United Healthcare Medicare Advantage

UnitedHealthcare® Medicare Advantage
Policy Guideline

Use of Visual Tests Prior to and General Anesthesia during Cataract Surgery (NCD 10.1)

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➲ Terms and Conditions

Table of Contents | Page

Policy Summary 1
Applicable Codes 2
Definitions 3
Questions and Answers 3
References 3
Guideline History/Revision Information 4
Purpose 4
Terms and Conditions 4

Related Medicare Advantage Policy Guidelines

- Intraocular Lenses (IOLs) (NCD 80.12)
- Phaco-Emulsification Procedure – Cataract Extraction (NCD 80.10)
- Ultrasound Diagnostic Procedures (NCD 220.5)

Related Medicare Advantage Reimbursement Policies

- Bilateral Procedures Policy
- Multiple Procedure Payment Reduction (MPPR) for Diagnostic Imaging Policy, Professional
- Multiple Procedure Payment Reduction (MPPR) on Diagnostic Cardiovascular and Ophthalmology Procedures Policy, Professional

Related Medicare Advantage Coverage Summary

- Vision Services, Therapy and Rehabilitation

Policy Summary

➲ See Purpose

Overview

Pre-Surgery Evaluations

Cataract surgery with an intraocular lens (IOL) implant is a high volume Medicare procedure. Along with the surgery, a substantial number of preoperative tests are available to the surgeon. In most cases, a comprehensive eye examination (ocular history and ocular examination) and a single scan to determine the appropriate pseudophakic power of the IOL are sufficient. In most cases involving a simple cataract, a diagnostic ultrasound A-scan is used. For patients with a dense cataract, an ultrasound B-scan may be used.

Guidelines

Accordingly, where the only diagnosis is cataract(s), Medicare 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. Claims for additional tests are denied as not reasonable and necessary unless there is an additional diagnosis and the medical need for the additional tests is fully documented.

Note: This policy does not reference testing and scanning done for screening purposes. See NCD 220.5 Ultrasound Diagnosic Procedures.

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Because cataract surgery is an elective procedure, the patient may decide not to have the surgery until later, or to have the surgery performed by a physician other than the diagnosing physician. In these situations, it may be medically appropriate for the operating physician to conduct another examination. To the extent the additional tests are considered reasonable and necessary by A/B Medicare Administrative Contractor's medical staff, they are covered.

General Anesthesia

The use of general anesthesia in cataract surgery may be considered reasonable and necessary if, for particular medical indications, it is the accepted procedure among ophthalmologists in the local community to use general anesthesia.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
General Anesthesia	
00140	Anesthesia for procedures on eye; not otherwise specified
00142	Anesthesia for procedures on eye; lens surgery
Eye Examination	
92002	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient
92004	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits
92012	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient
92014	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits
Diagnostic	
76510	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter
76511	Ophthalmic ultrasound, diagnostic; quantitative A-scan only
76512	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)
76513	Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy, unilateral or bilateral
76516	Ophthalmic biometry by ultrasound echography, A-scan;
76519	Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation
92136	Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation

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Modifier	Description
26	Professional Component
50	Bilateral Procedure
LT	Left side (used to identify procedures performed on the left side of the body)
RT	Right side (used to identify procedures performed on the left side of the body)

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Definitions

Optical Coherence Biometry (OCB): OCB is an ophthalmic diagnostic test that measures the curvature of the cornea and the depth of the anterior chamber in addition to the axial length of the eye, without ultrasound. This is done to calculate the correct intraocular lens (IOL) power for implantation in order to come as close as possible to the target refraction after surgery.

Ultrasound A-Scan: A-scan ultrasound biometry, commonly referred to as an A-scan, is routine type of diagnostic test used in ophthalmology. The A-scan provides data on the length of the eye, which is a major determinant in common, sight disorders. The most common use of the A-scan is to determine eye length for calculation of intraocular lens power.

Ultrasound B-Scan: B-scan or B Ultrasonography is a diagnostic test used in optometry and ophthalmology to produce a two-dimensional, cross-sectional view of the eye and the orbit. It is otherwise called brightness scan.

Questions and Answers

1	Q:	How long does the preliminary diagnostic test (OCB, A-Scan and/or B-Scan) remain valid prior to surgery?
	A:	The technical component of the scan will generally provide valid information for twelve months. A repeat scan in less than twelve months would not be covered without documentation of significant change in vision (unless required because a second unaffiliated surgeon performed the second cataract extraction.) Generally, when bilateral cataracts are noted at examination, extraction of the second cataract is only performed after results of the first cataract extraction are known and symptoms or findings support the medical necessity for removal of the cataract in the other eye. If ophthalmic biometry is performed and later the surgery is canceled, it is reasonable to allow a repeat scan if significant time, e.g., greater than one (1) year, has elapsed when surgery is rescheduled.
2	Q:	Does the surgeon receive reimbursement for the technical component for each unilateral procedure?
	A:	No, prior to cataract surgery on the second, contralateral eye, allowance for the power calculation can be made. However, allowance for the technical component of the A-scan or OCB CPT code cannot be made since this bilateral procedure was performed and reimbursed at the time of the first surgery.
3	Q	Does the visual test prior to cataract surgery have to be performed by the operating surgeon?
	A	No, if the biometry is performed by an optometrist, he/she should do so in coordination with the operating surgeon so that only one procedure is necessary. If the biometry is repeated by the operating surgeon due to inadequacy of the study, the original eye care physician/provider should anticipate not being reimbursed for the study. Ophthalmic biometry for lens power calculation should not be performed unless a decision to remove the cataract has been made by the patient and surgeon.

References

CMS National Coverage Determinations (NCDs)

NCD 10.1 Use of Visual Tests Prior to and General Anesthesia during Cataract Surgery; Reference NCDs: NCD 220.5 Ultrasound Diagnostic Procedures, NCD 80.10 Phaco-Emulsification Procedure-Cataract Extraction

CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	Medicare Part A	Medicare Part B
L34181 Ophthalmic Biometry for Intraocular Lens Power Calculation	A57070 Billing and Coding: Ophthalmic Biometry for Intraocular Lens Power Calculation	CGS	KY, OH	KY, OH
L33621 Ophthalmic Biometry for Intraocular Lens Power Calculation	A56549 Billing and Coding: Ophthalmic Biometry for Intraocular Lens Power Calculation	NGS	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI

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LCD	Article	Contractor	Medicare Part A	Medicare Part B
L33927 Optical Coherence Biometry (Retired 04/29/2020)	A57785 Billing and Coding: Optical Coherence Biometry (Retired 04/29/2020)	First Coast		FL, PR, VI
N/A	A53131 Billing and Coding: Ophthalmic Biometry for Intraocular Lens (IOL) Power Calculation (Retired 04/30/2020)	Novitas	DC, DE, MD, NJ, PA	DC, DE, MD, NJ, PA

CMS Benefit Policy Manual

Chapter 15; § 30.4 Optometrist's Services, § 120 Prosthetic Devices, § 260.2 Ambulatory Surgical Center Services

CMS Transmittal(s)

Transmittal 1149, Change Request 7848, Dated 11/06/2012 (Multiple Procedure Payment Reduction (MPPR) on the Technical Component (TC) of Diagnostic Cardiovascular and Ophthalmology Procedures)

Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/14/2021	**Applicable Codes** • Revised description for CPT code 76513 **Supporting Information** • Updated *References* section to reflect the most current information • Archived previous policy version MPG339.06

Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the References section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

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Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

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*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the Administrative Guide.

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