ENVOLVE VISION BENEFITS, INC.
INCLUDING ALL ASSOCIATED SUBSIDIARIES
CLINICAL POLICY AND PROCEDURE

DEPARTMENT: Utilization Management	**DOCUMENT NAME: Complex Cataract (66982) Criteria**
PAGE: 1 of 9	**REFERENCE NUMBER: OC.UM.CP.0012**
EFFECTIVE DATE: 01/01/2017	**REPLACES DOCUMENT: 136-UM-R7**
RETIRED:	**REVIEWED: 10/25/2017**
SPECIALIST REVIEW: Yes	**REVISED: 09/07/2017**
PRODUCT TYPE:	**COMMITTEE APPROVAL: 01/09/2018**

IMPORTANT REMINDER:
This Clinical Policy has been developed by appropriately experienced and licensed health care professionals based on a thorough review and consideration of generally accepted standards of medical practice, peer-reviewed medical literature, government agency/program approval status, and other indicia of medical necessity.

The purpose of this Clinical Policy is to provide a guide to medical necessity. Benefit determinations should be based in all cases on the applicable contract provisions governing plan benefits ("Benefit Plan Contract") and applicable state and federal requirements including Local Coverage Determinations (LCDs), as well as applicable plan-level administrative policies and procedures. To the extent there are any conflicts between this Clinical Policy and the Benefit Plan Contract provisions, the Benefit Plan Contract provisions will control.

Clinical policies are intended to be reflective of current scientific research and clinical thinking. This Clinical Policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding results. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members.

SUBJECT:
Medical necessity determination of complex cataract surgery for treatment of visually significant cataracts.

DESCRIPTION:
The primary indication for cataract surgery is meaningful functional impairment due to cataract that would likely improve when the cataract is removed. For cataract surgery to be considered complex, the procedure must be truly complex, requiring devices or techniques not generally used in routine cataract surgery or performed on patients in the amblyogenic developmental age.

A higher degree of nuclear density does not automatically qualify a phaco or extracapsular procedure as complicated. Surgeons who encounter intraoperative complications during the course of routine cataract surgery may not upcode their procedure to 66982 simply because complications were

encountered. Specifically, broken capsules and anterior vitrectomies performed in the course of routine, electively scheduled cataract surgery do not qualify the surgery for increased reimbursement under CPT 66982.

POLICY/CRITERIA:
Envolve Vision Benefits, Inc. (Envolve Vision) will reimburse providers for complex cataract extraction (CPT 66982) when the following criteria are met:

- A miotic pupil which will not dilate sufficiently to allow adequate visualization of the lens in the posterior chamber of the eye and which requires the insertion of iris retractors through additional incisions, mechanical expansion of the pupil, a sector iridectomy with subsequent suture repair of iris sphincter, use of a Malyugian ring and multiple iris sphincterotomies created with scissors. This situation is most commonly encountered in Intraoperative Floppy Iris Syndrome (ICD-9 364.81), as a result of Tamsulosin (Flomax) use or medications with similar side effects.

- The presence of a disease state that produces lens support structures that are abnormally weak or absent. This requires the need to support the lens implant with permanent intraocular sutures, or when a capsular support ring may be necessary to allow secure placement of an intraocular lens.

- Pediatric cataract surgery may be more difficult intraoperatively because of an anterior capsule which is more difficult to tear, cortex which is more difficult to remove, and the need for a primary posterior capsulotomy or capsulorrhexis. Furthermore, there is additional postoperative work associated with pediatric cataract surgery.

- Extraordinary work may occur during the postoperative period. This is the case with pediatric cases mentioned above and very rarely when there is extreme postoperative inflammation and pain.

- Use of intraocular dyes to stain the lens capsule.

- Hypermature lenses requiring conversion from phacoemulsification procedures to extracapsular procedure. Lenses of this density requiring the

physician to convert intraoperatively rise to the level of a complicated procedure.

AUTHORIZATION PROTOCOLS:
Cataract extraction requires pre-authorization for selected health plans. Envolve Vision appropriately trained clinical and medical review staff and Medical Directors may authorize complicated cataract surgery when the following conditions are noted **pre-operatively** and pre-certification is required:

- Small or bound pupil requiring four quadrant iris retractors.
- Pediatric cataract surgery (with or without implant) requiring primary capsulotomy and anterior vitrectomy.
- Use of capsular fixation devices or lens fixation sutures because of pre-operative zonular or capsular insufficiency.
- Hypermature lenses requiring conversion from phacoemulsification procedures to extracapsular procedure. (While this is not recognized by most CMS carriers, we feel lenses of this density requiring the physician to convert intraoperatively rise to the level of a complicated procedure).
- Preoperative trauma or previous surgery resulting in major iris distortion or scarring and/or vitreous present in the anterior segment preoperatively.
- Obvious preoperative phacodonesis
- Lens subluxation of any type (Marfan's, homocystinuria, etc.)
- Acute or emergency lens extractions related to lens-induced uveitis, lens induced glaucoma, or phacomorphic glaucoma.
- History of previous chronic or currently active uveitis requiring extensive follow-up post cataract surgery with complicated medical regimens to control postoperative inflammatory response.
- Cataract associated with other severe ocular abnormalities-PHPV, ROP, etc.

Upon review of a pre-certification request for 66982, appropriately trained UM clinical and medical review staff may approve the request pre-operatively if the request clearly meets policy criteria. Requests that do not clearly meet policy criteria should be forwarded to an Envolve Vision Medical Director(s) who may, at their discretion, approve or deny the request pre-operatively or downgrade the approval to 66984 and reconsider the complexity post-operatively. **Appropriately trained clinical and medical review staff may also,**

with the requester's permission, downgrade the request to 66984 and Envolve Vision will reconsider the complexity post-operatively.

Professional services provided by duly licensed eye care providers must be within the scope of licensure as defined by applicable State guidelines.

SCIENTIFIC BACKGROUND:
The American Medical Association (AMA) created the complex cataract surgery code (CPT 66982) in 2001 to compensate physicians for the additional pre-operative, intra-operative, and post-operative work and increased risk management associated with certain difficult clinical scenarios involving cataract extraction (with or without IOL implantation) encountered in ophthalmic practice. The textural description of 66982 specifies that the surgery be "complex, requiring devices or techniques not generally used in routine cataract surgery". AMA initially described three clinical scenarios which qualified for 66982 reimbursement:

- Use of iris expansion devices - typically four-quadrant iris hooks.
- Cataract extraction performed in the face of capsular or zonular insufficiency requiring suture support for the intraocular lens or endocapsular rings.
- Pediatric cataract surgery (with or without IOL implantation), usually requiring primary posterior capsulorrhexis or anterior vitrectomy, and associated with complex postoperative refractive rehabilitation in amblyogenic patients.

In the three examples listed above it is clear there is substantial departure from "normal technique" requiring increased intraoperative work and intraoperative manipulation. No two cataract surgeons in America perform surgery in exactly the same way. Variations in anesthesia, surgeon position, the use (or lack thereof) of traction sutures, incision type and design, the use of (multiple) viscoelastic materials, extracapsular versus phacoemulsification, wound closure (with or without sutures) etc. literally yield an infinite variety of ways to accomplish cataract/IOL surgery.

REFERENCES:
Ingenix, Inc. Coding Companion for Ophthalmology, Current Edition

American Medical Association (AMA) Current Procedural Terminology (CPT©), Current Edition

Centers for Medicare and Medicaid Services (CMS)
National Correct Coding Initiative Edits for Physicians
Physician Fee Schedule

National Government Services, Inc. Local Coverage Determination L33558 Cataract Extraction, Massachusetts, Revised 11/1/2016

Noridian Healthcare Solutions, LLC Local Coverage Determination L34203 Cataract Surgery in Adults, Northern California, Revised 10/10/2017

Novitas Solutions, Inc. Local Coverage Determination L35091, Cataract Extraction (Including Complex Cataract Surgery), Louisiana, Revised 8/10/2017

CODING IMPLICATIONS:
The following codes for treatment and procedures are for informational purposes only. They are current at time of review of this policy. Inclusion or exclusion of any codes does not guarantee coverage. Please refer to your State contract or applicable National and Local Coverage Determination for exact coverage implications.

Envolve Vision follows National Correct Coding Initiative (CCI) guidelines in processing claims for these services. If a claim is denied based upon CCI edits, an appeal must be submitted to Envolve Vision with a letter signed by the provider indicating the necessity of performing multiple services at the same encounter and the medical records clearly stating what additional information will be gleaned and how these multiple services will positively impact the patient's care.

Envolve Vision provides reimbursement for cataract extraction (66984 or 66982) with or without insertion of IOL one time per member per eye per lifetime.

- Appropriate Diagnosis Codes:*

ICD-10 Code	ICD-10 Code Description

H26.041	Anterior subcapsular polar infantile and juvenile cataract, right eye
H26.042	Anterior subcapsular polar infantile and juvenile cataract, left eye
H26.043	Anterior subcapsular polar infantile and juvenile cataract, bilateral
H26.051	Posterior subcapsular polar infantile and juvenile cataract, right eye
H26.052	Posterior subcapsular polar infantile and juvenile cataract, left eye
H26.053	Posterior subcapsular polar infantile and juvenile cataract, bilateral
H26.011	Infantile and juvenile cortical, lamellar, or zonular cataract, right eye
H26.012	Infantile and juvenile cortical, lamellar, or zonular cataract, left eye
H26.013	Infantile and juvenile cortical, lamellar, or zonular cataract, bilateral
H26.031	Infantile and juvenile nuclear cataract, right eye
H26.032	Infantile and juvenile nuclear cataract, left eye
H26.033	Infantile and juvenile nuclear cataract, bilateral
H26.061	Combined forms of infantile and juvenile cataract, right eye
H26.062	Combined forms of infantile and juvenile cataract, left eye
H26.063	Combined forms of infantile and juvenile cataract, bilateral
H25031	Anterior subcapsular polar age-related cataract, right eye
H25.032	Anterior subcapsular polar age-related cataract, left eye
H25.033	Anterior subcapsular polar age-related cataract, bilateral
H25.041	Posterior subcapsular polar age-related cataract, right eye
H25.042	Posterior subcapsular polar age-related cataract, left eye
H25.043	Posterior subcapsular polar age-related cataract, bilateral
H25.011	Cortical age-related cataract, right eye
H25.012	Cortical age-related cataract, left eye
H25.013	Cortical age-related cataract, bilateral
H25.11	Age-related nuclear cataract, right eye
H25.12	Age-related nuclear cataract, left eye
H25.13	Age-related nuclear cataract, bilateral
H25.21	Age-related cataract, morgagnian type, right eye
H25.22	Age-related cataract, morgagnian type, left eye

H25.23	Age-related cataract, morgagnian type, bilateral
H25.811	Combined forms of age-related cataract, right eye
H25.812	Combined forms of age-related cataract, left eye
H25.813	Combined forms of age-related cataract, bilateral
H26.111	Localized traumatic opacities, right eye
H26.112	Localized traumatic opacities, left eye
H26.113	Localized traumatic opacities, bilateral
H26.131	Total traumatic cataract, right eye
H26.132	Total traumatic cataract, left eye
H26.133	Total traumatic cataract, bilateral
H26.121	Partially resolved traumatic cataract, right eye
H26.122	Partially resolved traumatic cataract, left eye
H26.123	Partially resolved traumatic cataract, bilateral
H26.231	Glaucomatous flecks (subcapsular), right eye
H26.232	Glaucomatous flecks (subcapsular), left eye
H26.233	Glaucomatous flecks (subcapsular), bilateral
H26.221	Cataract secondary to ocular disorders (degenerative) (inflammatory), right eye
H26.222	Cataract secondary to ocular disorders (degenerative) (inflammatory), left eye
H26.223	Cataract secondary to ocular disorders (degenerative) (inflammatory), bilateral
H26.211	Cataract with neovascularization, right eye
H26.212	Cataract with neovascularization, left eye
H26.213	Cataract with neovascularization, bilateral
H26.221	Cataract secondary to ocular disorders (degenerative) (inflammatory), right eye
H26.222	Cataract secondary to ocular disorders (degenerative) (inflammatory), left eye
H26.223	Cataract secondary to ocular disorders (degenerative) (inflammatory), bilateral
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
H26.31	Drug-induced cataract, right eye
H26.32	Drug-induced cataract, left eye
H26.33	Drug-induced cataract, bilateral
H26.411	Soemmering's ring, right eye
H26.412	Soemmering's ring, left eye
H26.413	Soemmering's ring, bilateral
Q12.0	Congenital cataract
Q12.1	Congenital displaced lens
Q12.2	Coloboma of lens

- Procedure code 66982 is a *Unilateral Procedure Code*

REVIEW/REVISION LOG

Revision:	**Date**
Annual review, update references	01/2018
Added congenital diagnoses as medical indication	10/2017
Clarified indications for complex cataract surgery	03/2017
Removed unspecified diagnoses and removed Attachment A.	12/2016
Clarified who may approve complex cataract surgery and when the request for complex cataract surgery may be downgraded and the complexity of the surgery reconsidered post-operatively.	5/2016
Update references, update diagnoses to ICD-10; rebrand to new corporate name	12/2015
Update authorization process	07/2015
Update to references, addition of Attachment A with ICD9/ICD10 crosswalk	12/2014
Revised criteria and authorization procedures and removal of correct coding code list	02/2013
Converted SOP to new format, changed Reference Number to comply with new SOP numbering policy.	08/2012

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Update initial CPT authority reference to American Medical Association; removal of Attachment A and update correct coding CPT codes	02/2012
Addition of Attachment A with specific indications for upcode by diagnosis for Missouri and Texas service areas	05/2009
Annual review/revision	05/2008
Annual review/revision, renumbered policy	02/2006