

RB. 015.C Cataract Removal and Related Ophthalmologic Testing

Original Implementation Date : 5/1/2020

Version [C] Date : 5/1/2022

Last Reviewed Date: April 2023

PRODUCT VARIATIONS

This policy applies to all Jefferson Health Plans (JHP) lines of business unless noted below.

Application of Claim Payment Policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Payment may vary based on individual contract.

POLICY STATEMENT

CATARACT SURGERY

Cataract Surgery is considered medically necessary when one or more of the following indications are present:

1. Visual function no longer meets the patient's needs based on visual acuity, visual impairment, and potential for functional benefits.
2. Visual Impairment and function are not correctable by glasses or other non-surgical measures.
3. The patient has undergone a preoperative examination that documents the following:
 - Inability to function satisfactorily due to visual impairment while performing various Activities of Daily Living.
 - Confirmation that cataract is causing the visual impairment or other ocular or systemic conditions.
 - Cataract is causing unacceptable glare, polyopia, or reduced quality of vision.
4. There is clinically significant anisometropia in the presence of a cataract.
5. The lens opacity interferes with optimal diagnosis or management of posterior segment conditions.
6. The lens causes inflammation or secondary glaucoma (phacolysis, phaco-anaphylaxis).
7. There is worsening angle closure (phacomorphic glaucoma) due to increase in size of the crystalline lens.
8. A significant cataract is present in a patient who will be undergoing concurrent surgery in the same eye, such as a trabeculectomy or a corneal transplant when the surgeon deems that the

decreased morbidity of single stage surgery is of significant benefit over surgery on separate dates.

9. The member has been educated about the risks and benefits of cataract surgery and the alternative to surgery and has provided documented informed consent.

COMPLEX CATARACT SURGERY

Complex cataract surgery is considered medically necessary when there is one of the following:

1. A miotic pupil that will not dilate sufficiently requiring the use of a mechanical iris expansion device (Iris retractors through four additional incisions, Beehler expansion device, or Malyugin ring) to adequately visualize the lens in the posterior chamber of the eye.
2. Pre-existing zonular weakness requiring use of capsular tension rings or segments or intraocular suturing of the intraocular lens.⁵
3. Pediatric cataract surgery, intraoperatively 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.
4. Mature cataract requiring dye for visualization of capsulorrhexis.

CONTRAINDICATIONS

The following are considered contraindicators to surgery for visually impairing cataract and are not considered medically necessary:

1. Tolerable refractive correction that provides vision and meets the patient's needs and desires.
2. The patient's lifestyle is not compromised by the cataract, and they are able to perform activities of daily living.
3. The patient cannot safely undergo surgery because of coexisting medical or ocular conditions.
4. Surgery is not expected to improve visual function, or no other indication for lens removal exists.

OPHTHALMOLOGIC STUDIES

Pre-operative ophthalmologic studies should be reserved for special situations such as:

- Glare testing for members with cataracts who complain of glare yet measure good Snellen acuity when tested in an office circumstance.
- B-scan for members with dense cataracts which preclude visualization of the posterior segment of the eye including the vitreous and/or retina, but not limited to these.
- Corneal topography for members where significant astigmatism is present (e.g., per basement membrane dystrophy or Salzmann's nodular degeneration), or for cataract surgery in an eye which has previously undergone corneal surgery, such as pterygium excision or refractive keratectomy.
- Monocular diplopia due to a cataract in the affected eye.
- Worsening angle closure due to increase in size of the crystalline lens.

- A significant cataract in a member who will be undergoing concurrent surgery in the same eye, such as a trabeculectomy or a corneal transplant when the surgeon deems that the decreased morbidity of single stage surgery is of significant benefit over surgery on separate dates.

JHP does not cover routine preoperative screening without substantiated signs or symptoms of disease. When the only diagnosis is cataract(s), JHP does not cover testing other than one comprehensive eye examination (or a combination of brief/intermediate examinations not to exceed the charge of a comprehensive examination) plus an appropriate ultrasound scan.

The following tests are generally not indicated in the preoperative workup for cataract surgery. If performed, the indications for their use must be documented in the member's medical record:

- Contrast-sensitivity testing
- Potential vision testing
- Formal visual fields
- Fluorescein angiography
- External photography
- Corneal pachymetry/specular microscopy
- Specialized color vision tests
- Electrophysiologic tests

POLICY GUIDELINES

Multiple cataract removal services on the same day on the same eye will result in a partial or full denial.

Payment will be considered for only one cataract removal procedure performed on the same day on the same eye.

This policy applies whether the service(s) is billed on the same claim line with units greater than one (1), or across multiple claims.

The Activities of Daily Living (ADL) questionnaire, which can be found at the end of this document, must be maintained in the member's medical records and be available upon request.

The maximum appropriate interval between the preoperative examination and the date of surgery is three months in case there are significant changes in the member's health or vision. Members should be educated to contact the ophthalmologist if they have a change in visual symptoms during the interval between the examination and surgery.

JHP shall consider a service to be reasonable and necessary if JHP determines that the service is:

- Safe and effective.
- Not experimental or investigational.
- Appropriate, including the duration and frequency that is considered appropriate for the service, in terms of whether it is:
 - Furnished in accordance with accepted standards of medical practice for the diagnosis or treatment of the member's condition or to improve the function of a malformed body member.
 - Furnished in a setting appropriate to the member's medical needs and condition.
 - Ordered and furnished by qualified personnel.
 - One that meets, but does not exceed, the member's medical needs.
 - At least as beneficial as an existing and available medically appropriate alternative.

Coding Guidelines

- CPT codes describing cataract extraction (66830-66988) are mutually exclusive of one another. Only one code from this CPT code range may be reported for an eye.
- Physicians shall report the HCPCS/CPT code that describes the procedure performed to the greatest specificity possible. A HCPCS/CPT code shall be reported only if all services described by the code are performed. A physician shall not report multiple HCPCS/CPT codes if a single HCPCS/CPT code exists that describes the services. This type of unbundling is incorrect coding. HCPCS/CPT codes include all services usually performed as part of the procedure as a standard of medical/surgical practice. A physician shall not separately report these services simply because HCPCS/CPT codes exist for them.
- In all cases, the appropriate documentation supporting medical necessity must be kept on file and, upon request, presented to Jefferson Health Plans.
- The definition of medical necessity may vary by product due to state and federal regulatory requirements.

CODING

Note: The Current Procedural Terminology (CPT®), Healthcare Common Procedure Coding System (HCPCS), and the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) codes that may be listed in this policy are for reference purposes only. Listing of a code in this policy does not imply that the service is covered and is not a guarantee of payment. Other policies and coverage guidelines may apply. When reporting services, providers/facilities should code to the highest level of specificity using the code that was in effect on the date the service was rendered. This list may not be all inclusive.

CPT® is a registered trademark of the American Medical Association.

CPT Code	Description
66840	Removal of lens material; aspiration technique, 1 or more stages
66850	Removal of lens material; phacofragmentation technique (mechanical or ultrasonic) (e.g., phacoemulsification), with aspiration
66852	Removal of lens material; pars plana approach, with or without vitrectomy
66920	Removal of lens material; intracapsular
66930	Removal of lens material; intracapsular, for dislocated lens
66940	Removal of lens material; extracapsular (other than 66840, 66850, 66852)
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g., iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; without endoscopic cyclophotocoagulation
66983	Intracapsular cataract extraction with insertion of intraocular lens prosthesis (1 stage procedure)
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification); without endoscopic cyclophotocoagulation
66987	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g., iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with endoscopic cyclophotocoagulation
66988	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation
66989	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g., iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with insertion of intraocular (e.g., trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more
66991	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification); with insertion of intraocular (eg, trabecular meshwork, supraciliary,

suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more

Group 1 Paragraph: It is the provider’s responsibility to select codes carried out to the highest level of specificity and selected from the ICD-10-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

Group 1 Codes: Cataract codes in this policy are subject to “procedure to diagnosis” editing. If a covered diagnosis is not included, the claim will deny as not medically necessary.

Jefferson Health Plans established the following limited coverage for CPT/HCPCS code 66840, 66850, 66852, 66920, 66930, 66940, 66983, 66984, 66988, 66989 & 66991.

Covered for Group 1 Codes

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
E13.36	Other specified diabetes mellitus with diabetic cataract
H20.21	Lens-induced iridocyclitis, right eye
H20.22	Lens-induced iridocyclitis, left eye
H20.23	Lens-induced iridocyclitis, bilateral
H25.011	Cortical age-related cataract, right eye
H25.012	Cortical age-related cataract, left eye
H25.013	Cortical age-related cataract, bilateral
H25.031	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
H25.091	Other age-related incipient cataract, right eye
H25.092	Other age-related incipient cataract, left eye

H25.093	Other age-related incipient 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
H25.89	Other age-related cataract
H26.001	Unspecified infantile and juvenile cataract, right eye
H26.002	Unspecified infantile and juvenile cataract, left eye
H26.003	Unspecified 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
H26.041	Infantile and juvenile nuclear cataract, unspecified 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
H26.061	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
H26.09	Other infantile and juvenile cataract
H26.101	Unspecified traumatic cataract, right eye
H26.102	Unspecified traumatic cataract, left eye
H26.103	Unspecified traumatic cataract, bilateral
H26.111	Localized traumatic opacities, right eye

H26.112	Localized traumatic opacities, left eye
H26.113	Localized traumatic opacities, bilateral
H26.121	Partially resolved traumatic cataract, right eye
H26.122	Partially resolved traumatic cataract, left eye
H26.123	Partially resolved traumatic cataract, bilateral
H26.131	Total traumatic cataract, right eye
H26.132	Total traumatic cataract, left eye
H26.133	Total traumatic cataract, 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
H26.231	Glaucomatous flecks (subcapsular), right eye
H26.232	Glaucomatous flecks (subcapsular), left eye
H26.233	Glaucomatous flecks (subcapsular), bilateral
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
H26.491	Other secondary cataract, right eye
H26.492	Other secondary cataract, left eye
H26.493	Other secondary cataract, bilateral
H26.8	Other specified cataract
H27.111	Subluxation of lens, right eye
H27.112	Subluxation of lens, left eye
H27.113	Subluxation of lens, bilateral
H27.121	Anterior dislocation of lens, right eye
H27.122	Anterior dislocation of lens, left eye
H27.123	Anterior dislocation of lens, bilateral
H27.131	Posterior dislocation of lens, right eye

H27.132	Posterior dislocation of lens, left eye
H27.133	Posterior dislocation of lens, bilateral
H28	Cataract in diseases classified elsewhere
H40.51X1	Glaucoma secondary to other eye disorders, right eye, mild stage
H40.51X2	Glaucoma secondary to other eye disorders, right eye, moderate stage
H40.51X3	Glaucoma secondary to other eye disorders, right eye, severe stage
H40.51X4	Glaucoma secondary to other eye disorders, right eye, intermediate stage
H40.52X1	Glaucoma secondary to other eye disorders, left eye, mild stage
H40.52X2	Glaucoma secondary to other eye disorders, left eye, moderate stage
H40.52X3	Glaucoma secondary to other eye disorders, left eye, severe stage
H40.52X4	Glaucoma secondary to other eye disorders, left eye, intermediate stage
H40.53X1	Glaucoma secondary to other eye disorders, bilateral, mild stage
H40.53X2	Glaucoma secondary to other eye disorders, bilateral, moderate stage
H40.53X3	Glaucoma secondary to other eye disorders, bilateral, severe stage
H40.53X4	Glaucoma secondary to other eye disorders, bilateral, intermediate stage
H40.89	Other specified glaucoma
H59.021	Cataract (lens) fragments in eye following cataract surgery, right eye
H59.022	Cataract (lens) fragments in eye following cataract surgery, left eye
H59.023	Cataract (lens) fragments in eye following cataract surgery, bilateral

Group 2 Paragraph

JHP has established the following limited coverage for CPT/HCPCS codes 66982 and 66987

Covered for Group 2 Codes:

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
E13.36	Other specified diabetes mellitus with diabetic cataract
H20.21	Lens-induced iridocyclitis, right eye
H20.22	Lens-induced iridocyclitis, left eye
H20.23	Lens-induced iridocyclitis, bilateral
H21.221	Degeneration of ciliary body, right eye

H21.222	Degeneration of ciliary body, left eye
H21.223	Degeneration of ciliary body, bilateral
H21.261	Iris atrophy (essential) (progressive), right eye
H21.262	Iris atrophy (essential) (progressive), left eye
H21.263	Iris atrophy (essential) (progressive), bilateral
H21.271	Miotic pupillary cyst, right eye
H21.272	Miotic pupillary cyst, left eye
H21.273	Miotic pupillary cyst, bilateral
H21.29	Other iris atrophy
H21.531	Iridodialysis, right eye
H21.532	Iridodialysis, left eye
H21.533	Iridodialysis, bilateral
H21.561	Pupillary abnormality, right eye
H21.562	Pupillary abnormality, left eye
H21.563	Pupillary abnormality, bilateral
H21.81	Floppy iris syndrome
H21.89	Other specified disorders of iris and ciliary body
H22	Disorders of iris and ciliary body in diseases classified elsewhere
H25.011	Cortical age-related cataract, right eye
H25.012	Cortical age-related cataract, left eye
H25.013	Cortical age-related cataract, bilateral
H25.031	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
H25.11	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
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
H25.89	Other age-related cataract
H26.001	Unspecified infantile and juvenile cataract, right eye
H26.002	Unspecified infantile and juvenile cataract, left eye
H26.003	Unspecified 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
H26.041	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
H26.061	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
H26.09	Other infantile and juvenile cataract
H26.101	Unspecified traumatic cataract, right eye
H26.102	Unspecified traumatic cataract, left eye
H26.103	Unspecified 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
H26.131	Total traumatic cataract, right eye
H26.132	Total traumatic cataract, left eye
H26.133	Total traumatic cataract, bilateral
H26.20	Unspecified complicated cataract
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
H26.31	Drug-induced cataract, right eye
H26.32	Drug-induced cataract, left eye
H26.33	Drug-induced cataract, bilateral
H26.8	Other specified cataract
H27.111	Subluxation of lens, right eye
H27.112	Subluxation of lens, left eye
H27.113	Subluxation of lens, bilateral
H27.121	Anterior dislocation of lens, right eye
H27.122	Anterior dislocation of lens, left eye
H27.123	Anterior dislocation of lens, bilateral
H27.131	dislocation of lens, right eye
H27.132	dislocation of lens, left eye
H27.133	dislocation of lens, bilateral
H28	Cataract in diseases classified elsewhere
H40.51X1	Glaucoma secondary to other eye disorders, right eye, mild stage
H40.51X2	Glaucoma secondary to other eye disorders, right eye, moderate stage
H40.51X3	Glaucoma secondary to other eye disorders, right eye, severe stage
H40.51X4	Glaucoma secondary to other eye disorders, right eye, intermediate stage
H40.52X1	Glaucoma secondary to other eye disorders, left eye, mild stage
H40.52X2	Glaucoma secondary to other eye disorders, left eye, moderate stage
H40.52X3	Glaucoma secondary to other eye disorders, left eye, severe stage
H40.52X4	Glaucoma secondary to other eye disorders, left eye, intermediate stage
H40.53X1	Glaucoma secondary to other eye disorders, bilateral, mild stage
H40.53X2	Glaucoma secondary to other eye disorders, bilateral, moderate stage
H40.53X3	Glaucoma secondary to other eye disorders, bilateral, severe stage
H40.53X4	Glaucoma secondary to other eye disorders, bilateral, intermediate stage
H40.89	Other specified glaucoma
H57.09	Other anomalies of pupillary function
Q12.1	Congenital displaced lens
Q12.2	Coloboma of lens
Q12.4	Spherophakia
Q12.8	Other congenital lens malformations
Q13.0	Coloboma of iris

Q13.1	Absence of iris
Q13.2	Other congenital malformations of iris

BENEFIT APPLICATION

This Reimbursement Policy does not constitute a description of benefits. Rather, this assists in the administration of the member’s benefits which may vary by line of business. Applicable benefit documents govern which services/items are eligible for coverage, subject to benefit limits, or excluded completely from coverage.

DISCLAIMER

Approval or denial of payment does not constitute medical advice and is neither intended to guide nor influence medical decision making.

Policy Bulletins are developed by Jefferson Health Plans (JHP) to assist in administering plan benefits and constitute neither offers of coverage nor medical advice.

This Policy Bulletin may be updated and therefore is subject to change.

POLICY HISTORY

This section provides a high-level summary of changes to the policy since the previous version.

Summary	Version	Version Date
2023 review. Minor revision to policy statement.	C	5/1/2022
2022 review. Policy revised to be in alignment with Novitas LCD L3501.	C	5/1/2022
Language added to the policy statement for clarity purposes. Cataract questionnaire added to pg.14	B	9/1/2021
New policy.	A	5/1/2020

REFERENCES

1. Novitas LCD L35091 - Cataract Extraction (including Complex Cataract Surgery), Effective 7/11/21
<https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=35091&ver=103&bc=CAAAAAAAAAAA>
2. Local Coverage Article A56615 - Billing and Coding: Cataract Extraction (including Complex Cataract Surgery) https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=56615&ver=26&LCDId=35091&name=331*1&UpdatePeriod=858&bc=AAAAEAAAIAAAAA&
3. Medicare National Coverage Determinations (NCD) Manual – Pub. 100-03
4. Medicare Claims Processing Manual – Pub. 100-04, Chapter 32, §120

CATARACT QUESTIONNAIRE

DECREASING VISION CAN CAUSE CHANGES IN YOUR DAILY LIFE. TO HELP US EVALUATE YOUR LEVEL OF VISUAL FUNCTIONING IT IS IMPORTANT TO KNOW THE PROBLEMS YOU ARE HAVING AS YOU GO THROUGH YOUR DAILY ACTIVITIES. THE FOLLOWING ARE COMMON CONCERNS PEOPLE HAVE REGARDING THEIR VISION.

PLEASE ANSWER BY CIRCLING YES OR NO

WITH BEST CORRECTION (GLASSES/CONTACTS if any) DOES YOUR SIGHT MAKE IT A PROBLEM FOR YOU TO:

- | | |
|---|--------|
| 1. READ NEWSPAPERS OR TELEPHONE BOOKS | YES NO |
| 2. SEE TRAFFIC SIGNS OR STORE AISLE DIRECTORIES | YES NO |
| 3. READ YOUR LETTERS OR BILLS | YES NO |
| 4. READ PRICE TAGS OR MEDICINE LABELS | YES NO |
| 5. RECOGNIZE PEOPLE'S FACES | YES NO |
| 6. SEE STAIRSTEPS OR CURBS | YES NO |
| 7. SEE TV CLEARLY | YES NO |
| 8. MANAGE YOUR HOME | YES NO |
| 9. DO YOUR FAVORITE HOBBY | YES NO |
| 10. ENJOY RECREATION AND LEISURE | YES NO |

ARE YOU BOTHERED BY:

- | | |
|-------------------------------------|--------|
| 1. CAR HEADLIGHT GLARE | YES NO |
| 2. HALOS AROUND LIGHTS AT NIGHT | YES NO |
| 3. GLARE FROM GLOSSY MAGAZINE PAGES | YES NO |

- BRIGHT SUNLIGHT WHEN OUTSIDE YES NO
- FACING WINDOWS WITH BRIGHT DAYLIGHT YES NO
- HAZY, FOGGY, OR BLURRY VISION YES NO

Cataract surgery can almost always be safely postponed until you feel you need better vision, however, if you feel at all hampered by the best vision that glasses can provide, then cataract surgery becomes a reasonable option. If stronger glasses won't improve your vision anymore and if the only way to help you see better is cataract surgery, do you feel your vision problem is bad enough to consider cataract surgery now?

YES NO

Patient Signature Date Physician Signature

Print Name