

Contractor Name

Wisconsin Physicians Service (WPS)

Contractor Number

00951, 00952, 00953, 00954
05101, 05201, 05301, 05401, 05102, 05202, 05392, 05302, 05402

Contractor Type

Carrier
Fiscal Intermediary (FI)
MAC – A
MAC - B

LCD Database ID Number

LCD Version Number

LCD Title

Cataract Surgery and Complex Cataract Surgery

Contractor's Determination Number

OPHTH-020

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CMS National Coverage Policy

Title XVIII of the Social Security Act section 1833 í (2) (A) The amount of payment to be made for facility services furnished in connection with a surgical procedure specified pursuant to paragraph (1) (A) and furnished to an individual in an ambulatory surgical center

Title XVIII of the Social Security Act, section 1862(a)(7) excludes routine physical examination and screening tests performed in the absence of signs or symptoms from coverage.

Title XVIII of the Social Security Act, section 1862(a)(1)(A) allows coverage and payment for services considered medically reasonable and necessary.

Title XVIII of the Social Security Act, section 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 [405.201-405.215] Medical services coverage decisions that relate to health care technology.

Code of Federal Regulations 42 CFR Ch.IV [411.15(o)(1)(2)] Particular services excluded from coverage.

Code of Federal Regulation 42 CFR Ch IV [411.406] Criteria for determining that services were excluded from coverage as not reasonable

Code of Federal Regulation 42 Ch IV [416.65] Covered surgical procedures

Medicare Benefit Policy Manual, Pub.100-2, Chapter 14, §30 for coverage of FDA approved IDEs

Medicare Benefit Policy Manual, Pub.100-2, Chapter 15, §260.5 for a list of covered ambulatory surgical procedures

Medicare National Coverage Determinations, Pub.100-3, Chapter 1, Part 4, §310.1 for routine costs and clinical trials

Medicare Claims Processing Manual, Pub.100-4, Chapter 12, §20.4.6, 20.5 for payment due to unusual circumstances and no adjustments in fee schedule amounts

Medicare Claims Processing Manual, Pub.100-4, Chapter 14, §10.4 for coverage of services in ASCs which are not on the ASC facility code list

Medicare Claims Processing Manual, Pub.100-4, Chapter 14, §20 for a list of covered ASC procedures

Program Memorandum AB-01-81, CR#1670, dated May 15, 2001 for updates of codes and payments for Ambulatory Surgical Centers (ASCs).

Primary Geographic Jurisdiction

Intermediary: Alaska, Alabama, Arizona, Arkansas, California - Entire State, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Iowa, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Massachusetts, Maryland, Maine, Michigan, Minnesota, Missouri - Entire State, Mississippi, Montana, North Carolina, North Dakota, Nebraska, New Hampshire, New Jersey, New Mexico, Nevada, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Vermont, Washington, Wisconsin, West Virginia, Wyoming, District of Columbia, American Samoa, Guam, Northern Mariana Islands, Virgin Islands

Carrier: Wisconsin, Illinois, Michigan, Minnesota

MAC AB: Iowa, Missouri, Nebraska, Kansas

Oversight Region

Region I

Region V

Region VII

Original Determination Effective Date

Revision Effective Date

Indications and Limitations of Coverage and/or Medical Necessity

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- β 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 policy defines coverage and describes criteria necessary to justify the performance of cataract extraction(s) or other select lensectomies. 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 who have a cataract, and who meet all of the following criteria:

The patient has impairment of visual function due to cataract(s) and the following criteria are met and clearly documented:

- Decreased ability to carry out activities of daily living including (but not limited to): reading, watching television, driving, or meeting occupational or vocational expectations; and
- The patient has a best corrected visual acuity of 20/50 or worse at distant or near; or additional testing shows one of the following:
 - Consensual light testing decreases visual acuity by two lines, or
 - Glare testing decreases visual acuity by two lines
- The patient has determined that he/she is no longer able to function adequately with the current visual function; and
- 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; and
- Significant improvement in visual function can be expected as a result of cataract extraction; and
- The patient has been educated about the risks and benefits of cataract surgery and the alternative(s) to surgery (e.g., avoidance of glare, optimal eyeglass prescription, etc.); and
- The patient has undergone an appropriate preoperative ophthalmologic evaluation that generally includes a comprehensive ophthalmologic exam and ophthalmic biometry.

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.

For patients with a best corrected visual acuity of 20/40 or better, cataract extraction will be considered if all other criteria have been met and there is substantial documentation of the medical necessity of the procedure for that patient.

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.

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 ontralateral 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.

Complex Cataract Surgery (CPT Code 66982)

Representatives of the American Academy of Ophthalmology, and the American Society of Cataract and Refractive Surgery estimate that one (1) percent to four (4) percent of cataract operations require the extraordinary work sufficient to meet the definition of complex cataract surgery. Ophthalmologic societies, including the American Society of Cataract and Refractive Surgery, predict these cases will be disproportionately distributed; many will be managed by glaucoma and cataract sub-specialists

The code for complex cataract surgery (66982) is intended to differentiate the extraordinary work performed during the intraoperative or postoperative periods in a subset of cataract operations.

Indications and limitations for the use of CPT code 66982.

1. 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, Beechler expansion device, a sector iridectomy with subsequent suture repair of iris sphincter, and sphincterotomies created with scissors.
2. 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. Or when a capsular support ring may be necessary to allow placement of an intraocular lens. At this time capsular support rings have not been approved for use by the FDA.
3. 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.
4. 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.

Coverage Topic

Ambulatory Surgical Centers
 Eye Care - Following Cataract Surgery
 Outpatient Hospital Services
 Surgical Services

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.

- 11x Hospital-inpatient (including Part A0)
- 12x Hospital-inpatient or home health visits (Part B only)
- 13x Hospital-outpatient (HHHA-A also) under OPSS 13x must be used for ASC claims submitted for OPSS payment. (eff 7/2000).
- 85x Special facility or ASC surgery-rural primary care hospital (eff 10/1994).

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.

Revenue codes only apply to providers who bill these services to the fiscal intermediary or Part A MAC. Revenue codes do not apply to physicians, other professionals and suppliers who bill these services to the carrier or Part B MAC.

Please note that not all revenue codes apply to every type of bill code. Providers are encouraged to refer to the FISS revenue code file for allowable bill types. Similarly, not all revenue codes apply to each CPT/HCPCS code. Providers are encouraged to refer to the FISS HCPCS file for allowable revenue codes.

All revenue codes billed on the inpatient claim for the dates of service in question may be subject to review.

Revenue codes 096x, 097x and 098x are to be used only by Critical Access Hospitals (CAHs) choosing the optional payment method (also called Option 2 or Method 2) and only for services performed by physicians or practitioners who have reassigned their billing rights. When a CAH has selected the optional payment method, physicians or other practitioners providing professional services at the CAH may elect to bill their carrier or Part B MAC or assign their billing rights to the CAH. When professional services are reassigned to the CAH, the CAH must bill the FI or Part A MAC using revenue code 096x.

- 036x Operating room services-general classification
- 037x Anesthesia-general classification
- 049x Ambulatory surgical care-general classification
- 071x Recovery room-general classification
- 076x Treatment or observation room-general classification
- 096x Professional fees-general classification

CPT/HCPCS Codes

66840	Removal of lens material; aspiration technique, 1 or more stages
66850	Removal of lens material; phagofragmentation technique (mechanical or ultrasonic) (eg, phacoemulsification), with aspiration
66852	Removal of lens material; pars plana approach, with or without vitrectomy
66920	Removal of lens material; intracapsular
66930	Removal of lens material; intracapsular, for dislocated lens
66940	Removal of lens material; extracapsular (other than 66840, 66850, 66852)
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g., iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage
66983	Intracapsular cataract extraction with insertion of intraocular lens prosthesis (1 stage procedure)
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification)

Does the CPT 30% Rule Apply

Yes

ICD-9 Codes that Support Medical Necessity (66840, 66850, 66852, 66920, 66930, 66940, 66983, and 66984)

361.00 – 361.07	Retinal detach with retinal defect
361.81	Traction detach of retina
362.01 – 362.07	Diabetic retinopathy
362.14	Retinal microaneurysms NOS
362.15	Retinal telangiectasia
362.29	Other nondiabetic proliferative retinopathy
362.52	Exudate senile macular degeneration
362.54	Macular cyst hole or pseudohole of retina
362.56	Macular puckering of retina
362.83	Retinal edema
364.23	Lens-induced iridocyclitis
365.51	Phacolytic glaucoma
366.00- 366.09	Infantile, juvenile, and presenile cataract
366.10- 366.19	Senile cataract
366.20- 366.23	Traumatic cataract
366.30- 366.34	Cataract secondary to ocular disorders
366.41- 366.46	Cataract associated with other disorders
366.8	Other cataract
366.9	Unspecified cataract
367.31	Anisometropia
379.23	Vitreous hemorrhage
379.32- 379.34	Other disorders of lens
743.35- 743.39	Congenital cataract and lens anomalies
998.82	Cataract fragments in eye following cataract surgery

ICD-9 Codes that Support Medical Necessity for CPT code 66982

Note: ICD-9 codes must be coded to the highest level of specificity.

- 364.23 Lens-induced iridocyclitis
- 364.51 Essential or progressive iris atrophy
- 364.55 Miotic cysts of pupillary margin
- 364.57 Degenerative changes of ciliary body
- 364.59 Other iris atrophy
- 364.75 Pupillary abnormalities
- 364.76 Iridodialysis
- 364.81 Floppy iris syndrome
- 364.82 Plateau iris syndrome
- 364.9 Unspecified disorder of iris and ciliary body
- 366.00 Nonsenile cataract unspecified

- 366.01 Anterior subcapsular polar nonsenile cataract
- 366.02 Posterior subcapsular polar nonsenile cataract
- 366.03 Cortical lamellar or zonular nonsenile cataract
- 366.04 Nuclear nonsenile cataract
- 366.09 Other and combined forms of nonsenile cataract
- 366.10 Senile cataract unspecified
- 366.11 Pseudoexfoliation of lens capsule
- 366.13 Anterior subcapsular polar senile cataract
- 366.14 Posterior subcapsular polar senile cataract
- 366.15 Cortical senile cataract
- 366.16 Senile nuclear sclerosis
- 366.17 Total or mature cataract
- 366.18 Hypermature cataract
- 366.19 Other and combined forms of senile cataract
- 366.20 Traumatic cataract unspecified
- 366.21 Localized traumatic opacities
- 366.22 Total traumatic cataract
- 366.23 Partially resolved traumatic cataract
- 366.30 Cataracts complicata, unspecified
- 366.32 Cataract in inflammatory ocular disorders
- 366.33 Cataract with ocular neovascularization
- 366.41 Diabetic cataract
- 366.42 Tetanic cataract
- 366.43 Myotonic cataract
- 366.44 Cataract associated with other syndromes
- 366.45 Toxic cataract
- 366.46 Cataract associated with radiation and other physical influences
- 379.32 Subluxation of lens
- 379.33 Anterior dislocation of lens
- 379.34 Posterior dislocation of lens
- 379.40 - Abnormal pupillary function unspecified - other anomalies of pupillary function
- 379.49
- 743.36 Congenital anomalies of lens shape
- 743.37 Congenital ectopic lens
- 743.45 Aniridia
- 743.46 Other specified congenital anomalies of iris and ciliary body

Diagnoses that Support Medical Necessity

Diagnoses listed above.

ICD-9 Codes that DO NOT Support Medical Necessity

Any ICD-9-CM code not listed above.

Diagnoses that DO NOT Support Medical Necessity

All ICD-9-CM codes not listed in section: ICD-9 Codes that Support Medical Necessity

Documentation Requirements Cataract Surgery

1. Requirements for diagnoses 362.01, 362.02, 362.03, 362.04, 362.05, 362.06, 362.07, 362.14, 362.15, 362.29, 362.52, 362.54, 362.56 and 362.83;
These codes require coding of the underlying diagnosis.
2. ICD-9 code 998.82 is only allowed for CPT codes 66840, 66850 and 66852.

Documentation Requirements for Complex Cataract Surgery (CPT Code 66982)

1. Requirement for diagnoses: 364.55, 366.32, 366.33;
Indicate in the operative note micro iris hooks were inserted through four (4) separate corneal incisions, Beechler or similar expansion device, multiple sphincterotomies created with scissors, sector iridotomy with suture repair of iris sphincter.
2. Requirement for diagnoses: 366.00, 366.01, 366.02, 366.03, 366.04, 366.09, 366.10, 366.11, 366.13, 366.14, 366.16, 366.19, 366.23, 366.41, 366.44, 366.45, 366.46, 743.46;
Indicate in the operative note the use of micro iris hooks inserted through four (4) separate corneal incisions, Beechler or similar expansion device, multiple sphincterotomies created with scissors, sector iridotomy with suture repair of iris sphincter, the intraocular lens implant was supported by using permanent intraocular sutures or a capsular support ring or an endocapsular ring was used to partially occlude the pupil, *or Epi-shugarcaine was used to adequately dilate the pupil preoperatively.
3. Requirement for diagnoses: 366.20, 366.21, 366.22;
Indicate in the operative note the use of micro iris hooks inserted through four (4) separate corneal incisions, Beechler or similar expansion device, multiple sphincterotomies created with scissors, sector iridotomy with suture repair of iris sphincter, the intraocular lens implant was supported by using permanent intraocular suture or a capsular support ring was employed.
4. Requirement for diagnoses: 364.23, 364.51, 364.59, 364.75;
Indicate in the operative note the use of an endocapsular ring to partially occlude the pupil.
5. Requirement for diagnoses: 379.32, 379.33, 379.34, 743.36, 743.37;
Indicate in the operative note that the intraocular lens was supported by using permanent intraocular sutures or a capsular support ring.
6. Requirement for diagnoses: 364.81, 364.82;
Indicate in the operative note the use of micro iris hooks inserted through four (4) separate cornea incisions, Beechler or similar expansion device, multiple sphincterotomies created with scissors, sector iridotomy with suture repair of iris sphincter, permanent intraocular suture or a capsular support ring, or a ring used to partially occlude the pupil, or Epi-shugarcaine was used to adequately dilate the pupil preoperatively.
7. Requirement for diagnoses: 364.9;
Indicate in the operative note that micro iris hooks were inserted through four separate corneal incisions, Beechler or similar expansion device, multiple sphincterotomies created with scissors, sector iridotomy with suture repair of iris sphincter, the intraocular lens was supported by using permanent intraocular suture or a capsular support ring was employed, or a ring used to partially occlude the pupil.
8. Requirement for diagnoses: 364.57;

Indicate in the operative note that permanent intraocular suture or a capsular support ring was employed to place the intraocular lens in a stable position.

9. Requirement for diagnoses: 364.76;
Indicate in the operative note that a capsular support ring was employed or an endocapsular support ring was used to partially occlude the pupil.
10. Requirement for diagnoses: 366.17;
Indicate in the operative note that dye was used to stain the anterior capsule.
11. Requirement for diagnoses: 366.18;
This code must be used with 365.51 - Phacolytic glaucoma or dye staining of the anterior capsule.
12. Requirement for diagnoses: 366.30;
Indicate in the operative note the use of micro iris hooks inserted through four (4) separate corneal incisions, Beechler or similar expansion device, multiple sphincterotomies created with scissors, sector iridotomy with suture repair of iris sphincter, intraocular lens implant was supported by using permanent interocular sutures, a capsular support ring was employed or a primary posterior capsulorhexis was performed.
13. Requirement for diagnoses: 366.42, 366.43;
Indicate in the operative note or postoperative records that an extraordinary amount of work was involved in the preoperative or postoperative care.
14. Requirement for diagnoses: 379.40-379.49;
Indicate in the operative note the use of micro iris hooks inserted through four (4) separate incisions, Beechler or similar expansion device, multiple sphincterotomies created with scissors, sector iridotomy with suture repair of iris sphincter, or an artificial prosthetic iris was placed in the eye.
15. Requirement for diagnoses: 743.45;
Indicate in the operative note that the intraocular lens was supported in the eye by using permanent intraocular sutures, a capsular support ring was employed or an endocapsular ring was used to partially occlude the pupil.

Utilization Guidelines

See section titled Indications and Limitations and .section titled Documentation Requirements.

Sources of Information and Basis for Decision

1. American Academy of Ophthalmology (1996), Preferred Practice Pattern, Cataract in the Adult Eyes
2. American Academy of Ophthalmology (1999, December 9), Washington Report
3. American Medical Association; CPT Editorial Panel; November 4 and 6, 1999.
4. Belcher M 2000 year in review cataract/IOL Review of Ophthalmology 2000; Nov. 54-74
5. Chitkara D., Smerdon D., (1997) Risk factors complications and results in extracapsular cataract surgery. *J Cataract Refract Surgery*; 23: 570-573
6. Cumming R., Mitchell P. and Smith W., (2000) Diet and cataract, the Blue Mountain eye study. *Ophthalmology*, 107: 450-456
7. Fine I., Hoffman R., (1997) Phacoemulsification in the presence of pseudoexfoliation: challenges and Options. *J Cataract and Refractive Surgery*; 23: 160-164
8. Guzek J., Holm M., Cotter J., et.al. (1987) Risk factors for intraoperative complications in 1000 extracapsular cataract cases. *Ophthalmology*; 94: 461-466

9. Klein B., Klein R, Linton K., (1992) Prevalence of age-related lens opacities in a population. the Beaver Dam eye study. *Ophthalmology*; 92: 546-552
10. Ronge' LJ, Clinical Update: How endo rings can help you Eye Net 2000; 4: 25-26
11. Schumacher S., Nguyen N., Kuchle M., and Naumann G., (1999) Quantification of aqueous flare after phacoemulsification with intraocular lens implantation in eyes with pseudoexfoliation syndrome. *Arch Ophthalmol*; 117: 733-735
12. Scorolli L., Campos E., Bassein L. and Meduri R. (1998) Pseudoexfoliation syndrome: A cohort study on intraoperative complications in cataract surgery, *Ophthalmologic*; 212:278-280
13. Sommer A. Tielsch JM, Katz J, et.al (1991) Racial differences in the cause-specific prevalence of blindness in East Baltimore. *N Engl J Med*; 325: 1412-1417

Advisory Committee Meeting Notes

Meeting Date:

Wisconsin	05/15/2009
Illinois	05/13/2009
Michigan	05/06/2009
Minnesota	05/21/2009
Iowa, Kansas, Missouri, Nebraska	06/04/2009

Start Date of Comment Period

06/04/2009

End Date of Comment Period

07/20/2009

Start Date of Notice Period

(Published)

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Revision History Number/Explanation

Last Reviewed On

Notes

An asterisk (*) indicates a revision to that section of the policy.

This policy does not reflect the sole opinion of the contractor or contractor medical director. Although the final decision rests with the contractor, this policy was developed in consideration of the active LCDs maintained by the preceding Medicare contractors for Jurisdiction 5.

Does this LCD contain a "Least Costly Alternative" Provision?

No

LCD Attachments

There are no attachments for this LCD