Tip Sheet: Cataract Extraction (with or without IOL implant)

Medicare Coverage: Limitations & Medical Necessity

Medicare coverage for cataract extraction is based upon guidelines set forth in the Cataract Extraction Policy L33558 and related Billing & Coding Article A56544 administered by National Government Services (NGS).

Medical Necessity: Covered Indications for Surgery

At least one of the below conditions or circumstances from 1 – 6 must be present and substantiated in the medical record prior to surgery.

Consider medical necessity for each eye separately

☐ **1.** Cataract is causing symptomatic impairment* of visual function not correctable with a tolerable change in glasses or contact lenses, which has resulted in one or more of the below activity limitations or participation restrictions *such as*:

- Reading
- Viewing Television
- Driving
- Meeting Vocational or Recreational Needs
- Other documented limitations or restrictions

Important: *Other eye diseases should have first been ruled out as the primary cause of decreased visual function. *Surgery is not considered medically necessary solely on the basis of lens opacity with the absence of symptoms.*

☐ **2.** Patient has concomitant intraocular disease (e.g. diabetic retinopathy or intraocular tumor) which requires monitoring or treatment that is being prevented by the presence of the Cataract.

- Posterior segment disease: when extraction is necessary to get an unimpeded view of the fundus – the primary dx should be the Cataract diagnosis code, the secondary diagnosis code should be the posterior segment disease. ***See Documentation section for special notes.***

☐ **3.** Cataract is interfering with the performance of vitreoretinal surgery for example the 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)

☐ **4.** Patient has lens-induced disease that is threatening vision or ocular health including, but not limited to phacomorphic or phacolytic glaucoma

☐ **5.** There is a high probability of accelerating cataract development as a result of treatments such as external beam irradiation, or as a result of a concomitant or subsequent procedure (e.g. pars plana vitrectomy, iridocyclectomy, or procedure for ocular trauma)

☐ **6.** 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).

- Anisometropia: the medical record must substantiate the presence of aniseikonia secondary to anisometropia arising from the first cataract extraction with IOL implant
    - The medical record must reflect that the aniseikonia is visually significant to the patient by documenting the patient's subjective complaints and must also document that anisometropia is present by determination of the refractive error in both eyes after the first cataract surgery.

Qualifying Diagnosis Codes for Claim

Regular: 66840, 66850, 66852, 66920, 66930, 66940,66983, 66984, 66988

- Diagnosis from **Group 1** Required for Claim CLICK HERE FOR LIST

Complex: 66982 and 66987

- Diagnosis from **Group 1 & Group 2** Required for Claim CLICK HERE FOR LIST

Limitations

1. **Use of the Snellen Visual Acuity Chart**
    - A specific Snellen visual acuity **alone** can neither rule in, nor rule out the need for surgery:
        - Testing only with high contrast letters in dark room conditions will underestimate functional impairments caused by some cataracts (e.g. daytime glare, poor contrast environments, halos and starbursts at night, etc)
    - A Snellen visual acuity should be recorded and considered in context of the patient's visual impairment and other ocular findings

2. **Bilateral Eye Surgery: Subsequent or Immediate Sequential Surgery**
    - "Subsequent" Surgery in the Second Eye:
        - If decision to perform extraction in both eyes is made prior to the first cataract extraction, documentation must support the medical necessity for each eye/procedure
            - Prior to Second Surgery:
                - Evaluate the results of the surgery on the first eye then discuss the benefit, risk and timing of second-eye surgery
    - "Immediate" Sequential Surgery in the Second Eye:
        - Below are indications for immediate sequential bilateral cataract surgery according to the AAO Preferred Practice Pattern
            1. Need for general anesthesia in the presence of bilateral visually significant cataracts
            2. Rare occasions where travel for surgery and follow-up care is a significant hardship for the patient
            3. When the health of the patient may limit surgery to one surgical encounter
        - Advantages & Disadvantages must be carefully weighed and discussed by surgeon and patient, including potential risk of blinding complications in both eyes
        - If it is decided to proceed with Immediate, sequential Bilateral Surgery, the second eye should be treated like the eye of a different patient (separate prep, tools, etc)

Documentation Requirements

The patient's Medical Record must support necessity and must be made available upon request. Documentation includes but is not limited to: relevant medical history, physical exam, results of diagnostic tests or procedures.

☐ **1.** Medical Necessity for each eye to be operated on is present and includes all relevant detail, evaluations, tests, procedures, history, and medical decision making

- Posterior segment disease: If cataract extraction is performed in order to visualize the fundus, the disease being treated must appear in the medical record, and the necessity for visualization must be described in the medical record

☐ **2.** A Snellen Visual Acuity alone is not the sole evaluation of patient's visual impairment; other ocular findings should be present and considered in context.

☐ **3.** Relating to symptomatic impairment of visual function resulting in limitations for the patient:

- Include any documentation of other eye diseases having been ruled out as the primary cause of decreased visual function
- document types of activity limitations or participation restrictions caused by the Cataract, as applicable.
- Include notes on how visual function could not be corrected tolerably with changes in glasses or contact lenses, as applicable. Detail history of attempted changes.

☐ **4.** Bilateral Surgery – Staged Procedures:

- Delayed sequential surgery - If a decision to operate on the second eye is made prior to surgery on the first cataract, ensure medical necessity is documented for each procedure
- Prior to admission for surgery on the second cataract, ensure discussion of the benefits, risk and timing of surgery is documented (discuss/evaluate in context of the results of the 1st surgery)

☐ **5.** Bilateral Surgery – Immediate Sequential Surgery on 2nd Eye:

- Ensure indication(s) for performing surgery in **one surgical encounter** are well documented (see Limitations section for examples)
- Ensure risks, benefits discussion with patient are documented

☐ **6.** Medical Necessity for each eye to be operated on is present and includes all relevant detail, evaluations, history, and medical decision making

- Posterior segment disease: If cataract extraction is performed in order to visualize the fundus, the disease being treated must appear in the medical record, and the necessity for visualization must be described in the medical record

☐ **7.** Operative Note:

- All surgeries (Routine & Complex): ensure reason/indication for procedure is well documented and is consistent with indications noted in previous H&P's, etc.
- Complex Surgeries: additional documentation is needed in the Operative Report see **Complex Cataract Extraction** section for details.

Complex Cataract Extraction: 66982 & 66987

Medicare will cover complex surgery CPT's 66982 & 66987 if the procedure requires devices or techniques NOT generally used in routine cataract surgery. NGS provides the below examples:

- ☐ **1.** The operative note indicates that a permanent intraocular suture or a capsular support ring was employed to place the intraocular lens in a stable position.
- ☐ **2.** The operative note indicates a capsular support ring was employed or an endocapsular support ring was used.
- ☐ **3.** The operative note indicates the use of micro iris hooks inserted through four (4) or more separate cornea incisions, use of an iris dilator device, synechiolysis utilizing pupillary stretch maneuvers creation of multiple sphincterotomies with scissors, a sector iridotomy with suture repair of iris sphincter was performed, or a permanent intraocular suture, capsular support ring, or endocapsular support ring was used.
- ☐ **4.** The operative note indicates dye was used to stain the anterior capsule.
- ☐ **5.** The operative note indicates Phacolytic glaucoma
- ☐ **6.** The operative note indicates a primary posterior capsulorhexis was performed
- ☐ **7.** The operative note or postoperative records indicate an extraordinary amount of work was involved in the preoperative or postoperative care.
- ☐ **8.** The operative note indicates an artificial prosthetic iris was placed in the eye.

Modifiers

- ☐ **1.** Anatomic Modifiers: LT or RT should be appended to procedure code(s)
- ☐ **2.** Physician Sharing of Post-op Care:
    - No sharing of pre- or post-op care = do NOT add modifiers
    - Ophthalmologist (surgeon) shares post-op care with another physician = **add modifier 54** (Surgical care only) to procedure on operation date
    - Other provider performing post-op care = **add modifier 55** for any dates of post-operative care

Questions & Resources

Questions? Email compliance@bsd.uchicago.edu & reference this document

Other Resources: AAO Preferred Practice Patterns LCD Policy Coding & Billing Article