

CLINICAL CRITERIA POLICY

CLINICAL CRITERIA POLICY TO ESTABLISH MEDICAL NECESSITY					
BENEFIT	EYE CARE	POLICY SECTION	500 SURGICAL PROCEDURES	POLICY NO	500.03
POLICY TITLE	CATARACT EXTRACTION with INSERTION of IOL				
POLICY DATE	01/01/2022	REVISION DATE	02/18/2022	APPROVAL DATE	08/10/2022
DISCLAIMER LANGUAGE	<ul style="list-style-type: none"> - Policy content and application may have state specific variance and considerations - Health Plan specific 'Indications and Limitations of Coverage' may apply as specified - Line of Business considerations (i.e., Medicaid, Medicare, Commercial) may apply as specified 				
EXCLUSIONS	<ul style="list-style-type: none"> - There are no exclusions to this policy 				

I. POLICY STATEMENT

Coverage of Cataract Extraction with insertion of IOL (intraocular lens) will be provided when medically indicated and in accordance with applicable state requirements and, as specific to Medicare, national and local coverage determinations. To establish medical necessity Avēsis aligns its criteria with the evidence and consensus based clinical practice guidelines set forth by the American Academy of Ophthalmology (AAO)¹. The AAO incorporates evidence based best practice and FDA approval and/or recommendations. Avēsis Medical Directors and clinical staff are licensed medical professionals and review criteria and documentation submitted by requesting providers using sound medical judgment.

II. INDICATIONS AND LIMITATION OF COVERAGE

- 1.0 Cataract Extraction with insertion of IOL is considered reasonable and necessary based on the following:
 - 1.1 Cataract causing symptomatic (i.e., causing the patient to seek medical attention) impairment of visual function not correctable with a tolerable change in glasses or contact lenses, lighting, or non-operative means resulting in specific activity limitations and/or participation restrictions including, but not limited to reading, viewing television, driving, or meeting vocational or recreational needs.
 - 1.2 Concomitant intraocular disease (e.g., diabetic retinopathy, or intraocular tumor) requiring monitoring or treatment that is prevented by the presence of cataract.
 - 1.3 Lens-induced disease threatening vision or ocular health (including, but not limited to, phacomorphic or phacolytic glaucoma).
 - 1.4 High probability of accelerating cataract development as a result of a concomitant or subsequent procedure (e.g., pars plana vitrectomy, iridocyclectomy, procedure for ocular trauma) and treatments such as external beam irradiation.
 - 1.5 Cataract interfering with the performance of vitreoretinal surgery.
 - 1.6 Intolerable anisometropia or aniseikonia uncorrectable with glasses or contact lenses exists as a result of lens extraction in the first eye (despite satisfactorily corrected monocular visual acuity).
- 2.0 Services will be denied for prior authorization requests when:
 - 2.1 Documentation submitted by the requesting provider does not establish the medical necessity per requirements outlined.
 - 2.2 Documentation submitted is incomplete and provider fails to respond to requests for additional clarifying information.
 - 2.2.1 Providers repeatedly failing to submit documentation timely will be referred to Quality.
 - 2.3 Provider and enrollee will receive written notification of adverse determination which outlines right for appeal and instructions on request procedure and applicable timeframes.

¹ American Academy of Ophthalmology <https://www.aao.org>

III. ESTABLISHING MEDICAL NECESSITY

- 1.0 To establish medical necessity, relevant diagnoses referenced below in Table 1 and all criterion points referenced below must be clearly & legibly documented in the medical record and made available to Avësis upon request to bill for applicable CPT codes listed in Table 2.
 - 1.1 Areas where 'white out' is used are not accepted.
 - 1.2 Areas that are 'blackened out' or 'scribbled' will not be accepted.
 - 1.2.1 A single line through text where the text will remain readable is acceptable with provider initials and date.
- 2.0 Specific to Section II, 1.1 and 1.2; the procedure will be considered medically necessary when *all of the following* subjective criteria are met:
 - 2.1 Enrollee perceives ability to carry out needed or desired activities is impaired, based on:
 - 2.1.1 Enrollee's own assessment of visual disability at distance (e.g., impact on driving, viewing television, and occupational needs) and near disability (e.g., reading, occupational activities requiring near vision);
 - 2.1.2 Enrollee's perception of the disability on lifestyle (e.g., loss of independence, loss of income);
 - 2.1.3 Enrollee's complaints of reduced vision due to glare.
 - i. Confirmation of the reduction of vision from glare should be documented by means consistent with the standards of ophthalmological medical practices.
 - ii. The loss of best corrected acuity due to glare should be verified before the member is considered a candidate for cataract surgery.
- 3.0 Specific to Section II, 1.1 only; the procedure will be considered medically necessary when all of the following objective criteria is met:
 - 3.1 Provider validates that the enrollee's medical and mental health permit the surgery to be performed safely.
- 4.0 Specific to Section II, 1.2 only; the procedure will be considered medically necessary when all of the following objective criteria is met:
 - 4.1 There is a significant loss of visual acuity in bright ambient light or glare
 - 4.2 The eye examination confirms that the cataract is the limiting factor for improvement of vision
 - 4.3 Provider validates that the enrollee's medical and mental health permit the surgery to be performed safely.
- 5.0 Specific to Section II, 1.1 only; the procedure will be considered when all of the following educational criteria is met:
 - 5.1 Enrollee has been educated about the risks and benefits of cataract surgery, including alternatives to treatment, and determines the expected improvement in visual function outweighs the potential risk, cost, and inconvenience of surgery.
- 6.0 Specific to Section II, 1.2 only; the procedure will be considered medically necessary when all of the following educational criteria are met:
 - 6.1 Enrollee has been educated about the risks and benefits of cataract surgery, including alternatives to treatment, and determines that the expected reduction in disability outweighs the potential risk, cost, and inconvenience of surgery.
- 7.0 Specific to Section II, 1.3 only;
 - 7.1 Enrollee has lens-induced disease (e.g., phacomorphic glaucoma, phacolytic glaucoma, phacoanaphylactic endophthalmitis, dislocated or subluxated lens), or;
 - 7.2 There is a need to visualize the fundus (retina):
 - 7.2.1 Diabetes with inability to adequately assess and treat diabetic retinopathy
 - 7.2.2 To facilitate vitrectomy for treatment of other diseases of the retina and vitreous
 - 7.2.3 To prepare for surgical repair of retinal detachment; or
 - 7.2.4 When other testing demonstrates the need for better visualization of the retina to allow diagnosis and treatment of ocular disease.

8.0 Specific to all Indications referenced in Section II, 1.0 – 1.3:

8.1 Best corrected visual acuities must be documented and meet applicable criteria listed above

8.2 Impairment of daily function and extent of impairment must be noted in enrollee's chart

8.3 A complete evaluation and comprehensive eye exam must be performed and submitted with surgical request for authorization.

IV. ICD-10/CPT CODES SUPPORTING MEDICAL NECESSITY

Table 1: ICD-10/CPT CODES SUPPORTING MEDICAL NECESSITY

For any code not listed below, please supply proper documentation with your Prior Authorization request, and Avësis will consider and make a determination based on medical necessity.

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
H25.011 – H25.819	Cortical age-related cataract – Combined forms of age-related cataract
H25.9	Unspecified age-related cataract
H26.001 – H26.069	Unspecified infantile and juvenile cataract – Combined forms of infantile
H26.101 – H26.139	Unspecified traumatic cataract – Total traumatic cataract
H26.20 – H26.239	Unspecified complicated cataract – Glaucomatous flecks (subcapsular)
H26.30 – H26.33	Drug-induced cataract
H26.9	Unspecified cataract
Q12.0	Congenital cataract

TABLE 2: CPT CODE AND APPLICABLE MEDICAL CRITERION

CPT	DESCRIPTION
66982	Extracapsular cataract removal with insertion of IOL prosthesis (one stage procedure), manual or mechanical technique, complex requiring devices or techniques not generally used in routine cataract surgery or performed on patients in the amblyogenic development stage; without endoscopic cyclophotocoagulation
66983	Intracapsular cataract with insertion of IOL prosthesis (one stage procedure)
66984	Extracapsular cataract removal with insertion of IOL prosthesis (one stage procedure), manual or mechanical technique; without endoscopic cyclophotocoagulation
66987	Extracapsular cataract removal with insertion of IOL prosthesis (one stage procedure), manual or mechanical technique, complex requiring devices or techniques not generally used in routine cataract surgery or performed on patients in the amblyogenic development stage; with endoscopic cyclophotocoagulation
66988	Extracapsular cataract removal with insertion of IOL prosthesis (one stage procedure), manual or mechanical technique; with endoscopic cyclophotocoagulation
66989	Extracapsular cataract rmvl w/ insert of IOL (eg, trabecular meshwork, supraciliary, suprachoroidal) ant seg aqueous drainage device, w/out extraocular reservoir, internal approach, one or more
66991	Extracapsular cataract rmvl w/ insert of IOL (eg, trabec meshwork, supraciliary, suprachoroidal) ant seg aqueous drainage device, w/out extraocular reservoir, internal approach, one or more