Medical Policy

Blue Cross Blue Shield Blue Care Network of Michigan

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Joint Medical Policies are a source for BCBSM and BCN medical policy information only. These documents are not to be used to determine benefits or reimbursement. Please reference the appropriate certificate or contract for benefit information. This policy may be updated and is therefore subject to change.

***Current Policy Effective Date: 1/1/13**
(See policy history boxes for previous effective dates)

Title: Cataract Removal Surgery

Description / Background

A cataract is an opacity, or cloudiness, of the normally clear lens of the eye. It is a common cause of visual impairment, particularly in the elderly population. The cloudiness and loss of transparency are due to the clustering of proteins within the lens. Cataracts develop gradually, ranging from minor changes in the transparency of the lens to complete opacity. The degree of vision loss depends on the location, size, and density of the cataract. Early stage cataract formation may not be accompanied by any noticeable effects on vision; however, the later stages of cataract development may significantly decrease visual acuity.

Symptoms of cataract formation may include:

- Clouded, blurred or dim vision
- Increasing difficulty with vision at night
- Sensitivity to light and glare
- Seeing "halos" around lights
- Frequent changes in eyeglass or contact lens prescription
- Fading or yellowing of colors
- Double vision in a single eye

Cataracts affect over 22 million Americans age 40 and older, or approximately 1 in every 6 people in this age range. Cataracts are rare in children, and they can affect one or both eyes. By age 80, more than half of all Americans have cataracts. Risk factors associated with the development of cataracts include advancing age, prolonged exposure of the eyes to ultraviolet B light, diabetes, smoking, and prolonged use of corticosteroid medications. A cataract may also form as a result of trauma to the eye, inflammation, or use of some medications.

Although cataract formation is often attributed to the aging process, a cataract may develop at any age. An adult with cataracts may experience a decreased ability to carry out his/her

activities of daily living (ADLs), including a reduction in the ability to read, drive, and perform work duties. There is an increased risk of accidental injury (e.g. falls) associated with cataracts.

A cataract may be successfully treated via surgical extraction. Cataract surgery involves removing the clouded lens and replacing it with an artificial intraocular lens implant (IOL). Individuals who are not candidates for IOLs may need to wear eyeglasses or contact lenses once the cataract is removed. Cataract surgery is typically performed on one eye at a time in an outpatient setting, with a few weeks between surgeries.

Currently, there are two principal types of cataract surgeries: phacoemulsification (phaco) and conventional extracapsular cataract extraction (ECCE). Both of these techniques usually involve the insertion of an IOL.

Phaco is the most commonly performed cataract surgery. This technique involves a small (2-3 mm) incision that may be made in different locations, including the cornea, limbus, or sclera of the eye. A probe is inserted through the incision to supply ultrasonic waves to break-up and emulsify the crystalline lens, and then the lens remnants are removed with suction. The small incision may or may not require sutures.

ECCE uses a larger incision (10-12 mm) that usually requires sutures. Conventional ECCE involves manual removal of the lens through a large (usually 10-12 mm) incision made in the cornea or sclera. Although it requires a larger incision and the use of stitches, the conventional method may be indicated for individuals with very rigid cataracts or when phaco surgery is not indicated.

The goal of this surgery is to restore an individual's visual acuity and level of functioning. Indications for surgery are usually based on the level of Snellen visual acuity and have been divided into two groups of patients: those with visual acuity of 20/40 or better and those with 20/50 or worse.

In patients with 20/40 visual acuity or better, special attention should be paid to patient complaints of decreased vision during specific tasks, monocular diplopia or polyopia, or large refractive difference between the eyes. Despite 20/40 visual acuity or better, impairment due to any of these factors may indicate a need for surgery.

In patients whose visual acuity is reduced to worse than 20/40, surgical intervention is more likely to be appropriate because of reduced ability or inability to perform daily tasks.

The 20/40 visual acuity threshold is used to determine post-operative success. The U.S. Food and Drug Administration (FDA) uses this value as an assessment parameter in the approval of IOLs and other vision devices. Lastly, most states, including Michigan, require a visual acuity level of 20/40 for unrestricted motor vehicle operation.

Regulatory Status:

The FDA has approved a number of intraocular lens implants to replace the natural lens of the eye after cataract surgery. There are currently no IOLs that have received premarket approval (PMA) from the FDA as safe and effective devices for use in patients under the age of 18

years. An IOL manufacturer that has received FDA approval for an Investigational Device Exemption (IDE) for a clinical trial of IOL use in children may sponsor a clinical study in which a physician may act as a clinical investigator and perform IOL implantations, within the study protocol, in children.

Medical Policy Statement

The safety and efficacy of cataract removal surgery, with or without intraocular lens (IOL) implantation, have been established. It is considered an effective treatment when clinical criteria are met.

Inclusionary and Exclusionary Guidelines (Clinically based guidelines that may support individual consideration and pre-authorization decisions)

Inclusions:
Cataract removal surgery (with or without IOL implantation) may be an appropriate treatment for adult members when all of the following criteria are met:

- The patient has a decreased ability to carry out activities of daily living such as 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 reveals one of the following:
  - Consensual light testing decreases visual acuity by two lines, or
  - Glare testing decreases visual acuity by two lines
- Other eye disease(s), such as 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 undergone a preoperative ophthalmologic evaluation that includes a comprehensive ophthalmologic exam and ophthalmic biometry; and
- If cataracts exist in both eyes and require surgery, the surgery will be performed on each eye at separate times, usually four to eight weeks apart.
- 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.)

Additional indications for cataract removal may include:

- Lens-induced disease and/or angle closure (phacomorphic glaucoma, phagolytic glaucoma, phacolysis, phacoanaphylaxis and other lens-induced disease may require cataract surgery and the need for extraction may be urgent)
- The need to visualize the fundus (e.g., the patient has diabetes with significant risk of reduced visual acuity from diabetic retinopathy requiring management through visualization for diagnosis or clear media laser therapy)
- Capsular rupture with lens swelling
- Other trauma-induced ocular pathology necessitating surgery

- Reduced contrast sensitivity that correlates with the patient's subjective and objective assessments
- Double vision in the affected eye
- Clinically significant anisometropia in the presence of a cataract
- The lens opacity interferes with optimal diagnosis or management of posterior segment conditions

For pediatric members, cataract removal surgery **without IOL implantation*** may be considered an appropriate treatment when any of the following criteria are met:

- Dense central opacity larger than 3 mm in diameter
- In partial cataracts, surgery is indicated when the visual acuity is less than 6/18 or, in preverbal children, when fixation is poor
- Capsular rupture with lens swelling
- Other trauma-induced ocular pathology necessitating cataract surgery

**IOL implants are not FDA approved for children under the age of 18 years.*

Exclusions:
For adult members:
- Glasses or visual aids provide functional vision satisfactory to the patient's needs and desires
- Surgery is not expected to improve visual function, and no other indication for lens removal exists
- The patient cannot safely undergo surgery because of coexisting medical or ocular conditions
- Functional improvement is unlikely due to concomitant disease
- Active proliferative diabetic retinopathy (unless cataract removal is necessary to allow visualization of the retina)
- The presence of rubeosis iridis and/or neovascular glaucoma

For pediatric members:
- IOLs have not received regulatory approval for use in children under the age of 18 years
- The presence of a severe life-limiting disease
- Cases of severe microphthalmia (corneal diameter less than 5 mm)
- Cases in which the retina is irreparably detached or the posterior segment is disorganized
- The presence of untreated retinoblastoma

CPT / HCPCS Level II Codes *(Note: The inclusion of a code in this list is not a guarantee of coverage. Please refer to the medical policy statement to determine the status of a given procedure)*

Established codes:

66820	66821	66830	66840	66850	66852
66920	66930	66940	66982	66983	66984

Other codes (investigational, not medically necessary, etc.):

N/A

Note: The above code(s) may not be covered by all contracts or certificates. Please consult customer or provider inquiry resources at BCBSM or BCN to verify coverage.

Rationale

There are numerous studies in the peer-reviewed literature demonstrating that physical function, mental health, emotional well-being, safety, and overall quality of life can be enhanced when visual function is restored by cataract extraction. Various professional societies, such as the American Academy of Eye Surgeons and the American Academy of Ophthalmology, provide recommendations and practice guidelines for cataract removal surgery.

Government Regulations

National:

National Coverage Determination (NCD) for Phaco-Emulsification Procedure - Cataract Extraction (80.10):

Indications and Limitations of Coverage
In view of recommendations of authoritative sources in the field of ophthalmology, the subject technique is viewed as an accepted procedure for removal of cataracts. Accordingly, program reimbursement may be made for necessary services furnished in connection with cataract extraction utilizing the phaco-emulsification procedure.

Local:

Local Coverage Determination (LCD) for CATARACT Surgery and Complex CATARACT Surgery (L30159), for services on or after 2/21/11.

Indications:
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:
  - Consensual light testing decreases visual acuity by two lines, or
  - 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.

Michigan Department of Community Health:

The 2012 MDCH Practitioner and Medical Clinic Database lists facility fees for codes 66820-66984.

(The above Medicare information is current as of the review date for this policy. However, the coverage issues and policies maintained by the Centers for Medicare & Medicare Services [CMS, formerly HCFA] are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. For the most current information, the reader should contact an official Medicare source.)

Related Policies

N/A

References

- American Academy of Ophthalmology, Preferred Practice Pattern® Guidelines, “Cataract in the Adult Eye,” October 2011.
- American College of Eye Surgeons, “Guidelines for Cataract Practice”, 2001, <http://www.aces-abes.org/guidelines_for_cataract_practice.htm>, (May 14, 2012).
- American Optometric Association, “Care of the Adult Patient with Cataract,” Optometric Clinical Practice Guideline, original publication date 1995, reviewed 2004.
- British Columbia Medical Association, “Cataract – Treatment of Adults,” Guidelines and Protocols Advisory Committee, September 1, 2005, <http://www.bcguidelines.ca/guideline_cataract.html>, (Accessed May 22, 2012).

- Canadian Ophthalmological Society, “Canadian Ophthalmological Society evidence-based clinical practice guidelines for cataract surgery in the adult eye,” *Canadian Journal of Ophthalmology,* 2008 Oct; 43 Suppl 1:S7-57.
- “Cataract Surgery and Complex Cataract Surgery (L30159),” *WPS Local Medical review Policy,* OPHTH-020, original Michigan effective date 2/16/09, most recent Michigan revision date 2/21/11, <http://www.wpsmedicare.com/part_b/policy/active/local/l30159_ophth020.shtml>, (May 16, 2012).
- Centers for Medicare and Medicaid Services (CMS), *Medicare Coverage Database, “*Phaco-Emulsification Procedure - CATARACT Extraction,” Manual Section Number 80.10, original effective date: This is a longstanding national coverage determination. The effective date of this version has not been posted.
- Cheng, Kenneth P. Cheng and Albert W. Biglan, “Pediatric Cataract Surgery,” Vol. 6, Chapter 100, <http://www.oculist.net/downaton502/prof/ebook/duanes/pages/v6/v6c100.html>, (May 18, 2012).
- Lundstrom, Mats, MD, PhD, et al., ”Evidence-based guidelines for cataract surgery: Guidelines based on data in the European Registry of Quality Outcomes for Cataract and Refractive Surgery database,” *Journal of Cataract & Refractive Surgery,* 4/26/2012.
- National Institute for Health and Clinical Excellence (NICE). Implantation of accommodating intraocular lenses for cataract. Interventional Procedure Guidance 209. London, UK: NICE; 2007. Available at: <http://guidance.nice.org.uk/IPG209/guidance/pdf/English>, (Accessed May 22, 2012).
- Royal College of Ophthalmologists, “Cataract Surgery Guidelines,” 2010, <http://www.rcophth.ac.uk/page.asp?section=451&sectionTitle=Clinical+Guidelines>, (Accessed May 22, 2012).
- Srivastava, Kuldeep Kumar, MS, “Childhood Cataracts: Aetiology and Management,” *Community Eye Health,* Vol.17, No.50, 2004.

The articles reviewed in this research include those obtained in an Internet based literature search for relevant medical references through 8/23/12, the date the research was completed.

Joint BCBSM/BCN Medical Policy History

Policy Effective Date	BCBSM Signature Date	BCN Signature Date	Comments
1/1/13	10/16/12	10/16/12	Joint policy established

Next Review Date: 4th Qtr, 2013

BLUE CARE NETWORK BENEFIT COVERAGE POLICY: CATARACT REMOVAL SURGERY

I. Coverage Determination:

Commercial HMO (includes Self-Funded groups unless otherwise specified)	Covered, criteria apply
BCNA (Medicare Advantage)	Covered, criteria apply
BCN65 (Medicare Complementary)	Coinsurance covered if primary Medicare covers the service.
Blue Cross Complete of Michigan	Covered, criteria apply

II. Administrative Guidelines:

- The member's contract must be active at the time the service is rendered.
- The service must be authorized by the member's PCP except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Services must be performed by a BCN-contracted provider, if available, except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Payment is based on BCN payment rules, individual certificate and certificate riders.
- Appropriate copayments will apply. Refer to certificate and applicable riders for detailed information.
- CPT - HCPCS codes are used for descriptive purposes only and are not a guarantee of coverage.