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Cataract surgery and Intraocular lens (IOL)

Adjudication Guideline

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Abstract

For Members

A cataract is a cloudy or opaque area in the normally clear lens of the eye. Depending upon its size and location, it can interfere with normal vision. Most cataracts develop in people over age 55, but they occasionally occur in infants and young children.

Cataracts generally form very slowly. Signs and symptoms of a cataract may include:

- Blurred or hazy vision
- Reduced intensity of colors
- Increased sensitivity to glare from lights, particularly when driving at night
- Increased difficulty seeing at night
- Change in the eye's refractive error

For Medical Professionals

The only treatment option for cataract is surgical, and therefore a patient should be referred to an ophthalmologist if this is the suspected diagnosis. It should be stressed that the following are the types of surgeries such as:

- Phacoemulsification
- Intracapsular cataract extraction (ICCE)
- Extracapsular cataract extraction (ECCE).
- Laser (Femto)

Approved by:
Daman

Responsible:
Medical Standards & Research

Related Adjudication Guidelines: NA

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I. Scope

This Adjudication Rule highlights the coverage and payment requirements of Cataract surgery and Intraocular lens (IOL) by Daman as per policy terms and conditions.

II. Adjudication Policy

A. Eligibility / Coverage Criteria

- Presence of a cataract in most circumstances will not affect the health of the eye. Treatment is indicated if:
 - Cataract is causing other ocular diseases.
 - Opacification is sufficiently dense, despite best-spectacle correction, to cause functional impairment of the patient's vision.
- Eligible clinician specialties: Ophthalmologist

B. Requirements for Coverage

- ICD and CPT codes must be coded to the highest level of specificity.
- Failure to submit, upon request or when requesting a clinical history, indication the need for testing will result in rejection of claim.

C. Non-Coverage

- Cataract surgery and Intraocular lens (IOL) are not be covered for visitors plan as per policy terms and conditions.
- Monofocal covered for all plans (including basic), whereas multifocal (bi and trifocal) lenses are covered only for plans with refraction benefit.

D. Payment and Coding Rules

Please apply HAAD payment rules and regulations and relevant coding manuals for ICD, CPT.

III. Denial codes

Code description
Service is not clinically indicated based on good clinical practice
Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities
Service /supply may be appropriate , but too frequent
Service(s) is (are) not covered
Prior approval is required and was not obtained
Activity/diagnosis inconsistent with clinician speciality

IV. Appendices

A. References

- <https://www.aoa.org/patients-and-public/eye-and-vision-problems/glossary-of-eye-and-vision-conditions/cataract>
- <https://bestpractice.bmj.com/topics/en-gb/499/history-exam>
- <https://emedicine.medscape.com/article/1210914-treatment#d6>
- http://www.ascrs.org/sites/default/files/resources/Femtosecond%20Cataract%20Surgery%20Review_0.pdf

B. Revision History

Date	Change(s)
12/07/2018	Release of V1.0