



CLINICAL MEDICAL POLICY	
Policy Name:	Cataract Extraction
Policy Number:	MP-001-MC-KY
Responsible Departments:	Medical Management, Medical Policy
Provider Notice Date:	1/1/2017
Original Effective Date:	3/17/2017
Annual Approval Date:	1/1/2018
Revision Date:	1/1/2017
Products:	Kentucky Medicare Assured
Application:	All participating and nonparticipating hospitals and providers
Page Number(s):	1 of 3

DISCLAIMER

Gateway HealthSM (Gateway) clinical medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY STATEMENT

Gateway HealthSM may provide coverage under the medical-surgical benefits of the Company's Medicare products for medically necessary cataract extraction procedures.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

PROCEDURES

In accordance with the CGS Administrators, LLC LCD L33954, Gateway HealthSM requires that the medical record contains the following documentation:

- The medical record must support the medical necessity of the cataract extraction; AND
- The medical record must contain elements of the preoperative workup as described in the “Indications and Limitations of Coverage” and/or “Medical Necessity” sections of the LCD

Note: The provider is responsible for selecting the appropriate ICD-10 diagnosis codes that support the medical necessity of the cataract extraction. The CGS Administrators, LLC LCD L33954 provides the ICD-10 codes necessary for claims processing.

A. Coverage Determination

Gateway HealthSM follows the coverage determinations made by CMS as outlined in either the national coverage determinations (NCD) or the state-specific local carrier determination (LCD).

For Kentucky, please use the following link for CGS Administrators, LLC LCD L33954: Cataract Extraction:

[https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33954&ContrId=239&ver=12&ContrVer=1&CtrctrSelected=239*1&Ctrctr=239&name=CGS+Administrators%2c+LLC+\(15101%2c+MAC+-+Part+A\)&DocType=Active&LCtrctr=239*1&bc=AgACAAQAAAAAAAA%3d%3d&](https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33954&ContrId=239&ver=12&ContrVer=1&CtrctrSelected=239*1&Ctrctr=239&name=CGS+Administrators%2c+LLC+(15101%2c+MAC+-+Part+A)&DocType=Active&LCtrctr=239*1&bc=AgACAAQAAAAAAAA%3d%3d&)

B. Operational Guidelines

Compliance with the provisions in this policy will be monitored and addressed by Gateway’s Payment and Integrity Department through post-payment audits and/or medical record reviews.

This policy may be used for additional types of reviews.

REIMBURSEMENT

Participating facilities will be reimbursed per their Gateway HealthSM contract.

POLICY SOURCE(S)

CGS Administrators, LLC. Cataract Extraction. CGS Administrators LLC Local Coverage Determination (LCD) L33954. Accessed on December 30, 2016 and available at: [https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33954&ContrlD=239&ver=12&ContrVer=1&CntrctrSelected=239*1&Cntrctr=239&name=CGS+Administrators%2c+LLC+\(15101%2c+MAC+-+Part+A\)&DocType=Active&LCntrctr=239*1&bc=AgACAAQAAAAAAAA%3d%3d&](https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33954&ContrlD=239&ver=12&ContrVer=1&CntrctrSelected=239*1&Cntrctr=239&name=CGS+Administrators%2c+LLC+(15101%2c+MAC+-+Part+A)&DocType=Active&LCntrctr=239*1&bc=AgACAAQAAAAAAAA%3d%3d&)

Medicare Benefit Policy Manual – Pub. 100-02.

- Medicare National Coverage Determinations Manual – Pub. 100-03.
- Local Coverage Determination (LCD): Cataract Extraction (including Complex Cataract Surgery) (L35091)
- Medicare Claims Processing Manual – Pub. 100-04, Chapter 32, §120.
- Correct Coding Initiative – Medicare Contractor Beneficiary and Provider Communications Manual – Pub. 100-09, Chapter 5.
- Social Security Act (Title XVIII) Standard References, Sections:
 - 1861(s) (1) Physicians’ Services.
 - 1861(s) (2) (A) Incident to Physician’s Professional Service.
 - 1861(s) (2) (B) Incident to Physician’s Professional Service furnished to Hospital Outpatients.
 - 1861(s) (8) Eyeglasses or Contact Lenses Furnished after Cataract Surgery with Insertion of IOL.
 - 1862(a) (1) (A) Medically Reasonable & Necessary.
 - 1862(a) (1) (D) Investigational or Experimental.
 - 1862(a) (7) Refractive Eye Examinations.
 - 1832(a) (2) (F) ASC Surgical Services.
 - 1833(t) (1) (B) (iii) Implantable Items Covered in Hospital Outpatient Departments.
 - 1833(e) Incomplete Claim.

Policy History:

Date	Status	Action
3/17/2016	Reimbursement Policy RP-100-MC-PA	New Reimbursement policy
1/1/2017	Reimbursement Policy RP-100-MC-PA	Reimbursement policy archived
1/1/2017	Medical Policy MP-001-MC-OH	New medical policy
4/28/2017	Medical Policy MP-001-MC-OH	New formatting