

RB.015.B

Cataract Removal and Related Ophthalmologic Testing



Health Partners Plans

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PRODUCT VARIATIONS

This policy applies to all Health Partners Plans (HPP) product lines unless noted below.

POLICY STATEMENT

CATARACT REMOVAL

Cataract extraction with Intraocular Lens implant (IOL) is considered medically necessary for the treatment of members who have a cataract. Individuals with a cataract must have an impairment of visual function due to cataract(s) resulting in the decreased ability to carry out activities of daily living (ADL) such as reading, viewing television, driving or meeting occupational or vocational expectations. Cataract removal is covered when:

- The member has been educated about the risks and benefits of cataract surgery and the alternative to surgery and has provided informed consent.
- The member has undergone a formal measure that documents the inability to function satisfactorily due to visual impairment while performing various Activities of Daily Living (ADL). Clinical justification needs to be documented in the members medical records. Refer to questionnaire on pg. 14 for guidance.

Note: Cataract removal cannot be performed more than once on the same eye on the same date of service.

COMPLEX CARARACT SURGERY

Complex cataract surgery is covered for the following indications:

- A miotic pupil that will not dilate sufficiently to allow adequate visualization of the lens in the posterior chamber of the eye and that requires the insertion of four iris retractors through four additional incisions,

Beehler expansion device, a Malyugin ring to expand a miotic pupil, a sector iridectomy with subsequent suture repair of iris sphincter, or sphincterotomies created with scissors.

- Pediatric cataract surgery, which may be more difficult intraoperatively because of an anterior capsule that is more difficult to tear, cortex that is more difficult to remove and the need for a primary posterior capsulotomy or capsulorrhexis. Furthermore, there is additional postoperative work associated with pediatric cataract surgery.
- Extraordinary work that 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.
- Mature cataract requiring dye for visualization of capsulorrhexis.
- Pre-existing zonular weakness requiring use of capsular tension rings or segments or intraocular suturing of the intraocular lens.

CONTRAINDICATIONS

The following are contraindications to surgery for visually impairing cataract:

- Glasses or visual aids provide satisfactory functional vision
- The member's lifestyle is not compromised by the cataract
- The member is unable to undergo surgery because of coexisting medical or ocular conditions
- The member does not desire surgery
- Surgery will not improve visual function
- A legal consent cannot be obtained

OPHTHALMOLOGIC STUDIES

Pre-operative ophthalmologic studies should be reserved for special situations such as:

- Glare testing for members with cataracts who complain of glare yet measure good Snellen acuity when tested in an office circumstance.
- B-scan for members with dense cataracts which preclude visualization of the posterior segment of the eye including the vitreous and/or retina, but not limited to these.
- Corneal topography for members where significant astigmatism is present (e.g., per basement membrane dystrophy or Salzmann's nodular degeneration), or for cataract surgery in an eye which has previously undergone corneal surgery, such as pterygium excision or refractive keratectomy.
- Monocular diplopia due to a cataract in the affected eye.
- Worsening angle closure due to increase in size of the crystalline lens.
- A significant cataract in a member who will be undergoing concurrent surgery in the same eye, such as a trabeculectomy or a corneal transplant when the surgeon deems that the decreased morbidity of single stage surgery is of significant benefit over surgery on separate dates.

HPP does not cover routine preoperative screening without substantiated signs or symptoms of disease. When the only diagnosis is cataract(s), HPP does not cover testing other than one comprehensive eye examination (or a combination of brief/intermediate examinations not to exceed the charge of a comprehensive examination) plus an appropriate ultrasound scan.

The following tests are generally not indicated in the preoperative workup for cataract surgery. If performed, the indications for their use must be documented in the member's medical record:

- Contrast-sensitivity testing
- Potential vision testing
- Formal visual fields
- Fluorescein angiography
- External photography
- Corneal pachymetry/specular microscopy
- Specialized color vision tests
- Electrophysiologic tests

POLICY GUIDELINES

Multiple cataract removal services on the same day on the same eye will result in a partial or full denial.

Payment will be considered for only one cataract removal procedure performed on the same day on the same eye.

This policy applies whether the service(s) is billed on the same claim line with units greater than one (1), or across multiple claims.

The Activities of Daily Living (ADL) questionnaire, which can be found at the end of this document, must be maintained in the member's medical records and be available upon request.

The maximum appropriate interval between the preoperative examination and the date of surgery is three months in case there are significant changes in the member's health or vision. Members should be educated to contact the ophthalmologist if they have a change in visual symptoms during the interval between the examination and surgery.

HPP shall consider a service to be reasonable and necessary if HPP determines that the service is:

- Safe and effective
- Not experimental or investigational
- Appropriate, including the duration and frequency that is considered appropriate for the service, in terms of whether it is:
 - Furnished in accordance with accepted standards of medical practice for the diagnosis or treatment of the member's condition or to improve the function of a malformed body member
 - Furnished in a setting appropriate to the member's medical needs and condition
 - Ordered and furnished by qualified personnel
 - One that meets, but does not exceed, the member's medical needs
 - At least as beneficial as an existing and available medically appropriate alternative

Coding Guidelines:

CPT codes describing cataract extraction (66830-66988) are mutually exclusive of one another. Only one code from this CPT code range may be reported for an eye.

Physicians shall report the HCPCS/CPT code that describes the procedure performed to the greatest specificity possible. A HCPCS/CPT code shall be reported only if all services described by the code are performed. A physician shall not report multiple HCPCS/CPT codes if a single HCPCS/CPT code exists that describes the services. This type of unbundling is incorrect coding. HCPCS/CPT codes include all services usually performed as part of the procedure as a standard of medical/surgical practice. A physician shall not separately report these services simply because HCPCS/CPT codes exist for them.

In all cases, the appropriate documentation supporting medical necessity must be kept on file and, upon request, presented to Health Partners Plans.

The definition of medical necessity may vary by product due to state and federal regulatory requirements.

CODING

The Current Procedural Terminology (CPT®), Healthcare Common Procedure Coding System (HCPCS), and the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) codes that are listed in this policy are for reference purposes only. Listing of a code in this policy does not imply that the service is covered and is not a guarantee of payment. Other policies and coverage guidelines may apply. When reporting services, providers/facilities should code to the highest level of specificity using the code that was in effect on the date the service was rendered. This list may not be all inclusive.

CPT® is a registered trademark of the American Medical Association.

CPT Code	Description
66830	Removal of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid) with corneo-scleral section, with or without iridectomy (iridocapsulotomy, iridocapsulectomy)
66840	Removal of lens material; aspiration technique, 1 or more stages
66850	Removal of lens material; phacoemulsification 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 (1-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; without endoscopic cyclophotocoagulation
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); without endoscopic cyclophotocoagulation
66987	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-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; with endoscopic cyclophotocoagulation
66988	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation

HCPCS Code	Description
N/A	

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph: It is the provider’s responsibility to select codes carried out to the highest level of specificity and selected from the ICD-10-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

Group 1 Codes: Cataract codes in this policy are subject to “procedure to diagnosis” editing. If a covered diagnosis is not included, the claim will deny as not medically necessary.

Health Partners Plans established the following limited coverage for CPT/HCPCS code 66982:

Covered for Group 1 Codes:

ICD-10 Code	Description
E08.36	Diabetes mellitus due to underlying condition with diabetic cataract
E09.36	Drug or chemical induced diabetes mellitus with diabetic cataract
E10.36	Type 1 diabetes mellitus with diabetic cataract
E11.36	Type 2 diabetes mellitus with diabetic cataract
E13.36	Other specified diabetes mellitus with diabetic cataract
H20.20	Lens-induced iridocyclitis, unspecified eye

H20.21	Lens-induced iridocyclitis, right eye
H20.22	Lens-induced iridocyclitis, left eye
H20.23	Lens-induced iridocyclitis, bilateral
H21.221	Degeneration of ciliary body, right eye
H21.222	Degeneration of ciliary body, left eye
H21.223	Degeneration of ciliary body, bilateral
H21.229	Degeneration of ciliary body, unspecified eye
H21.261	Iris atrophy (essential) (progressive), right eye
H21.262	Iris atrophy (essential) (progressive), left eye
H21.263	Iris atrophy (essential) (progressive), bilateral
H21.269	Iris atrophy (essential) (progressive), unspecified eye
H21.271	Miotic pupillary cyst, right eye
H21.272	Miotic pupillary cyst, left eye
H21.273	Miotic pupillary cyst, bilateral
H21.279	Miotic pupillary cyst, unspecified eye
H21.29	Other iris atrophy
H21.531	Iridodialysis, right eye
H21.532	Iridodialysis, left eye
H21.533	Iridodialysis, bilateral
H21.539	Iridodialysis, unspecified eye
H21.561	Pupillary abnormality, right eye
H21.562	Pupillary abnormality, left eye
H21.563	Pupillary abnormality, bilateral
H21.569	Pupillary abnormality, unspecified eye
H21.81	Floppy iris syndrome
H21.89	Other specified disorders of iris and ciliary body
H21.9	Unspecified disorder of iris and ciliary body
H22	Disorders of iris and ciliary body in diseases classified elsewhere
H25.011	Cortical age-related cataract, right eye
H25.012	Cortical age-related cataract, left eye
H25.013	Cortical age-related cataract, bilateral
H25.019	Cortical age-related cataract, unspecified eye
H25.031	Anterior subcapsular polar age-related cataract, right eye
H25.032	Anterior subcapsular polar age-related cataract, left eye

H25.033	Anterior subcapsular polar age-related cataract, bilateral
H25.039	Anterior subcapsular polar age-related cataract, unspecified eye
H25.041	Posterior subcapsular polar age-related cataract, right eye
H25.042	Posterior subcapsular polar age-related cataract, left eye
H25.043	Posterior subcapsular polar age-related cataract, bilateral
H25.049	Posterior subcapsular polar age-related cataract, unspecified eye
H25.10	Age-related nuclear cataract, unspecified eye
H25.11	Age-related nuclear cataract, right eye
H25.12	Age-related nuclear cataract, left eye
H25.13	Age-related nuclear cataract, bilateral
H25.20	Age-related cataract, morgagnian type, unspecified eye
H25.21	Age-related cataract, morgagnian type, right eye
H25.22	Age-related cataract, morgagnian type, left eye
H25.33	Age-related cataract
H25.811	Combined forms of age-related cataract, right eye
H25.812	Combined forms of age-related cataract, left eye
H25.813	Combined forms of age-related cataract, bilateral
H25.819	Combined forms of age-related cataract, unspecified eye
H25.89	Other age-related cataract
H25.9	Unspecified age-related cataract
H26.001	Unspecified infantile and juvenile cataract, right eye
H26.002	Unspecified infantile and juvenile cataract, left eye
H26.003	Unspecified infantile and juvenile cataract, bilateral
H26.009	Unspecified infantile and juvenile cataract, unspecified eye
H26.011	Infantile and juvenile cortical, lamellar, or zonular cataract, right eye
H26.012	Infantile and juvenile cortical, lamellar, or zonular cataract, left eye
H26.013	Infantile and juvenile cortical, lamellar, or zonular cataract, bilateral
H26.019	Infantile and juvenile cortical, lamellar, or zonular cataract, unspecified eye
H26.031	Infantile and juvenile nuclear cataract, right eye
H26.032	Infantile and juvenile nuclear cataract, left eye
H26.033	Infantile and juvenile nuclear cataract, bilateral
H26.039	Infantile and juvenile nuclear cataract, unspecified eye
H26.041	Infantile and juvenile nuclear cataract, unspecified eye
H26.042	Anterior subcapsular polar infantile and juvenile cataract, left eye

H26.043	Anterior subcapsular polar infantile and juvenile cataract, bilateral
H26.049	Anterior subcapsular polar infantile and juvenile cataract, unspecified eye
H26.051	Posterior subcapsular polar infantile and juvenile cataract, right eye
H26.052	Posterior subcapsular polar infantile and juvenile cataract, left eye
H26.053	Posterior subcapsular polar infantile and juvenile cataract, bilateral
H26.059	Posterior subcapsular polar infantile and juvenile cataract, unspecified eye
H26.061	Combined forms of infantile and juvenile cataract, right eye
H26.062	Combined forms of infantile and juvenile cataract, left eye
H26.063	Combined forms of infantile and juvenile cataract, bilateral
H26.069	Combined forms of infantile and juvenile cataract, unspecified eye
H26.09	Other infantile and juvenile cataract
H26.101	Unspecified traumatic cataract, right eye
H26.102	Unspecified traumatic cataract, left eye
H26.103	Unspecified traumatic cataract, bilateral
H26.109	Unspecified traumatic cataract, unspecified eye
H26.111	Localized traumatic opacities, right eye
H26.112	Localized traumatic opacities, left eye
H26.113	Localized traumatic opacities, bilateral
H26.119	Localized traumatic opacities, unspecified eye
H26.121	Partially resolved traumatic cataract, right eye
H26.122	Partially resolved traumatic cataract, left eye
H26.123	Partially resolved traumatic cataract, bilateral
H26.129	Partially resolved traumatic cataract, unspecified eye
H26.131	Total traumatic cataract, right eye
H26.132	Total traumatic cataract, left eye
H26.133	Total traumatic cataract, bilateral
H26.139	Total traumatic cataract, unspecified eye
H26.20	Unspecified complicated cataract
H26.211	Cataract with neovascularization, right eye
H26.212	Cataract with neovascularization, left eye
H26.213	Cataract with neovascularization, bilateral
H26.219	Cataract with neovascularization, unspecified eye
H26.221	Cataract secondary to ocular disorders (degenerative) (inflammatory), right eye
H26.222	Cataract secondary to ocular disorders (degenerative) (inflammatory), left eye

H26.223	Cataract secondary to ocular disorders (degenerative) (inflammatory), bilateral
H26.229	Cataract secondary to ocular disorders (degenerative) (inflammatory), unspecified eye
H26.30	Drug-induced cataract, unspecified eye
H26.31	Drug-induced cataract, right eye
H26.32	Drug-induced cataract, left eye
H26.33	Drug-induced cataract, bilateral
H26.8	Other specified cataract
H27.10	Unspecified dislocation of lens
H27.111	Subluxation of lens, right eye
H27.112	Subluxation of lens, left eye
H27.113	Subluxation of lens, bilateral
H27.119	Subluxation of lens, unspecified eye
H27.121	Anterior dislocation of lens, right eye
H27.122	Anterior dislocation of lens, left eye
H27.123	Anterior dislocation of lens, bilateral
H27.129	Anterior dislocation of lens, unspecified eye
H27.131	Posterior dislocation of lens, right eye
H27.132	Posterior dislocation of lens, left eye
H27.133	Posterior dislocation of lens, bilateral
H27.139	Posterior dislocation of lens, unspecified eye
H28	Cataract in diseases classified elsewhere
H57.00	Unspecified anomaly of pupillary function
H57.01	Argyll Robertson pupil, atypical
H57.02	Anisocoria
H57.03	Miosis
H57.04	Mydriasis
H57.051	Tonic pupil, right eye
H57.052	Tonic pupil, left eye
H57.053	Tonic pupil, bilateral
H57.059	Tonic pupil, unspecified eye
H57.09	Other anomalies of pupillary function
H57.9	Tonic pupil, unspecified eye
Q12.1	Congenital displaced lens
Q12.2	Coloboma of lens

Q12.4	Spherophakia
Q12.8	Other congenital lens malformations
Q13.0	Coloboma of iris
Q13.1	Absence of iris
Q13.2	Other congenital malformations of iris

Group 2 Paragraph: HPP has established the following limited coverage for CPT/HCPCS codes 66840, 66850, 66852, 66920, 66940, 66983 and 66984.

Covered for Group 2 Codes:

E08.36	Diabetes mellitus due to underlying condition with diabetic cataract
E09.36	Drug or chemical induced diabetes mellitus with diabetic cataract
E10.36	Type 1 diabetes mellitus with diabetic cataract
E11.36	Type 2 diabetes mellitus with diabetic cataract
E13.36	Other specified diabetes mellitus with diabetic cataract
H25.011	Cortical age-related cataract, right eye
H25.012	Cortical age-related cataract, left eye
H25.013	Cortical age-related cataract, bilateral
H25.019	Cortical age-related cataract, unspecified eye
H25.031	Anterior subcapsular polar age-related cataract, right eye
H25.032	Anterior subcapsular polar age-related cataract, left eye
H25.033	Anterior subcapsular polar age-related cataract, bilateral
H25.039	Anterior subcapsular polar age-related cataract, unspecified eye
H25.041	Posterior subcapsular polar age-related cataract, right eye
H25.042	Posterior subcapsular polar age-related cataract, left eye
H25.043	Posterior subcapsular polar age-related cataract, bilateral
H25.049	Posterior subcapsular polar age-related cataract, unspecified eye
H25.091	Other age-related incipient cataract, right eye
H25.092	Other age-related incipient cataract, left eye
H25.093	Other age-related incipient cataract, bilateral
H25.099	Other age-related incipient cataract, unspecified eye
H25.10	Age-related nuclear cataract, unspecified eye
H25.11	Age-related nuclear cataract, right eye
H25.12	Age-related nuclear cataract, left eye
H25.13	Age-related nuclear cataract, bilateral

H25.20	Age-related cataract, morgagnian type, unspecified eye
H25.21	Age-related cataract, morgagnian type, right eye
H25.22	Age-related cataract, morgagnian type, left eye
H25.23	Age-related cataract
H25.811	Combined forms of age-related cataract, right eye
H25.812	Combined forms of age-related cataract, left eye
H25.813	Combined forms of age-related cataract, bilateral
H25.819	Combined forms of age-related cataract, unspecified eye
H25.89	Other age-related cataract
H25.9	Unspecified age-related cataract
H26.001	Unspecified infantile and juvenile cataract, right eye
H26.002	Unspecified infantile and juvenile cataract, left eye
H26.003	Unspecified infantile and juvenile cataract, bilateral
H26.009	Unspecified infantile and juvenile cataract, unspecified eye
H26.011	Infantile and juvenile cortical, lamellar, or zonular cataract, right eye
H26.012	Infantile and juvenile cortical, lamellar, or zonular cataract, left eye
H26.013	Infantile and juvenile cortical, lamellar, or zonular cataract, bilateral
H26.019	Infantile and juvenile cortical, lamellar, or zonular cataract, unspecified eye
H26.031	Infantile and juvenile nuclear cataract, right eye
H26.032	Infantile and juvenile nuclear cataract, left eye
H26.033	Infantile and juvenile nuclear cataract, bilateral
H26.039	Infantile and juvenile nuclear cataract, unspecified eye
H26.041	Infantile and juvenile nuclear cataract, unspecified eye
H26.042	Anterior subcapsular polar infantile and juvenile cataract, left eye
H26.043	Anterior subcapsular polar infantile and juvenile cataract, bilateral
H26.049	Anterior subcapsular polar infantile and juvenile cataract, unspecified eye
H26.051	Posterior subcapsular polar infantile and juvenile cataract, right eye
H26.052	Posterior subcapsular polar infantile and juvenile cataract, left eye
H26.053	Posterior subcapsular polar infantile and juvenile cataract, bilateral
H26.059	Posterior subcapsular polar infantile and juvenile cataract, unspecified eye
H26.061	Combined forms of infantile and juvenile cataract, right eye
H26.062	Combined forms of infantile and juvenile cataract, left eye
H26.063	Combined forms of infantile and juvenile cataract, bilateral
H26.069	Combined forms of infantile and juvenile cataract, unspecified eye
H26.09	Other infantile and juvenile cataract

H26.101	Unspecified traumatic cataract, right eye
H26.102	Unspecified traumatic cataract, left eye
H26.103	Unspecified traumatic cataract, bilateral
H26.109	Unspecified traumatic cataract, unspecified eye
H26.111	Localized traumatic opacities, right eye
H26.112	Localized traumatic opacities, left eye
H26.113	Localized traumatic opacities, bilateral
H26.119	Localized traumatic opacities, unspecified eye
H26.121	Partially resolved traumatic cataract, right eye
H26.122	Partially resolved traumatic cataract, left eye
H26.123	Partially resolved traumatic cataract, bilateral
H26.129	Partially resolved traumatic cataract, unspecified eye
H26.131	Total traumatic cataract, right eye
H26.132	Total traumatic cataract, left eye
H26.133	Total traumatic cataract, bilateral
H26.139	Total traumatic cataract, unspecified eye
H26.20	Unspecified complicated cataract
H26.211	Cataract with neovascularization, right eye
H26.212	Cataract with neovascularization, left eye
H26.213	Cataract with neovascularization, bilateral
H26.219	Cataract with neovascularization, unspecified eye
H26.221	Cataract secondary to ocular disorders (degenerative) (inflammatory), right eye
H26.222	Cataract secondary to ocular disorders (degenerative) (inflammatory), left eye
H26.223	Cataract secondary to ocular disorders (degenerative) (inflammatory), bilateral
H26.229	Cataract secondary to ocular disorders (degenerative) (inflammatory), unspecified eye
H26.231	Glaucomatous flecks (subcapsular), right eye
H26.232	Glaucomatous flecks (subcapsular), left eye
H26.233	Glaucomatous flecks (subcapsular), bilateral
H26.239	Glaucomatous flecks (subcapsular), unspecified eye
H26.30	Drug-induced cataract, unspecified eye
H26.31	Drug-induced cataract, right eye
H26.32	Drug-induced cataract, left eye
H26.33	Drug-induced cataract, bilateral
H26.40	Unspecified secondary cataract
H26.411	Soemmering's ring, right eye

H26.412	Soemmering's ring, left eye
H26.413	Soemmering's ring, bilateral
H26.419	Soemmering's ring, unspecified eye
H26.491	Other secondary cataract, right eye
H26.492	Other secondary cataract, left eye
H26.493	Other secondary cataract, bilateral
H26.499	Other secondary cataract, unspecified eye
H26.8	Other specified cataract
H26.9	Unspecified cataract
H28	Cataract in diseases classified elsewhere
H40.89	Other specified glaucoma
H53.2	Diplopia
H59.021	Cataract (lens) fragments in eye following cataract surgery, right eye
H59.022	Cataract (lens) fragments in eye following cataract surgery, left eye
H59.023	Cataract (lens) fragments in eye following cataract surgery, bilateral
H59.029	Cataract (lens) fragments in eye following cataract surgery, unspecified eye

BENEFIT APPLICATION

This reimbursement policy does not constitute a description of benefits. This policy assists in the administration of the member's benefits, which may vary by line of business. Applicable benefit documents govern which services/items are eligible for coverage, subject to benefit limits or excluded completely from coverage.

DISCLAIMER

Approval or denial of payment does not constitute medical advice and is neither intended to guide nor influence medical decision making.

POLICY HISTORY

Summary	Version	Version Effective Date
Language added to the policy statement for clarity purposes. Cataract questionnaire added to page 14. Codes 66987 and 66988 were added to the coding table.	B	10/1/2021
New policy.	A	5/1/2020

REFERENCES

1. Novitas LCD L35091 - Cataract Extraction (including Complex Cataract Surgery), Effective 7/11/21
https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=35091&ver=100&name=331*1&UpdatePeriod=858&bc=AAAAEAAAIAAAAA&
2. Local Coverage Article A56615 - Billing and Coding: Cataract Extraction (including Complex Cataract Surgery)
https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=56615&ver=26&LCDId=35091&name=331*1&UpdatePeriod=858&bc=AAAAEAAAIAAAAA&
3. Medicare National Coverage Determinations (NCD) Manual – Pub. 100-03
4. Medicare Claims Processing Manual – Pub. 100-04, Chapter 32, §120

CATARACT QUESTIONNAIRE

DECREASING VISION CAN CAUSE CHANGES IN YOUR DAILY LIFE. TO HELP US EVALUATE YOUR LEVEL OF VISUAL FUNCTIONING IT IS IMPORTANT TO KNOW THE PROBLEMS YOU ARE HAVING AS YOU GO THROUGH YOUR DAILY ACTIVITIES.

THE FOLLOWING ARE COMMON CONCERNS PEOPLE HAVE REGARDING THEIR VISION. PLEASE ANSWER BY CIRCLING YES OR NO

WITH BEST CORRECTION (GLASSES/CONTACTS if any) DOES YOUR SIGHT MAKE IT A PROBLEM FOR YOU TO:

READ NEWSPAPERS OR TELEPHONE BOOKS	YES NO
SEE TRAFFIC SIGNS OR STORE AISLE DIRECTORIES	YES NO
READ YOUR LETTERS OR BILLS	YES NO
READ PRICE TAGS OR MEDICINE LABELS	YES NO
RECOGNIZE PEOPLE'S FACES	YES NO
SEE STAIRSTEPS OR CURBS	YES NO
SEE TV CLEARLY	YES NO
MANAGE YOUR HOME	YES NO
DO YOUR FAVORITE HOBBY	YES NO
ENJOY RECREATION AND LEISURE	YES NO

ARE YOU BOTHERED BY:

CAR HEADLIGHT GLARE	YES NO
HALOS AROUND LIGHTS AT NIGHT	YES NO
GLARE FROM GLOSSY MAGAZINE PAGES	YES NO
BRIGHT SUNLIGHT WHEN OUTSIDE	YES NO
FACING WINDOWS WITH BRIGHT DAYLIGHT	YES NO
HAZY, FOGGY, OR BLURRY VISION	YES NO

Cataract surgery can almost always be safely postponed until you feel you need better vision, however, if you feel at all hampered by the best vision that glasses can provide, then cataract surgery becomes a reasonable option. If stronger glasses won't improve your vision anymore and if the only way to help you see better is cataract surgery, do you feel your vision problem is bad enough to consider cataract surgery now?

YES NO

Patient Signature Date

Physician Signature

Print Name