when they have had the opportunity to evaluate the results of surgery on the first eye" and added "Whether at the time of assessment for surgery on the patient's first eye, or thereafter" and "If assessment for surgery on the second eye is performed after assessment for surgery on the first eye". Under **Sources of Information and Basis for Decisions** Added references for CDC,WHO, NIH, and National Library of Medicine Medline Plus.	• Provider Education/Guidance • Public Education/Guidance • Typographical Error
10/01/2015	R3	Per CMS Internet-Only Manual, Pub 100-08, Medicare Program Integrity Manual, Chapter 13, §13.1.3 LCDs consist of only "reasonable and necessary" information. All bill type and revenue codes have been removed.	• Other (Bill type and/or revenue code removal)
10/01/2015	R2	Under ***CMS National Coverage Policy*** added "(NCD)" to title of Medicare National Coverage Determinations Manual. Under ***Sources of Information and Basis for Decision*** revised first reference to AMA format. Revised last reference to add author's name "Obstbaum, SA" and "European Society of Cataract and Refractive Surgeons".	• Provider Education/Guidance • Other (Maintenance Annual Review)
10/01/2015	R1	Under ***General Information*** subheading *Documentation Requirements,* corrected formatting and removed the numerical number 2. *Utilization Guidelines* removed ICD-10 codes H26.239, H26.229, and H26.30 as these codes were not specific diagnoses.	• Provider Education/Guidance • Automated Edits to Enforce Reasonable & Necessary Requirements • Typographical Error

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Associated Documents

Attachments Documentation Worksheet (PDF - 288 KB)

Related Local Coverage Documents Article(s) A53047 - Complex Cataract Surgery: Appropriate Use and Documentation A54828 - Response to Comments: Cataract Surgery DL34413 LCD(s) DL34413 - (MCD Archive Site)

Related National Coverage Documents N/A

Public Version(s) Updated on 09/16/2016 with effective dates 10/01/2016 - N/A Updated on 05/13/2016 with effective dates 05/19/2016 - 09/30/2016 Updated on 05/09/2016 with effective dates 03/14/2016 - 05/18/2016 Updated on 02/18/2016 with effective dates 03/14/2016 - N/A Updated on 01/22/2016 with effective dates 03/14/2016 - N/A Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.

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Keywords

- Cataract

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