

# **LCD for Cataract Surgery and Complex Cataract Surgery (L30159)**

## **Contractor Information**

### **Contractor Name**

Wisconsin Physicians Service Insurance Corporation

### **Contractor Number**

00951, 00952, 00953, 00954, 52280, 05101, 05201, 05301, 05401, 05102, 05202, 05302, 05402

### **Contractor Type**

Carrier - MAC - FI

## **LCD Information**

### **LCD ID Number**

L30159

### **LCD Title**

Cataract Surgery and Complex Cataract Surgery

### **Contractor's Determination Number**

OPHTH-020

### **AMA CPT / ADA CDT Copyright Statement**

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### **CMS National Coverage Policy**

Title XVIII of the Social Security Act section 1833 (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**

### **Oversight Region**

Region I  
Region X

### **Original Determination Effective Date**

For services performed on or after 12/16/2009

### **Original Determination Ending Date**

### **Revision Effective Date**

### **Revision Ending 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- 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 20/40 or worse at distance or near; or additional testing shows one of the following:
  - o Consensual light testing decreases visual acuity by two lines, or
  - o Glare testing decreases visual acuity by two lines
- Other eye disease(s) including, but not limited to macular degeneration or diabetic retinopathy, have been ruled out as the only 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.

Bilateral cataract extraction typically should not be performed 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 are the same as the criteria for the first cataract extraction. Documentation of medical necessity is required if cataract surgery is performed on both eyes on the same day.

Additionally, the restoration of binocular vision, i.e., a clinically significant anisometropia, may also constitute an indication for surgery. If an implant is used in the first eye, often cataract surgery is required in the second eye within weeks to restore binocular function.

#### 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

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 iris retractors through additional incisions, mechanical expansion of the pupil, a sector iridectomy with subsequent suture repair of iris sphincter, use of a Malyugian ring and multiple iris sphincterotomies created with scissors. This situation is most commonly encountered in Intraoperative Floppy Iris Syndrome (ICD-9 364.81), as a result of Tamsulosin (Flomax) use or medications with similar side effects.
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 secure placement of an intraocular lens.
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.
5. Use of intraocular dyes to stain the lens capsule.

### 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.**

11x	Hospital-inpatient (including Part A)
12x	Hospital-inpatient or home health visits (Part B only)
13x	Hospital-outpatient (HHA-A also) (under OPPS 13X must be used for ASC claims submitted for OPPS payment -- eff. 7/00)
85x	Special facility or ASC surgery-rural primary care hospital (eff 10/94)

#### 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	Specialty Services - General Classification (effective 08/10/09)
096X	Professional fees-general classification

### **CPT/HCPCS Codes**

66840	Removal of lens material
66850	Removal of lens material
66852	Removal of lens material
66920	Extraction of lens
66930	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-9 Codes that Support Medical Necessity**

(66840, 66850, 66852, 66920, 66930, 66940, 66983, and 66984)

361.00 - 361.07	RETINAL DETACH WITH RETINAL DEFECT UNSPECIFIED - OLD RETINAL DETACH TOTAL OR SUBTOTAL
361.81	TRACTION DETACH OF RETINA

362.01 - 362.07	BACKGROUND DIABETIC RETINOPATHY - DIABETIC MACULAR EDEMA
362.14	RETINAL MICROANEURYSMS NOS
362.15	RETINAL TELANGIECTASIA
362.29	OTHER NONDIABETIC PROLIFERATIVE RETINOPATHY
362.52	EXUDATIVE SENILE MACULAR DEGENERATION OF RETINA
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	NONSENILE CATARACT UNSPECIFIED - OTHER AND COMBINED FORMS OF NONSENILE CATARACT
366.10 - 366.19	SENILE CATARACT UNSPECIFIED - OTHER AND COMBINED FORMS OF SENILE CATARACT
366.20 - 366.23	TRAUMATIC CATARACT UNSPECIFIED - PARTIALLY RESOLVED TRAUMATIC CATARACT
366.30 - 366.34	CATARACTA COMPLICATA UNSPECIFIED - CATARACT IN DEGENERATIVE OCULAR DISORDERS
366.41 - 366.46	DIABETIC CATARACT - CATARACT ASSOCIATED WITH RADIATION AND OTHER PHYSICAL INFLUENCES
366.8	OTHER CATARACT
366.9	UNSPECIFIED CATARACT
367.31	ANISOMETROPIA
379.23	VITREOUS HEMORRHAGE
379.32 - 379.34	SUBLUXATION OF LENS - POSTERIOR DISLOCATION OF LENS
743.35 - 743.39	CONGENITAL APHAKIA - OTHER 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
364.59	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	CATARACTA 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 - 379.49	ABNORMAL PUPILLARY FUNCTION UNSPECIFIED - OTHER ANOMALIES OF PUPILLARY FUNCTION
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.

### **ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation**

### **Diagnoses that DO NOT Support Medical Necessity**

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

## **General Information**

### **Documentation Requirements**

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.

3. Physicians' Services and diagnostic tests must be submitted with an ICD-9 code to support the medical necessity for the service and must be coded to the greatest level of accuracy and highest level of digit specificity. This means the precise ICD-9 code that fully explains the narrative description of the diagnosis contained in the medical record or the test interpretation and report including the 4th or 5th digit sub-classification for the diagnosis category. The ICD-9 code based on the results of the test should be the primary diagnosis. If the diagnostic test results are normal or inconclusive the ICD-9 code representing the sign, symptom, illness or injury prompting the ordering of the test should be reported as the primary diagnosis. In the absence of signs, symptoms, illness or injury a screening diagnosis should be reported, and payment will be denied.

4. The patient's medical records should be legible and contain the relevant history and physical findings conforming to the criteria stated in the "Indications and Limitations of Coverage and/or Medical Necessity" section of this policy and must be made available to the Contractor on request.

#### 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 corneal incisions, mechanical iris 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 corneal incisions, a mechanical iris 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.

3. Requirement for diagnoses: 366.20, 366.21, 366.22;

Indicate in the operative note the use of micro iris hooks inserted through corneal incisions, a mechanical iris 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 cornea incisions, a mechanical iris 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.

7. Requirement for diagnoses: 364.9;

Indicate in the operative note that micro iris hooks were inserted through corneal incisions, a mechanical iris expansion device, multiple sphincterotomies created with scissors, sector iridotomy with suture repair of iris sphincter, and the intraocular lens was supported by using permanent intraocular suture or a capsular support ring was employed to partially occlude the pupil.

8. Requirement for diagnoses: 364.76;

Indicate in the operative note that a capsular support ring was employed to partially occlude the pupil.

9. Requirement for diagnoses: 366.17;

Indicate in the operative note that dye was used to stain the anterior capsule.

10. Requirement for diagnoses: 366.30;

Indicate in the operative note the use of micro iris hooks inserted through corneal incisions, a mechanical iris 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.

11. 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.

12. Requirement for diagnoses: 379.40-379.49;

Indicate in the operative note the use of micro iris hooks inserted through incisions, a mechanical iris 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.

13. Requirement for diagnoses: 743.45;

Indicate in the operative note that the intraocular lens was supported in the eye by using permanent intraocular sutures, and a capsular support ring was employed to partially occlude the pupil.

## **Appendices**

### **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 Ophthal; 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**

11/01/2009

### **Revision History Number**

### **Revision History Explanation**

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 cooperation with the Carrier Advisory Committee, which includes representatives from Ophthalmology.

6/29/09 Removed contractor number 05392 because as of 8/1/09 E MO will join with the current number for W MO

05/17/2009 applied to all contractor numbers

04/03/2009 Approved

04/03/2009 Entered as draft

8/10/2009 - The description for Revenue code 0760 was changed

8/10/2009 - The description for Revenue code 0761 was changed

8/10/2009 - The description for Revenue code 0762 was changed

8/10/2009 - The description for Revenue code 0769 was changed

11/15/2009 - The description for CPT/HCPCS code 66982 was changed in group 1

**Reason for Change****Last Reviewed On Date**

10/01/2009

**Related Documents**

This LCD has no Related Documents.

**LCD Attachments****All Versions**

Updated on 11/15/2009 with effective dates 12/16/2009 - N/A

Updated on 10/16/2009 with effective dates 12/16/2009 - N/A