Gateway Health Medicare Assured℠	**Policy and Procedure**
Policy Name:	Cataract Extraction
Policy Number:	MP-001-MC-OH
Division:	Health Services
Responsible Department:	Medical Management Medical Policy
Related Department(s):	Clinical Operations, Claims & Systems Configuration, Appeals & Grievances
Copied Department(s):	Provider Relations, SIU
Related Policy Number(s):	RP-100-MC-PA
Prior Policy Number(s):	NA
Effective Date:	1/1/2017
Revision Date(s):	NA
Inactive date:	NA
Products:	Ohio Medicare Advantage
Application:	All participating and nonparticipating practitioners and facilities unless contractually precluded
Required Signatures:	
Division Vice President & Chief Medical Officer GHP	Michael Maddox MD
Director/Manager Medical Policy	Edwin J. Kairis MD

Policy Statement:

Gateway Health℠ provides coverage and reimbursement 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.

Attachments:

Attachment A: Reference Sources

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Procedures:

In accordance with the CGS Administrators, LLC LCD L33954, Gateway Health℠ 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 Health℠ 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 Ohio, 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&CntrctrSelected=239*1&Cntrctr=239&name=CGS+Administrators%2c+LLC+(15101%2c+MAC+-+Part+A)&DocType=Active&LCntrctr=239*1&bc=AgACAAQAAAAAAA%3d%3d&

B. Operational Guidelines

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

This policy may be used for additional types of reviews.

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

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Attachment A

Reference Sources

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&ContrId=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=AgACAAQAAAAAAA%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.

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