First Coast Service Options
MAC - Part B
Local Coverage Determination

LCD Database ID Number
L33808

Contractor Name
First Coast Service Options, Inc.

Contractor Number
09102 – Florida
09202 – Puerto Rico
09302 – Virgin Islands

Contractor Type
MAC – Part B

LCD Title
Cataract Extraction

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Language quoted from CMS National Coverage Determinations (NCDs) and coverage provisions in interpretive manuals are italicized throughout the Local Coverage Determination (LCD). NCDs and coverage provisions in interpretive manuals are not subject to the 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:

CMS Manual System Pub. 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Part 1, Section 10.1 and 80.10

Primary Geographic Jurisdiction

Florida
Puerto Rico/Virgin Islands
Indications and Limitations of Coverage and/or Medical Necessity

Cataract is defined as an opacity or loss of optical uniformity of the crystalline lens with cataract development located on a continuum extending from minimal changes of original transparency in the crystalline lens to the extreme stage of total opacity. Cataracts may be due to a variety of causes but are usually associated with aging. Age-related cataract (senile cataract) is by far the most common type of cataract. Other types of cataracts include childhood (both congenital and acquired), traumatic, complicated and toxic.

Most cataracts are not visible until they become dense enough (mature or hypermature) to cause blindness. However, a cataract in its earliest stages of development can be observed through a well-dilated pupil with an ophthalmoscope, loupe, or slit lamp.

The ocular fundus becomes increasingly more difficult to visualize as the lens opacity becomes denser, until the fundus reflection (i.e., red reflex) is completely absent. At this stage, the cataract is usually mature and the pupil may appear white (leukocoria).

There is no medical treatment for cataract. Lens extraction either by intracapsular or extracapsular procedure is performed when visual impairment interferes with the patient’s normal activities.

Indications

Cataract surgery will be considered medically necessary and reasonable for the following conditions:

- Symptoms such as blurred vision, visual distortion, reduced contrast sensitivity and/or glare with associated functional impairment.

  Functional impairment due to cataracts refers to lost or diminished ability to perform everyday activities, participate in hobbies or other leisure-time activities, or to work in one’s occupation. Several instruments such as the VF-14, the activities of daily vision scale and the visual activities questionnaire are available for assessing functional impairment related to cataract.

- Visual disability with Snellen acuity worse than 20/40 with impairment of ability to carry out needed or desired activities. The ocular exam should confirm that the best correctable visual acuity in the affected eye is worse than 20/40 and that the cataract is responsible for this.
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- Visual disability with Snellen acuity of 20/40 or better. For patients with a Snellen acuity of 20/40 or better, the indicators are the same as for patients with Snellen acuity of worse than 20/40. In addition, documentation must support a visual impairment such as fluctuation of visual function because of glare or reduced contrast sensitivity, which can be supported with the use of (but not limited to) procedures such as glare testing, brightness acuity testing (BAT), or contrast sensitivity testing; complaints of monocular diplopia or polyopia; or visual disparity existing between the two eyes (anisometropia).

- Lens-induced disease. Phacomorphic glaucoma, phacolytic glaucoma and other lens-induced diseases may require cataract surgery.

- Concomitant ocular disease (e.g., retinal disease) that requires clear media. Cataract extraction may be required to adequately diagnose or treat other ocular conditions, such as diabetic retinopathy.

  Surgery is not medically necessary just because the cataract is present.

Limitations

Surgery should not be performed solely to improve vision under the following circumstances:

- The patient does not desire surgery,
- Glasses or visual aids provide satisfactory functional vision,
- The patient’s life-style is not compromised,
- The patient is medically unfit (e.g., conditions such as comatose patients, Organic Brain Syndrome, end stage Alzheimer’s, patients with no light perception, etc. in which cataract surgery will not improve the patient’s independence).

*In most cases, a comprehensive eye examination (ocular history and ocular examination) and a single scan to determine the appropriate pseudophakic power of the IOL are sufficient. In most cases involving a simple cataract, a diagnostic ultrasound A-scan is used. For patients with a dense cataract, an ultrasound B-scan may be used.*

*Accordingly, where the only diagnosis is cataract(s), Medicare does not routinely cover testing other than one comprehensive eye examination (or a combination of a brief/intermediate examination not to exceed the charge of a comprehensive examination) and an A-scan or, if medically justified, a B-scan. Claims for additional tests are denied as not reasonable and necessary unless there is an additional diagnosis and the medical need for the additional tests is fully documented.*

Second-eye Surgery

Patients with significant bilateral cataracts meeting surgical criteria for extraction are common. Patients with a significant cataract in the second eye at the same time that the first eye cataract extraction is scheduled to be performed are also common. Assuming that the indications for surgery in the second eye are documented, the second eye surgery is delivered by standard protocols for delayed sequential bilateral cataract (DSBCS) surgery—so second eye surgery days to weeks later as a completely separate procedure after post-operative follow-up and assessment of the first eye. Protocols for immediately sequential bilateral cataract surgery (ISBCS) are an acceptable option for certain beneficiaries. ISBCS requires special precautions with complete sterile separation of the two eyes with rescrubbing, and new sets of instruments and fluids.

A thorough review of information from their ophthalmologist regarding known conditions and risks in their specific case must be discussed with the beneficiary for either DSBCS or ISBCS. An intra-operative complication on the first eye may necessitate deferral to a delayed protocol. Any surgical protocol is expected to be aligned to patient quality of care and outcomes as well as meet all the requirements of the Medicare program.

CPT/HCPCS Codes

66982  Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage
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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 (eg, irrigation and aspiration or phacoemulsification)

ICD-10 Codes that Support Medical Necessity

N/A

Diagnoses that Support Medical Necessity

N/A

ICD-10 Codes that DO NOT Support Medical Necessity

N/A

Diagnoses that DO NOT Support Medical Necessity

N/A

Associated Information

Documentation Requirements

Documentation supporting medical necessity (e.g., office/progress notes, operative note(s)) of the cataract surgery, whether for unilateral disease or bilateral disease (delayed sequential bilateral cataract (DSBCS) surgery or immediately sequential bilateral cataract surgery (ISBCS)) must contain:

- Visual acuity (best corrected Snellen chart);
- Visual acuity during glare or contrast sensitivity testing when the best corrected Snellen chart visual acuity is 20/40 or better;
- Symptomatology; directly related to the presence of the cataract:
- Physical evidence of the existence of a cataract (e.g., slit lamp examination) and no evidence of other ocular disease (e.g., retinal disease) that would prevent an improvement of vision when the cataract is removed;
- There is a reasonable expectation that removal of the cataract will improve the patient’s visual acuity;
- The use of conservative treatment including current refraction is no longer satisfactory;
- Degree of functional impairment (This can be in any form; e.g., narrative or assessment tool as long as it supports how the cataract affects the patient’s ADLs.)
- Risk and benefit of the procedure

Utilization Guidelines

N/A

Sources of Information and Basis for Decision

FCSO reference LCD number – L29110


**Start Date of Comment Period**

N/A

**End Date of Comment Period**

N/A

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