UTILIZATION REVIEW CRITERIA

Cataract iCare Criteria 669.10

Criteria for Cataract Extraction/Cataract Extraction with IOL Implant and Endoscopic cyclophotocoagulation– CPT CODES: 66987, 66988

Coverage Criteria: iCare will consider cataract extraction with IOL to be considered a medically necessary service if:

- **Patients with visual disability with best-corrected Snellen visual acuity 20/50 or worse** with functional impairment of ability to carry out needed or desired activities and documentation of prior failure of filtering/cilioablative procedure and/or uncontrolled IOP (progressive damage and/or mean diurnal medicated IOP greater than or equal to 20 mm Hg) on maximally tolerated medical therapy (i.e., greater than or equal to 4 classes of topical IOP-lowering medications, or fewer in the case of tolerability or efficacy issues). The eye examination should confirm that the cataract is the limiting factor for improving visual function when other factors do not preclude improvement following surgery.
- **Patients with visual disability with best-corrected Snellen acuity of 20/40 or better** with functional impairment of ability to carry out needed or desired activities and documentation of prior failure of filtering/cilioablative procedure and/or uncontrolled IOP (progressive damage and/or mean diurnal medicated IOP greater than or equal to 20 mm Hg) on maximally tolerated medical therapy (i.e., greater than or equal to 4 classes of topical IOP- lowering medications, or fewer in the case of tolerability or efficacy issues). In addition, documentation must support a significant loss of visual acuity because of glare or reduced contrast sensitivity, which can be supported with the use of (but not limited to) procedures such as glare testing (through an FDA cleared device and setting) or contrast sensitivity testing. The eye examination should confirm that the cataract is the limiting factor for improving visual function when other factors do not preclude improvement following surgery.
- Complaints of monocular diplopia or polyopia; or visual disparity existing between the two eyes (anisometropia).
    - Lens-induced disease. Phacomorphic glaucoma, phacolytic glaucoma, and other lens-induced diseases may require cataract surgery.
    - Concomitant ocular disease (e.g., retinal disease) that requires clear media. Cataract extraction may be required to adequately diagnose or treat other ocular conditions, such as diabetic retinopathy.
- A complete, pre-operative, ophthalmological examination must be performed.

Surgery is not medically necessary just because cataract and glaucoma are present.

In reference to failure of prior to treatment for glaucoma will be consistent will be with FCSO #LCD 38233

Limitations:

Surgery should not be performed solely to improve vision under the following circumstances:

- The patient does not desire surgery.
- Glasses or visual aids provide satisfactory functional vision.
- The patient's lifestyle is not compromised.
- The patient cannot safely undergo surgery because of coexisting medical or ocular conditions.
- Surgery is not expected to improve visual function, or no other indication for lens removal exists.
- With regard to cataract evaluation, in most cases, a comprehensive eye examination (ocular history and ocular examination) and a single A-scan to determine the appropriate pseudophakic power of the IOL are sufficient. For patients with a dense cataract, an ultrasound B-scan may be indicated prior to cataract extraction. Accordingly, where the only diagnosis is cataract, iCare does not routinely cover testing other than one comprehensive eye examination (or a combination of a brief/intermediate examination not to exceed the charge of a comprehensive examination) and an A-scan or, if medically justified, a B-scan. Please note: A-scans will only be covered once a case has been approved by iCare for cataract extraction. Claims for additional tests are denied as not reasonable and necessary unless there is an additional medical diagnosis and the medical need for the additional tests is fully documented.

Second-Eye Surgery:

Patients with significant bilateral cataracts and glaucoma meeting surgical criteria for extraction are common. Assuming that the indications for surgery in the second eye are documented, the second eye surgery is delivered by standard protocols for delayed sequential bilateral cataract with glaucoma surgery—so second eye surgery days to weeks later as a completely separate procedure after post-operative follow-up and assessment of the first eye. Protocols for immediately sequential bilateral cataract surgery (ISBCS) are an acceptable option for certain beneficiaries. ISBCS requires special precautions with complete sterile separation of the two eyes with rescrubbing, and new sets of instruments and fluids. A thorough review of information from their ophthalmologist regarding known conditions and risks in their specific case must be discussed with the beneficiary for either DSBCS or ISBCS. An intra-operative complication on the first eye may necessitate deferral to a delayed protocol. Any surgical protocol is expected to be aligned to patient quality of care and outcomes as well as meet all the requirements of the Medicare program.

Bilateral "same-day" cataract extraction- it is our position that the risk for this procedure done on both eyes on the same day outweighs the benefits. iCare would not expect to see routine requests for same-day cataract surgery but would review special circumstances (physical limitations or anesthesia concerns) that could support medical necessity.

Documentation Requirements:

- All documentation must be maintained in the patient's medical record and made available upon request. *The provider has a responsibility to maintain a record for possible post payment review.*
- Every page of the record must be legible and include appropriate patient identification information (ex. complete name, date of birth, and date of service[s]).
- The documentation must include the legible signature of the physician or non-physician practitioner responsible for and providing the care to the patient.

- The submitted medical record must support the use of the selected ICD-10-CM code(s). The submitted CPT/HCPCS code must describe the service performed.
- When complex cataract procedures are reported the medical record must support that devices or techniques not generally used in routine cataract surgery were used, for example: ○ Insertion of iris retractors through additional incisions. ○ Mechanical expansion of the pupil using iris hooks.
  ○ Mature cataract requiring dye for visualization of capsulorrhexis. ○ Creation of a sector iridectomy with subsequent suture repair of iris sphincter. ○ Use of intraoperative iris expansion device to maintain pupil dilation (i.e., Malyugin ring), iris sphincterotomies created with scissors.
  ○ The need to support the lens implant with permanent intraocular sutures. ○ Placement of a capsular support ring is necessary to allow secure placement of an intraocular lens. ○ Pediatric cataract surgery intraoperatively is difficult because of an anterior capsule that is more difficult to tear, cortex that is more difficult to remove, needing a primary posterior capsulotomy or capsulorrhexis.
- Documentation of risk, benefits, and alternatives having been explained to the patient and/or the patient's legal guardian.
- Documentation of a statement that the patient desires to proceed with the procedure must be obtained from the patient and/or the patient's legal guardian.
- Pre-operative notes must be signed by the provider that will be performing the procedure.

Definition and Background:

Cataract is defined as an opacity or loss of optical uniformity of the crystalline lens with cataract development located on a continuum extending from minimal changes of original transparency in the crystalline lens to the extreme stage of total opacity. Cataracts may be due to a variety of causes but are usually associated with aging. Age-related cataract (senile cataract) is by far the most common type of cataract. Other types of cataracts include childhood (both congenital and acquired), traumatic, complicated, and toxic. Most cataracts are not visible***, to the naked eye***, until they become dense enough (mature or hyper mature) to cause blindness. However, a cataract in its earliest stages of development can be observed through a well-dilated pupil with an ophthalmoscope, loupe, or slit lamp. The ocular fundus becomes increasingly more difficult to visualize as the lens opacity becomes denser, until the fundus reflection (i.e., red reflex) is completely absent. At this stage, the cataract is usually mature and the pupil may appear white (leukocoria). There is no ***pharmacological*** medical treatment for cataract. Lens extraction either by intracapsular or extra-capsular procedure is performed when visual impairment interferes with the patient's normal activities. Medicare will consider cataract surgery medically necessary and reasonable for the following conditions: symptoms such as blurred vision, visual distortion, reduced contrast sensitivity and/or glare with associated functional visual impairment.

Note: Functional impairment due to cataracts refers to a lost or diminished ability to perform everyday activities, participate in hobbies or other leisure-time activities, or to work in one's occupation. Several instruments such as the VF-14, the activities of daily vision scale, and the visual activities questionnaire are available for assessing functional impairment related to cataract.

Endoscopic cyclophotocoagulation (ECP) is a cyclodestructive procedure which minimizes the disadvantages of transscleral cyclodestructive procedures while maximizing the advantage of ablating the ciliary body epithelium to decrease intraocular pressure (IOP). The goal of endoscopic cyclophotocoagulation is to reduce IOP and diminish or eliminate non tolerated glaucoma medications. According to the guidelines from the American Academy of Ophthalmology, patients with cataracts may undergo ECP if there is a minimal useful vision and elevated, poorly controlled, IOP even with multiple medications. ECP is rarely a primary or initial line of treatment for glaucoma with cataract; the medical record must explain the reason for deviating from standard of care and why medical treatment was not attempted first. Traditionally, the medical necessity for surgery depends on the failure or contraindication of pharmaceuticals.

CPT/HCPCS Codes:

66987 Extracapsular cataract removal with insertion of intraocular lens prosthesis (1stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery or performed on patients in the amblyogenic developmental stage; with endoscopic cyclophotocoagulation.

66988 Extracapsular cataract removal with insertion of intraocular lens prosthesis (1stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation.

Sources:

Portions of the criteria herein may have been adopted in whole or in part from Local Coverage Determinations as provided by the applicable fiscal intermediary and/or criteria from certain health plan partners.

- American Academy of Ophthalmology. Cataract in the Adult Eye Preferred Practice Pattern®. San Francisco, CA: AAO; 2021.
- American Academy of Ophthalmology. Primary Open Angle Glaucoma Preferred Practice Pattern®. San Francisco, CA: AAO; 2020.
- First Coast Service Options, Inc. Local Coverage Determination Reference Article: Billing and Coding: Cataract Extraction (including Complex Cataract Surgery) (A58592). Jacksonville, FL: First Coast; effective July 11, 2021.
- First Coast Service Options, Inc. Local Coverage Determination (LCD): Cataract Extraction (including Complex Cataract Surgery) (L38926). Jacksonville, FL: First Coast; effective July 11, 2021.
- First Coast Service Options, Inc. Local Coverage Determination (LCD): Micro-Invasive Glaucoma Surgery (MIGS) (L38233). Jacksonville, FL: First Coast; effective December 30, 2019.
- Palmetto GBA. Local Coverage Determination Reference Article: Billing and Coding: Cataract Surgery (A56613). Columbia, SC: Palmetto; effective April 30, 2023.
- Palmetto GBA. Local Coverage Determination (LCD): Cataract Surgery (L34413). Columbia, SC: Palmetto; effective May 26, 2022.

REVIEW AND REVISION HISTORY		
Date	**Description**	**Approver & Title**
February 21, 2025	Revised criteria, Approved by PAC approved Via email.	Approved by PAC
February 2025	Administrative revisions (non-clinical)	Dr Smith Blanc, Director of UM
January 13, 2025	Approval by PAC	Approval by PAC
June 15, 2024	Administrative revisions (non-clinical)	Dr Smith Blanc, Director of UM
June 1, 2024	Administrative revisions (non-clinical)	Dr. Smith Blanc, Director of UM
January 15, 2024	Approval by PAC	Approved by PAC
November 2023	Administrative revisions (non-clinical)	Dr. Smith Blanc, Director of UM
July 17, 2023	Approval by PAC (clinical documentation changes made)	Approved by PAC
January 23, 2023	Approval by PAC	Approved by PAC
January 17, 2022	Approval by PAC	Approved by PAC
January 18, 2021	Approval by PAC	Approved by PAC
January 27, 2020	Approval by PAC	Approved by PAC
October 12, 2020	Approval by PAC	Approved by PAC
April 13, 2020	Approval by PAC	Approved by PAC
January 28, 2019	Approval by PAC	Approved by PAC
January 29, 2018	Approval by PAC	Approved by PAC
January 9, 2017	Approval by PAC	Approved by PAC