

# Medical Policy

## Healthcare Services Department

<b>Policy Name</b> Capsule Opacification Following Cataract Surgery: Yag Laser capsulotomy	<b>Policy Number</b> MP-SU-FP-01-23	<b>Scope</b> <input checked="" type="checkbox"/> MMM MA <input checked="" type="checkbox"/> MMM Multihealth
<b>Service Category</b> <input type="checkbox"/> Anesthesia <input type="checkbox"/> Medicine Services and Procedures <input checked="" type="checkbox"/> Surgery <input type="checkbox"/> Evaluation and Management Services <input type="checkbox"/> Radiology Procedures <input type="checkbox"/> DME/Prosthetics or Supplies <input type="checkbox"/> Pathology and Laboratory Procedures <input type="checkbox"/> Other _____		
<b>Service Description</b> <p>Posterior capsule opacification (PCO) often referred as “secondary cataract” (SC) is the most common postoperative complication of cataract extraction. PCO can cause significant visual symptoms and is effectively treated with laser capsulotomy.</p> <p>Anterior capsule opacification (ACO) also occurs, but somewhat less commonly. Both conditions represent the anatomic correlation 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.</p> <p>PCO occurs in 20% -50% of patients within 2 to 5 years after a cataract surgery. Although the incidence of PCO is reported to have declined in recent years, there is no definitive data, and the reported decrease may represent only a later onset of PCO. Younger age is a significant risk factor for PCO. Other potential factors include the presence of diabetes, uveitis, myotonic dystrophy, retinitis pigmentosa, and traumatic cataract.</p> <p>The time of onset of PCO is variable (weeks, months, or years), as is the frequency with which surgery to treat PCO is performed. PCO can be 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.</p> <p>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.</p>		

Medical Necessity Guidelines

Capsulotomy is covered when the following criteria are met and clearly documented as part of the preauthorization process:

1. Posterior darkening (opacification) of the eye capsule after cataract surgery that decreased the ability to carry out activities of daily living including (but not limited to) reading, watching television, driving, or meeting occupational or a vocational expectation; and
2. 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:
  - i. Consensual light testing decreases visual acuity by two lines, or
  - ii. Glare (test that measures the glare that reduces visual quality caused by increased light on the retina) testing decreases visual acuity by two lines; and
3. The patient has determined that he/she is no longer able to function adequately with the current level of visual function; and
4. Other eye diseases have been ruled out as the primary cause of visual functional disability including but not limited to macular degeneration or diabetic retinopathy, 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
5. The documentation from the treating physician indicates that improvement in visual function will be expected after laser capsulotomy and that the patient has been educated on the risks, benefits, and alternatives to surgery (e.g., the avoidance of glare, use of optimal eyeglasses prescription, etc.) during the preoperative ophthalmologic evaluation.
6. 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.

Procedure Codes

Code	Description
66820	DISCISSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID); STAB INCISION TECHNIQUE (ZIEGLER OR WHEELER KNIFE)
66821	DISCISSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID); LASER SURGERY (EG, YAG LASER) (1 OR MORE STAGES)

Diagnoses Codes that support medical necessity

Code	Description
H26.40	Unspecified secondary cataract
H26.411 – H26.413	Soemmerring's ring, right eye- Soemmerring's ring, bilateral
H26.491 – H26493	Other secondary cataract, right eye - Other secondary cataract, bilateral
T85.21XA	Breakdown (mechanical) of intraocular lens, initial encounter
T85.22XA	Displacement of intraocular lens, initial encounter
T85.29XA	Other mechanical complication of intraocular lens, initial encounter

Limits or Restrictions

1. YAG procedure is subject to Prior Authorization

2. 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.
3. Surgical intervention for ACO/PCO is uncommon within three months after cataract surgery. Payment will only be allowed for a physician or group once per eye per patient per global period (90 days) no matter how many YAG treatment sessions occur.

Reference Information

LCD (Local Coverage Determinations) 33946: Capsule Opacification Following Cataract Surgery: Discission and YAG Laser Capsulotomy

Article A56493 – Billing and Coding: Capsule Opacification Following Cataract Surgery: Discission and YAG Laser Capsulotomy

American Academy of Ophthalmology Posterior Capsule Opacification.  
By Jordan Scott Masters, MD January 12, 2023

Policy History

06/19/2023	Policy Drafted	New Medical Policy (Adopted – CMS LCD Jurisdiction other than First Coast; First Coast do not have LCD)
11/21/2023	Draft Policy formatted	Sent to MPCC for approval
11/21/2023	Final Policy	Approved by Medical Policy Clinical Committee (MPCC)