



GENERAL MEMORANDUM No. 0205-09

TO: Administrators/CEOs Alabama Ophthalmologists
Academy of Ophthalmology

FROM: Hugh M. Hood, D.D.S., M.D., F.A.C.P.
Medical Officer

DATE: April 6, 2007

SUBJECT: Changes in Review of Assistant Surgeon at Cataract Surgery

Section 4107 of the Omnibus Budget Reconciliation Act of 1990 and section 1186(a)(15) of the Social Security Act prohibits Medicare payment for the services of an assistant at any cataract surgery, unless, prior to the surgery, the QIO (Quality Improvement Organization) has approved the use of an assistant based on the existence of a complicating medical condition. Although there are very few requests for approval of assistants at cataract surgery, it remains a QIO review requirement.

QIO review for the medical necessity of the assistant's services is required for cataract surgeries with the following CPT codes:

1. **66852:** Removal of lens material; pars plana approach, with or without vitrectomy;
2. **66920:** Removal of lens material; intracapsular;
3. **66930:** Removal of lens material; intracapsular, for dislocated lens;
4. **66940:** Removal of lens material; extracapsular;
5. **66986:** Exchange of intraocular lens.
6. This requirement is in effect for all of the above cataract surgeries being performed on Medicare beneficiaries regardless of the setting (inpatient hospital, outpatient hospital, ambulatory surgical center or physician office).

All requests for approval of the use of an assistant at cataract surgical procedures are conducted via telephone. Any case, which does not meet the enclosed criteria allowing for certification of Medicare coverage by the Case Review Nurse, will be referred to a physician consultant for determination. AQAF's toll-free number for these reviews is 1-800-760-4550 ext 3513; review may be obtained between the hours of 8:30 a.m. and 4:00 p.m. Monday through Friday (excluding holidays).

If you have any questions regarding this information, you may contact me at 1-800-760-4550 ext 3124, or ask for the Review Department. Thank you for your assistance.

SURGICAL CRITERIA FOR CASE REVIEW NURSE TO APPROVE:

OCULAR CONSIDERATIONS (Any one could necessitate an assisting physician).

1. A patient who is legally blind in the non-operative eye with a corrected visual acuity of 20/200 or less.
2. Previous intraocular surgery in the operative eye.
3. Presence of ophthalmic diseases or conditions, which may include:
 - Previous retinal detachment in the operative eye.
 - Retinal detachment in the non-operative eye or a family history of retinal detachments.
 - Uncontrollable glaucoma in the operative eye with loss of visual field.
 - Corneal endothelial dystrophy in the operative eye with loss of transparency.
 - Axial myopia greater than 5 or more diopters in the operative eye.
4. Previous uveitis in the operative eye including hypermature cataract with inflammation.
5. Multiple procedures; such as cataract surgery plus another procedure, for example, with glaucoma surgery or vitrectomy or corneal transplant.
6. Complication encountered in non-operative eye during previous cataract surgery.
7. All juvenile and traumatic cataracts.
8. A patient whose pupil to be operated on will not dilate, or dilates poorly.
9. The presence of iris neovascularization.
10. Floppy iris syndrome

MEDICAL CONSIDERATIONS (Any one could necessitate an assisting physician).

1. Patient on anti-coagulant therapy, uncontrollable hypertensive, or otherwise having high risk of bleeding during surgery.
2. Patient who cannot assume surgical position, for example, because of crippling arthritis or chronic lung disease.
3. Uncooperative patient who cannot be operated on under a general anesthetic.
4. Severe insulin-dependent diabetic patient.
5. Patient who is very hard of hearing, deaf or does not understand English, i.e., a patient under local anesthesia with whom the surgeon will have difficulty communicating during surgery.
6. Patient with a seizure disorder who is operated on under local anesthesia.

Any case, which does not meet the above criteria allowing for certification of Medicare coverage by the Case Review Nurse, will be referred to a physician consultant for determination as to whether or not the use of an assisting physician is medically indicated and should be covered by Medicare.

Attachment to General Memo 0205-09, Changes in Review of Assistant Surgeon at Cataract Surgery March 2007

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SURGICAL CRITERIA FOR CASE REVIEW NURSE TO APPROVE:

OCULAR CONSIDERATIONS (Any one could necessitate an assisting physician).

11. A patient who is legally blind in the non-operative eye with a corrected visual acuity of 20/200 or less.
12. Previous intraocular surgery in the operative eye.
13. Presence of ophthalmic diseases or conditions, which may include:
 - Previous retinal detachment in the operative eye.
 - Retinal detachment in the non-operative eye or a family history of retinal detachments.
 - Uncontrollable glaucoma in the operative eye with loss of visual field.
 - Corneal endothelial dystrophy in the operative eye with loss of transparency.
 - Axial myopia greater than 5 or more diopters in the operative eye.
14. Previous uveitis in the operative eye including hypermature cataract with inflammation.
15. Multiple procedures; such as cataract surgery plus another procedure, for example, with glaucoma surgery or vitrectomy or corneal transplant.
16. Complication encountered in non-operative eye during previous cataract surgery.
17. All juvenile and traumatic cataracts.
18. A patient whose pupil to be operated on will not dilate, or dilates poorly.
19. The presence of iris neovascularization.
20. Floppy iris syndrome

MEDICAL CONSIDERATIONS (Any one could necessitate an assisting physician).

7. Patient on anti-coagulant therapy, uncontrollable hypertensive, or otherwise having high risk of bleeding during surgery.
8. Patient who cannot assume surgical position, for example, because of crippling arthritis or chronic lung disease.
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