



CLINICAL MEDICAL POLICY	
Policy Name:	Cataract Extraction (including Complex Cataract Surgery)
Policy Number:	MP-001-MC-PA
Responsible Departments:	Medical Management, Medical Policy
Provider Notice Date:	1/1/2017
Original Effective Date:	3/17/2016
Annual Approval Date:	1/1/2018
Revision Date:	1/1/2017
Products:	Pennsylvania Medicare Assured
Application:	All participating and nonparticipating hospitals and providers
Page Number(s):	1 of 6

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.

DEFINITIONS

Supporting Diagnoses – A list of diagnoses Gateway HealthSM has identified which allow for the prompt processing of cataract removal claims without requiring prior authorization.

Supplemental Assessment Questionnaire – A requirement established by CMS that a beneficiary must complete a questionnaire documenting the need for the surgery. Gateway HealthSM has adopted this best practice for all of its products. Gateway HealthSM has provided a health plan approved form, however, you may use an alternate form.

PROCEDURES

In accordance with the Novitas Solutions LCD L35091, 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” section of the LCD; AND
- A Cataract Extraction Questionnaire must be completed by the member, maintained in the medical record and available upon request

Note: The provider is responsible for selecting the appropriate ICD-10 diagnosis codes that support the medical necessity of the cataract extraction procedure. The Novitas Solutions LCD L35091 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 carriers determination (LCD).

For Pennsylvania, please use the following link for the Novitas Solutions, Inc. LCD L35091: Cataract Extraction (including Complex Cataract Surgery):

[https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=35091&ContrId=325&ver=14&ContrVer=1&CtrctrSelected=325*1&Ctrctr=325&name=Novitas+Solutions%2c+Inc.+\(Novitas+Solutions%2c+Inc.+\(07102%2c+A+and+B+MAC%2c+J+-+H\)\)&LCtrctr=325*1&DocType=Active&bc=AgACAAQAAAAAAAA%3d%3d&](https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=35091&ContrId=325&ver=14&ContrVer=1&CtrctrSelected=325*1&Ctrctr=325&name=Novitas+Solutions%2c+Inc.+(Novitas+Solutions%2c+Inc.+(07102%2c+A+and+B+MAC%2c+J+-+H))&LCtrctr=325*1&DocType=Active&bc=AgACAAQAAAAAAAA%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 records.

This policy may be used for additional types of reviews.

REIMBURSEMENT

Participating facilities will be reimbursed per their Gateway HealthSM contract.

POLICY SOURCE(S)

Novitas Solutions, Inc. Cataract Extraction (including Complex Cataract Surgery). Novitas Solutions Local Coverage Determination (LCD) L35091. Accessed on December 9, 2016 and available at:

https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=35091&ver=14&name=314*1&UpdatePeriod=676&bc=AQAAEAAAAAAAAAA%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.

Cataract Removal Questionnaire

Member Name	
Member Number	

How well can you see? Do you have problems ...

- Recognizing people when they are close to you? Yes No
- Reading small print, pill bottle labels or the telephone book? Yes No
- Reading a newspaper or book? Yes No
- Reading a large print book or large print newspapers or numbers? Yes No
- Recognizing people when they are close to you? Yes No
- Seeing steps, stairs or curbs? Yes No
- Reading traffic signs, street signs, or store signs? Yes No
- Writing checks or filling out forms? Yes No
- Playing games such as bingo, dominos or card games? Yes No
- Shaving or putting on your make up? Yes No
- Cooking? Yes No

Problems Seeing

- Poor night vision? Yes No
- Seeing rings or halos around lights at night while driving? Yes No
- Glare caused by headlights or bright sunlight? Yes No
- Hazy and/or blurry vision? Yes No
- Seeing well in poor or dim light? Yes No
- Poor color vision? Yes No
- Double vision? Yes No

Problems Driving

Do you currently drive a car? Yes No

Do you do a lot of night driving? Yes No N/A

How much difficulty do you have **driving during the day** because of your vision? Yes No
N/A

How much difficulty do you have **driving at night** because of your vision? Yes No N/A

When did you stop driving? _____

Tell Us About You

Do you use a **computer** frequently? Yes No N/A

Do you do a lot of **close detailed work**? Yes No N/A

Have you ever tried **monovision** contact lenses? Yes No N/A

Do you wear progressive/no-line **bifocals** now? Yes No N/A

Over your lifetime, have you generally been **satisfied with your vision with prescription glasses**?
Yes No N/A

What are your specific vision concerns?

Member Signature:

Date:

____ / ____ / _____

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	Policy archived
1/1/2017	Medical Policy MP-001-MC-PA	New medical policy
4/28/2017	Medical Policy MP-001-MC-PA	New formatting