LCD - Cataract Extraction (L33558)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
National Government Services, Inc.	MAC - Part A	06101 - MAC A	J - 06	Illinois
National Government Services, Inc.	MAC - Part B	06102 - MAC B	J - 06	Illinois
National Government Services, Inc.	MAC - Part A	06201 - MAC A	J - 06	Minnesota
National Government Services, Inc.	MAC - Part B	06202 - MAC B	J - 06	Minnesota
National Government Services, Inc.	MAC - Part A	06301 - MAC A	J - 06	Wisconsin
National Government Services, Inc.	MAC - Part B	06302 - MAC B	J - 06	Wisconsin
National Government Services, Inc.	A and B and HHH MAC	13101 - MAC A	J - K	Connecticut
National Government Services, Inc.	A and B and HHH MAC	13102 - MAC B	J - K	Connecticut
National Government Services, Inc.	A and B and HHH MAC	13201 - MAC A	J - K	New York - Entire State
National Government Services, Inc.	A and B and HHH MAC	13202 - MAC B	J - K	New York - Downstate
National Government Services, Inc.	A and B and HHH MAC	13282 - MAC B	J - K	New York - Upstate
National Government Services, Inc.	A and B and HHH MAC	13292 - MAC B	J - K	New York - Queens
National Government Services, Inc.	A and B and HHH MAC	14111 - MAC A	J - K	Maine
National Government Services, Inc.	A and B and HHH MAC	14112 - MAC B	J - K	Maine
National Government Services, Inc.	A and B and HHH MAC	14211 - MAC A	J - K	Massachusetts
National Government Services, Inc.	A and B and HHH MAC	14212 - MAC B	J - K	Massachusetts

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
National Government Services, Inc.	A and B and HHH MAC	14311 - MAC A	J - K	New Hampshire
National Government Services, Inc.	A and B and HHH MAC	14312 - MAC B	J - K	New Hampshire
National Government Services, Inc.	A and B and HHH MAC	14411 - MAC A	J - K	Rhode Island
National Government Services, Inc.	A and B and HHH MAC	14412 - MAC B	J - K	Rhode Island
National Government Services, Inc.	A and B and HHH MAC	14511 - MAC A	J - K	Vermont
National Government Services, Inc.	A and B and HHH MAC	14512 - MAC B	J - K	Vermont

LCD Information

Document Information

LCD ID
L33558

LCD Title
CATARACT Extraction

Proposed LCD in Comment Period
N/A

Source Proposed LCD
DL33558

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For services performed on or after 10/01/2015

Revision Effective Date
For services performed on or after 09/19/2019

Revision Ending Date
N/A

Retirement Date
N/A

AMA CPT / ADA CDT / AHA NUBC Copyright Statement

Notice Period Start Date
09/16/2016

Notice Period End Date
10/31/2016

CMS National Coverage Policy

Language quoted from Centers for Medicare and Medicaid Services (CMS), National Coverage Determinations (NCDs) and coverage provisions in interpretive manuals is italicized throughout the policy. NCDs and coverage provisions in interpretive manuals are not subject to the Local Coverage Determination (LCD) Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See §1869(f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, *italicized* text represents quotation from one or more of the following CMS sources:

Title XVIII of the Social Security Act (SSA):

Section 1862(a)(1)(A) excludes expenses incurred for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Section 1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

Code of Federal Regulations:

42 CFR Section 410.32 indicates that diagnostic tests may only be ordered by the treating physician (or other treating practitioner acting within the scope of his or her license and Medicare requirements who furnishes a consultation or treats a beneficiary for a specific medical problem and who uses the results in the management of the beneficiary's specific medical problem. Tests not ordered by the physician (or other qualified non-physician provider) who is treating the beneficiary are not reasonable and necessary (see Sec. 411.15(k)(1) of this chapter).

CMS Publications:

CMS Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 15, Part 1:

260 Ambulatory Surgical Center Services

CMS Publication 100-03, *Medicare National Coverage Determinations NCD) Manual*, Chapter 1, Part 1:

10.1 Use of Visual Tests Prior to and General Anesthesia during CATARACT Surgery

80.8 Endothelial Cell Photography

80.10 Phaco-Emulsification Procedure - CATARACT Extraction

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Abstract:
A CATARACT is an opacity or cloudiness in the lens of the eye(s), blocking the passage of light through the lens, sometimes resulting in impaired vision. CATARACT development occurs in 60% of adults 65 years of age or greater. There are multiple factors associated with CATARACT development. Some causes of CATARACTs may include: ultraviolet-ß radiation exposure, complications of diabetes, drug and/or alcohol use, smoking, and the natural process of aging. Medicare coverage for CATARACT extraction and CATARACT extraction with intraocular lens implant is based on services that are reasonable and medically necessary for the treatment of beneficiaries with CATARACT (s). This local coverage determination (LCD)defines coverage and describes criteria necessary to justify the performance of CATARACT extraction(s) or other select lensectomies.

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

- 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. Surgery is not deemed to be medically necessary purely on the basis of lens opacity in the absence of symptoms. Also other eye disease(s) including, but not limited to macular degeneration or diabetic retinopathy, have been ruled out as the primary cause of decreased visual function.
- Concomitant intraocular disease (e.g., diabetic retinopathy or intraocular tumor) requiring monitoring or treatment that is prevented by the presence of CATARACT.
- CATARACT interfering with the performance of vitreoretinal surgery (e.g., performance of 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 threatening vision or ocular health (including, but not limited to, phacomorphic or phacolytic glaucoma)
- 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
- Intolerable anisometropia or aniseikonia uncorrectable with glasses or contact lenses that exists as a result of lens extraction in the first eye (despite satisfactorily corrected monocular visual acuity).

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.

Bilateral Eye Surgery

If the decision to perform CATARACT extraction in both eyes is made prior to the first CATARACT extraction, the documentation must support the medical necessity for each procedure to be performed. Prior to admitting to surgery on the second eye, the AAO Preferred Practice Pattern recommends that the patient and ophthalmologist should discuss the benefit, risk and timing of second-eye surgery when they have had the opportunity to evaluate the results of surgery on the first eye.

Immediate, sequential, bilateral surgery has advantages and disadvantages that must be carefully weighed and discussed by the surgeon and patient. Foremost is the risk of potentially blinding complications in both eyes. For this reason the second eye should be treated like the eye of a different patient using separate povidone iodine prepping, draping, instrumentation, and supplies such as irrigating solutions, OVD, and medications. According to the AAO Preferred Practice Pattern, "reported indications for immediate sequential bilateral CATARACT surgery include the need for general anesthesia in the presence of bilateral visually significant CATARACTs, rare occasions where travel for surgery and follow-up care is a significant hardship for the patient, and when the health of the patient may limit surgery to one surgical encounter."

Complex CATARACT Surgery
Complex CATARACT surgery differentiates the extraordinary work performed during the intraoperative or postoperative periods in a subset of CATARACT operations including, and not limited to, the following:

- A miotic pupil which will not dilate sufficiently to allow adequate visualization of the lens in the posterior chamber of the eye and which requires the insertion of four (4) iris retractors through four (4) additional incisions, use of an iris dilator device, a sector iridectomy with subsequent suture repair of iris sphincter, synechiolysis utilizing pupillary stretch maneuvers or sphincterotomies created with scissors.

- The presence of a disease state that produces lens support structures that are abnormally weak or absent. This requires the need to support the lens implant with permanent intraocular sutures and/or a capsular support ring (approved by the FDA) may be necessary to allow placement of an intraocular lens.

- Pediatric CATARACT surgery may be more difficult intraoperatively because of an anterior capsule which is more difficult to tear, cortex which is more difficult to remove, and the need for a primary posterior capsulotomy or capsulorhexis. Furthermore, there is additional postoperative work associated with pediatric CATARACT surgery.

- Extraordinary work may occur during the postoperative period. This is the case with pediatric cases mentioned above and very rarely when there is extreme postoperative inflammation and pain.

Summary of Evidence

N/A

Analysis of Evidence (Rationale for Determination)

N/A

General Information

Associated Information

N/A

Sources of Information

N/A

Bibliography

This bibliography presents those sources that were obtained during the development of this policy. National Government Services is not responsible for the continuing viability of Web site addresses listed below.

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; 2011. Available at: www.aao.org/ppp. Accessed 3/24/2016.

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASONS FOR CHANGE
09/19/2019	R10	This LCD was converted to the new "no-codes" format. There has been no change in coverage with this LCD revision.	• Revisions Due To Code Removal
08/01/2019	R9	Consistent with Change Request 10901, all coding information, National coverage provisions, and Associated Information (Documentation Requirements, Utilization Guidelines) have been removed from the LCD and placed in the related Billing and Coding Article, A56544. There has been no change in coverage with this LCD revision.	• Provider Education/Guidance
11/01/2016	R8	ICD-10-CM code H25.89* and an explanatory note "*H25.89 may be used if the operative note indicates dye	• Provider

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASONS FOR CHANGE
		was used to stain the anterior capsule." were added to ICD-10 Codes that Support Medical Necessity section, Group 2, effective for services rendered on or after 10/01/2016.	Education/Guidance
11/01/2016	R7	Added the following ICD-10-CM codes to the ICD-10 Codes that Support Medical Necessity section during the notice period, effective for services rendered on or after 10/1/2016: Group1- H25.013, H25.033, H25.043, H25.23, H25.813, H26.003, H26.013, H26.033, H26.043, H26.053, H26.063, H26.103, H26.113, H26.133, H26.213, H26.223, H26.233, H26.33, H26.493, H27.113, H27.123, H27.133, H33.003, H33.013, H33.023, H33.033, H33.043, H33.053, H33.43, H35.043, H35.073, H35.073, H35.23, H35.343, H35.373, H43.13, H59.023. Group 2- H21.223, H21.263, H21.533, H21.563, H21.82, H43.823, H57.053.	• Revisions Due To ICD-10-CM Code Changes
11/01/2016	R6	Under the Indications and Limitations of Coverage section, simplified and clarified criteria by eliminating generalized statements and by eliminating the explicit Snellen metric requirement. Under the Documentation Requirements section related to CPT code 66982: - deleted bullet #1 - deleted the wording, “for partial occlusion of the pupil” in bullets #3 and 4 - added the wording, “or more”, related to cornea incisions in bullet #3 that provides examples of devices or techniques considered reasonable and necessary when rendering complex cataract extraction (CPT code 66982). Added multiple 2017 ICD-10-CM diagnosis codes to Group 1.	• Provider Education/Guidance
10/01/2015	R5	Added ICD-10-CM diagnosis code H25.13 to the Group 1 ICD-10 Codes that Support Medical Necessity section, effective for services rendered on or after 10/01/2015.	• Request for Coverage by a Practitioner (Part B)
10/01/2015	R4	LCD updated to reflect administrative changes.	• Provider Education/Guidance

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASONS FOR CHANGE
10/01/2015	R3	Corrected typographical error in Indications of Coverage section	• Typographical Error
10/01/2015	R2	Added the following language to the Indications and Limitations of Coverage section: "Immediate, sequential, bilateral surgery has advantages and disadvantages that must be carefully weighed and discussed by the surgeon and patient. Foremost is the risk of potentially blinding complications in both eyes. For this reason the second eye should be treated like the eye of a different patient using separate povidone iodine prepping, draping, instrumentation, and supplies such as irrigating solutions, OVD, and medications."	• Provider Education/Guidance
10/01/2015	R1	Deleted the following language from the Indications and Limitations of Coverage section: “Bilateral cataract extraction should not be performed on both eyes on the same day because of the potential for bilateral visual loss. If the first cataract extraction is performed and a subsequent contralateral cataract extraction is considered, the criteria for coverage of the procedure in the contralateral eye are the same as the criteria for the first cataract extraction.” Added the following language to the Indications and Limitations of Coverage section: “Immediate, sequential, bilateral surgery has advantages and disadvantages that must be carefully weighed and discussed by the surgeon and patient. Foremost is the risk of potentially blinding complications in both eyes. For this reason the second eye should be treated like the eye of a different patient using separate povidone iodine prepping, draping, instrumentation, and supplies such as irrigating solutions, OVD, and medications.”	• Provider Education/Guidance

Associated Documents

Attachments

N/A

Related Local Coverage Documents

Articles

A56544 - Billing and Coding: Cataract Extraction

A55257 - Response to Comments: Cataract Extraction

Related National Coverage Documents

N/A

Public Versions

UPDATED ON	EFFECTIVE DATES	STATUS
09/11/2019	09/19/2019 - N/A	Currently in Effect (This Version)
Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.		

Keywords

- eye
- ophthalmology
- complex CATARACT
- epinephrine