

LCD - Capsule Opacification Following Cataract Surgery: Discission and YAG Laser Capsulotomy (L33946)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
CGS Administrators, LLC	MAC - Part A	15101 - MAC A	J - 15	Kentucky
CGS Administrators, LLC	MAC - Part B	15102 - MAC B	J - 15	Kentucky
CGS Administrators, LLC	MAC - Part A	15201 - MAC A	J - 15	Ohio
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LCD Information

Document Information

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Discission and YAG Laser Capsulotomy**Proposed LCD in Comment Period**

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N/A

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Issue**Issue Description**

This LCD outlines limited coverage for this service with specific details under Coverage Indications, Limitations and/or Medical Necessity.

CMS National Coverage Policy

Language quoted from Centers for Medicare and Medicaid Services (CMS), National Coverage Determinations (NCDs) and coverage provisions in interpretive manuals is italicized throughout the policy. NCDs and coverage provisions in interpretive manuals are not subject to the Local Coverage Determination (LCD) Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See - 1869(f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, *italicized* text represents quotation from one or more of the following CMS sources:

Title XVIII of the Social Security Act (SSA):

Section 1862(a)(1)(A) excludes expenses incurred for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Section 1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

CMS Publications:

CMS Publication 100-03, *Medicare National Coverage Determinations Manual*, Chapter 1, Part 2:

140.5 Laser Procedures

Coverage Guidance**Coverage Indications, Limitations, and/or Medical Necessity****Abstract:**

Posterior capsule opacification (PCO) is one of the most common problems following cataract surgery. Anterior capsule opacification (ACO) also occurs, but somewhat less commonly. Both conditions represent the anatomic correlate of a secondary cataract (SC). As capsule opacification increases, the patient begins to notice a decrease in vision that can lead to functional impairment. The approach to the management of functional impairment due to SC, whether the result of ACO or PCO, or both, is similar to that of functional impairment due to cataract. Treatment of SC is reserved for those patients who have documented functional impairment that impacts their ability to perform needed and desired activities of daily living.

The time of onset of PCO is variable, as is the frequency with which surgery to treat PCO is performed. PCO severe enough to impair function significantly and thus require surgery is uncommon within three months of cataract surgery and occurs occasionally within the first six months after the surgery. Neodymium-Yttrium-Aluminum-Garnet YAG (Nd:YAG) posterior capsulotomy after cataract extraction has been reported as high as 30% to 50% in the early 1980s to 1990s. Although the rate for some lenses and techniques remains in the 25% - 30% range, the rate for other lenses and techniques has fallen to the single digits in some series.

PCO is a consequence of modern cataract surgery, whether performed by the extracapsular technique or by phacoemulsification (PE). In the past, an invasive procedure involving incision of the capsule with a knife, e.g., discission, was necessary to remove the opacity. Now, with the availability of the Nd:YAG laser, it is possible to perform laser capsulotomy after cataract surgery as an outpatient procedure. YAG capsulotomy for PCO creates an incision in the posterior capsule that normally serves as the boundary between the lens and the vitreous humor of the eye. The laser-created incision allows the capsule to retract, eliminating the obstruction to the passage of light through the media to the retina. YAG capsulotomy is currently the predominant means of treating a secondary cataract, in contrast to discission surgery, which is now only very rarely performed in adults as a primary procedure. However, for PCO due to an extremely dense membrane, or in those patients unable to tolerate or cooperate with laser surgery, invasive discission of the opacity is still an option.

With the development of modern cataract surgery techniques, specifically the continuous curvilinear capsulorrhexis, SC can also develop from opacification of the anterior capsule with, or without, shrinkage of the surgically created anterior capsular opening. Either situation is amenable to a YAG laser anterior capsulotomy for restoration of vision as well as for the prevention of intraocular lens decentration and/or frank dislocation.

The major complications of YAG capsulotomy include elevated intraocular pressure, retinal detachment, cystoid macular edema, damage to the intraocular lens, hyphema, decentration or dislocation of the intraocular lens, corneal edema, vitreous prolapse, endothelial cell loss, uveitis, and pupillary block, among others.

This policy will only address anterior and posterior capsulotomy for secondary cataract after cataract surgery.

Indications:

Post-cataract surgery Nd:YAG laser capsulotomy is reasonable and medically necessary only to remedy a functional impairment due to opacification, to prevent possible intraocular damage from dislocation of the intraocular lens implant, or the need to evaluate and treat posterior segment pathology. The procedure will not be covered if it is performed or scheduled concurrently with cataract-removal surgery.

Capsulotomy is covered when each of the following criteria are met and clearly documented:

- The patient has decreased ability to carry out activities of daily living including (but not limited to) reading, watching television, driving, or meeting occupational or a vocational expectations; and
- The patient has a best-corrected visual acuity of 20/50 or worse at distance or near; or additional testing shows one of the following:
 - Consensual light testing decreases visual acuity by two lines, or
 - Glare testing decreases visual acuity by two lines; and
- The patient has determined that he/she is no longer able to function adequately with the current level of visual function; and
- Other eye disease(s), including but not limited to macular degeneration or diabetic retinopathy, has (have) been excluded as the primary cause of visual functional disability, except for the instance in which significant visual debility, in the judgement of the treating physician, is deemed secondary to ACO or PCO and laser treatment would provide the patient with improved functionality; and
- Physician concurrence with significant patient-defined improvement in visual function can be expected as a

result of capsulotomy; and

- The patient has been educated about the risks and benefits of capsulotomy and the alternative(s) to surgery (e.g., the avoidance of glare, use of optimal eyeglasses prescription, etc.); and
- The patient has undergone an appropriate preoperative ophthalmologic evaluation.

For patients with a best-corrected visual acuity of 20/40 or better, anterior and/or posterior capsulotomy will be considered if all other criteria have been met and documented to support the medical necessity of the procedure for that patient.

Limitations:

YAG capsulotomy secondary to cataract extraction and intra-ocular lens placement should not be required more than once per eye. Claims for a second capsulotomy will require the patient have a non-cataract extraction related underlying diagnosis or condition that poses a high risk for re-opacification of the capsule.

Medicare recognizes the use of lasers for many medical indications. Procedures performed with lasers are sometimes used in place of more conventional techniques. In the absence of a specific noncoverage instruction, and where a laser has been approved for marketing by the Food and Drug Administration, contractor discretion may be used to determine whether a procedure performed with a laser is reasonable and necessary and, therefore, covered. The determination of coverage for a procedure performed using a laser is made on the basis that the use of lasers to alter, revise, or destroy tissue is a surgical procedure. Therefore, coverage of laser procedures is restricted to practitioners with training in the surgical management of the disease or condition being treated (CMS Publication 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Part 2: 140.5 Laser Procedures).

Summary of Evidence

N/A

Analysis of Evidence (Rationale for Determination)

N/A

General Information

Associated Information

N/A

Sources of Information

This bibliography presents those sources that were obtained during the development of this policy. CGS is not responsible for the continuing viability of Web site addresses listed below.

Aslam TM, Devlin H, Dhillon B. Use of Nd:YAG laser capsulotomy. *Surv Ophthalmol.* 2003;48:594-612.

Apple DJ, Peng Q, Visessook N, et al. Eradication of posterior capsule opacification. Documentation of a marked decrease in Nd:YAG laser posterior capsulotomy rates noted in an analysis of 5416 pseudophakic human eyes obtained postmortem. *Ophthalmology.* 2001;108:505-518.

Auffarth GU, Brezin A, Caporossi A, et al. Comparison of Nd:YAG capsulotomy rates following phacoemulsification with implantation of PMMA, silicone, or acrylic intra-ocular lenses in four European countries. *Ophthalmic Epidemiology*. 2004;11(4):319-329.

Bertelmann E, Kojetinsky C. Posterior capsule opacification and anterior capsule opacification. *Curr Opin Ophthalmol*. 2001;12(1):35-40.

Carrier Advisory Committee

Ge J, Wand M, Chiagn R, Paranhos A, Shields MB. Long-term effect of Nd:YAG laser posterior capsulotomy on intraocular pressure. *Arch Ophthalmol*. 2000;118(10):1334-1337.

Other Medicare contractors' local coverage determinations

Bibliography

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASONS FOR CHANGE
11/02/2023	R12	<p>R12</p> <p>Revision Effective: 11/02/2023</p> <p>Revision Explanation: Annual Review, no changes</p> <p>10/27/2023: <i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> Other (Annual Review)
10/27/2022	R11	<p>R11</p> <p>Revision Effective: 10/27/2022</p> <p>Revision Explanation: Annual Review, no</p>	<ul style="list-style-type: none"> Other (Annual Review)

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASONS FOR CHANGE
		<p>changes</p> <p>10/21/2022: <i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	
10/21/2021	R10	<p>R10</p> <p>Revision Effective: 10/21/2021</p> <p>Revision Explanation: Annual Review, no changes</p> <p>10/15/2021: <i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> • Other (Annual Review)
11/07/2019	R9	<p>R9</p> <p>Revision Effective: N/A</p> <p>Revision Explanation: Annual Review, no changes</p> <p>10/19/2020: <i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> • Other (Annual Review)

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASONS FOR CHANGE
11/07/2019	R8	Annual Review	<ul style="list-style-type: none"> Other (R8 Revision Effective: 11/07/2019 Revision Explanation: Annual Review, Removed other comments from Coverage Indications, Limitations and/or Medical Necessity and Associated Information based on TDL 190550. Added to A56493 - Billing and Coding: Capsule Opacification Following Cataract Surgery: Discission and YAG Laser Capsulotomy, 10/30/2019:At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.)
09/19/2019	R7	<p>R7</p> <p>Revision Effective: 09/19/2019 Revision Explanation: Converted policy into new policy template that no longer includes coding section based on CR 10901. For Approval, no changes.</p> <p>09/13/2019:At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p>	<ul style="list-style-type: none"> Revisions Due To Code Removal
09/19/2019	R6	<p>R6</p> <p>Revision Effective: 09/19/2019 Revision Explanation: Converted policy into new policy template that no longer includes coding section based on CR 10901.</p>	<ul style="list-style-type: none"> Revisions Due To Code Removal

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASONS FOR CHANGE
		<p>09/12/2019: <i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	
04/18/2019	R5	<p>R5</p> <p>Revision Effective: 04/18/2019</p> <p>Revision Explanation: Removed codes from policy based on CR 10901 and attached new billing and coding article.</p> <p>04/08/2019: <i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> • Other (Code Migration)
10/01/2015	R4	<p>R4</p> <p>Revision Effective: N/A</p> <p>Revision Explanation: Annual review no changes made</p> <p>10/30/2018: <i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> • Other (Annual Review)

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASONS FOR CHANGE
10/01/2015	R3	<p>R3 Revision Effective: N/A Revision Explanation: Annual review no changes made</p> <p><i>DATE (10/30/2017): At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> Other (Annual Review)
10/01/2015	R2	<p>R5 Revision Effective: N/A Revision Explanation: Annual review no changes made.</p>	<ul style="list-style-type: none"> Other (Annual Review)
10/01/2015	R1	<p>R1 Revision Effective: N/A Revision Explanation: Annual review no changes made.</p>	<ul style="list-style-type: none"> Other (Annual Review)

Associated Documents

Attachments

N/A

Related Local Coverage Documents

Articles

[A56493 - Billing and Coding: Capsule Opacification Following Cataract Surgery: Discission and YAG Laser Capsulotomy](#)

Related National Coverage Documents

N/A

Public Versions

UPDATED ON	EFFECTIVE DATES	STATUS
10/27/2023	11/02/2023 - N/A	Currently in Effect (This Version)

UPDATED ON	EFFECTIVE DATES	STATUS
10/21/2022	10/27/2022 - 11/01/2023	Superseded
Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.		

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