



**BlueCross BlueShield
of Alabama**

Name of Policy:

Cataract Removal Surgery

Policy #: 190
Category: Surgery

Latest Review Date: February 2009
Policy Grade: **Active Policy but no
longer scheduled for
regular literature
reviews and updates.**

Background/Definitions:

As a general rule, benefits are payable under Blue Cross and Blue Shield of Alabama health plans only in cases of medical necessity and only if services or supplies are not investigational, provided the customer group contracts have such coverage.

The following Association Technology Evaluation Criteria must be met for a service/supply to be considered for coverage:

- 1. The technology must have final approval from the appropriate government regulatory bodies;*
- 2. The scientific evidence must permit conclusions concerning the effect of the technology on health outcomes;*
- 3. The technology must improve the net health outcome;*
- 4. The technology must be as beneficial as any established alternatives;*
- 5. The improvement must be attainable outside the investigational setting.*

Medical Necessity means that health care services (e.g., procedures, treatments, supplies, devices, equipment, facilities or drugs) that a physician, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury or disease or its symptoms, and that are:

- 1. In accordance with generally accepted standards of medical practice; and*
- 2. Clinically appropriate in terms of type, frequency, extent, site and duration and considered effective for the patient's illness, injury or disease; and*
- 3. Not primarily for the convenience of the patient, physician or other health care provider; and*
- 4. Not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.*

Description of Procedure or Service:

A cataract is a hardening and opacification (or clouding) of the normally transparent crystalline lens within the eye behind the pupil. This condition usually occurs as a part of the aging process, developing on a continuum extending from minimal changes in the crystalline lens to the extreme stage of total opacification. Rarely, a cataract may form within months when related to trauma, inflammation or use of some medications. The intraocular lens (IOL) is a permanent plastic lens implanted inside the eye to replace the crystalline lens.

Cataracts may result in progressive loss of vision. The degree of loss depends on the location of the cataract, its size, and its density.

Cataracts may be nuclear or posterior subcapsular. Nuclear cataracts are located in the central substance of the lens. Posterior subcapsular cataracts are located beneath the posterior lens capsule, and affect vision out of proportion to the degree of cloudiness that is seen, because the cataract is located at the crossing point of the light rays from the viewed object. These cataracts tend to cause glare in bright light.

In November 2003, the Food and Drug Administration (FDA) approved the intracapsular placement of a flexible, plate-haptic, foldable, accommodative IOL, called crystalens™ for patients with cataracts. The crystalens is the first IOL to allow patients to focus on objects both at near and at distance without the use of spectacles or contacts lenses. Working much like the natural lens of the eye, crystalens, with its hinged haptics, facilitates back and forth movement along the optical axis of the eye in response to pressure changes that result from ciliary muscle relaxation and contraction.

The AcrySof® ReSTOR® Apodized Diffractive Optic Posterior Chamber Intraocular Lenses Models MA60D3 and Sa60D3 received FDA pre-market approval in March 2005. The device is indicated for the visual correction of aphakia secondary to removal of a cataractous lens in adult patients with and without presbyopia, who desire near, intermediate and distance vision with increase spectacle independence.

Policy:

Cataract Removal Surgery meets Blue Cross and Blue Shield of Alabama's medical criteria for coverage when the follow selection criteria are met:

1. The patient has impairment of visual function resulting in decreased ability to carry out activities of daily living such as reading, viewing television, driving, or meeting occupational or vocational expectations. Such limitations of function must be symptomatic to the patient, causing the patient to seek medical attention.
2. Snellen visual acuity testing of 20/50 (best corrected) or worse and the cataract is responsible for this. Not all patients with visual acuity of 20/50 (best corrected) or worse require cataract surgery when a change in eyeglasses, lighting or other nonoperative means allows the patient to satisfactorily carry on their activities of daily living.

Generally, patients with visual acuity 20/40 (best corrected) or better do not require cataract surgery to improve their ability to carry on activities of daily living.

3. The patient has been educated about the risks and benefits of cataract surgery and alternatives to surgery and has provided informed consent.
4. The patient has undergone an appropriate preoperative ophthalmologic evaluation, which generally includes a comprehensive ophthalmologic exam and an A-scan ultrasound. Other ophthalmologic studies should be reserved for special situations.
5. The patient's history must include the patient's own assessment of his/her functional status.
6. Cataract extraction may be required to adequately diagnose or treat ocular conditions, such as, but not limited to, diabetic retinopathy.

When accommodative lenses are used with cataract extractions, Blue Cross and Blue Shield of Alabama will cover services for a **conventional IOL** when all the above medical criteria for coverage are met. Providers **may bill the patient the additional expenses** associated with insertion of accommodative lenses **if the patient signs a waiver** specific to non-coverage of accommodative lenses for the specific date of service, the lens is inserted.

Implantation of crystalens or other accommodative lenses such as the AcrySof® ReSTOR® Apodized Diffractive Optic Posterior Chamber Intraocular Lenses to correct presbyopia does not meet Blue Cross and Blue Shield of Alabama's medical criteria for coverage.

Blue Cross and Blue Shield of Alabama does not approve or deny procedures, services, testing, or equipment for our members. Our decisions concern coverage only. The decision of whether or not to have a certain test, treatment or procedure is one made between the physician and his/her patient. Blue Cross and Blue Shield of Alabama administers benefits based on the members' contract and corporate medical policies. Physicians should always exercise their best medical judgment in providing the care they feel is most appropriate for their patients. Needed care should not be delayed or refused because of a coverage determination.

Key Points:

The National Institutes of Health estimates that approximately 20.5 million U.S. residents who are now over age 40 will have cataracts. According to the American Academy of Ophthalmology, over half of all adults will suffer from a cataract by the time they turn 65. By the age of 70, the incidence of cataracts increases to around 90 percent.

Cataracts may be diagnosed with procedures included in the comprehensive ophthalmologic examination. Cataracts may be seen on ophthalmoscopy as gray opacities in the lens. Cataracts obscure the normal "red reflex" that is elicited by examining the dilated pupil with the ophthalmoscope held about 1 foot away. Slit-lamp examination provides more details about the

character, location, and extent of the opacity. The assessment of cataract surgery is based primarily on the Clinical Practice Guideline No. 4, Cataract in Adults: Management of Functional Impairment of the Cataract Management Guideline Panel of the Agency for Health Care Policy and Research (AHCPR). The Panel, composed of an interdisciplinary group of experts, reviewed the medical literature and prepared the guideline based on that review. The guideline includes findings concerning preoperative testing, cataract removal surgery, and postoperative issues.

The AHCPR Guideline states that cataract surgery is indicated when the cataract reduces visual function to a level that interferes with everyday activities of the patient. The guidelines describe indications for cataract surgery based on two categories of visual acuity, 20/40 or better and 20/50 or worse. It states that for patients with Snellen acuity of 20/40 or better, the indicators are the same as for patients with Snellen acuity of 20/50 or worse, but that it is especially important to document visual impairment.

The guideline stated that based on the evidence in the literature, excellent visual results are expected in all patients without significant ocular comorbidity using either phacoemulsification or extracapsular cataract extraction (ECCE). The panel acknowledged that the rationale for using phacoemulsification is enhanced safety coupled with more rapid rehabilitation, and found some evidence to document that a smaller incision cataract surgery would cause less astigmatism than traditional surgery.

In the past several years, phacoemulsification has been adopted at a rapid rate across the country. In 1991, the Cataract PORT Study reported that 65% of surgery was performed by phacoemulsification and 35% by standard ECCE techniques. A 1994 survey of American Society of Cataract and Refractive Surgery members reported that 86% of respondents preferred phacoemulsification to ECCE, and 88% were very satisfied with it. The observed benefits to patient care include more rapid visual rehabilitation and less induced astigmatism, allowing the patients to return to work earlier or to have improved function and independence in daily activities sooner. Other observed benefits include lessened incidence of traumatic wound rupture in the elderly, lessened postoperative inflammation and the ability to perform other ocular procedures sooner, such as repair of retinal detachment. Intracapsular cataract extraction is not currently considered the procedure of choice in routine cases, because of its association with potentially greater incidence of complications, but may be used in certain situations where application of this technique may provide a reasonable alternative.

Presbyopia is the aging change of the lens that begins in patients during their early 40's and results in a need for reading glasses. It affects 100% of the population during the normal human life span. The process results in a farsightedness as a result of decreased stretching involving the lens of the eye. The lens becomes stiff and is unable to change shape.

The crystalens is intended for primary implantation in the capsular bag of the eye for visual correction of aphakia secondary to the removal of a cataractous lens in adult patient with and without presbyopia. The crystalens provides approximately one diopter of monocular accommodation which allows for near, intermediate, and distance vision without spectacles.

Some patients may still require spectacles to perform certain tasks after implantation of crystalens.

2009 Update

A review of the literature for the update did not reveal any new information that would alter the coverage for this policy.

Key Words:

Cataracts, visual function, visual acuity, intraocular lens (IOL), phacoemulsification, crystalens™, accommodative IOL, accommodative lens, AcrySof® ReSTOR® Apodized Diffractive Optic Posterior Chamber Intraocular Lenses; Tecnis® Multifocal Foldable Silicone and Acrylic Intraocular Lenses-P080010

Approved by Governing Bodies:

Numerous intraocular lens implants have received FDA approval for implantation.

November 2003, crystalens™

March 2005, AcrySof® ReSTOR® Apodized Diffractive Optic Posterior Chamber Intraocular Lenses

Benefit Application:

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

ITS: Home Policy provisions apply

FEP contracts: FEP does not consider investigational. Will be reviewed for medical necessity

Pre-certification/Pre-determination requirements: Not applicable

Current Coding:

CPT codes:	66840	Removal of lens material; aspiration technique, one or more stages
	66850	;phacofragmentation technique (mechanical or ultrasonic)(e.g., phacoemulsification), with aspiration
	66852	;pars plana approach, with or without vitrectomy
	66920	;intracapsular
	66930	;intracapsular, for dislocated lens
	66940	;extracapsular (other than 66840, 66850, 66852)
	66983	Intracapsular cataract extraction with insertion of intraocular lens prosthesis (one stage procedure)
	66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or

mechanical technique (e.g., irrigation and aspiration or phacoemulsification)

HCPCS:

Effective for dates of service on or after January 1, 2006:

V2788 Presbyopia correcting function of intraocular lens

Effective for dates of service on or after January 1, 2008:

V2787 Astigmatism correcting function of intraocular lens

Previous Coding:

Effective for dates of service on or after April 1, 2006:

Q1003 New technology intraocular lens category 3 as defined in Federal Register notice, Vol. 71, dated January 27, 2006
(Deleted April 1, 2011)

Effective for dates of service on or after July 1, 2006 through March 31, 2011:

Q1003 New technology intraocular lens category 3 as defined in Federal Register notice, Vol. 71, dated January 27, 2006 (reduced spherical aberration) **(Deleted April 1, 2011)**

References:

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Policy History:

Medical Policy Group, July 2004 (4)

Medical Policy Administration Committee, August 2004

Available for comment August 24-October 7, 2004

Medical Policy Group, April 2005 (2)

Medical Review Committee, May 2005

Medical Policy Administration Committee, May 2005

Available for comment May 9-June 22, 2005

Medical Policy Group, July 2005 (2)

Medical Policy Administration Committee, July 2005

Available for comment, July 30-September 12, 2005

Medical Policy Group, December 2005 (4)

Medical Policy Group, February 2009 (4)

Medical Policy Group, March 2011 (3); Updated effective date for Code Q1003

Medical Policy Group, September 2012 (3): Active Policy but no longer scheduled for regular literature reviews and updates.

This medical policy is not an authorization, certification, explanation of benefits, or a contract. Eligibility and benefits are determined on a case-by-case basis according to the terms of the member's plan in effect as of the date services are rendered. All medical policies are based on (i) research of current medical literature and (ii) review of common medical practices in the treatment and diagnosis of disease as of the date hereof. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment.

This policy is intended to be used for adjudication of claims (including pre-admission certification, pre-determinations, and pre-procedure review) in Blue Cross and Blue Shield's administration of plan contracts.